

Specialty: Thoracic Oncology

Visit Type: New pt visit  
Est pt visit

## Thoracic Oncology Review of Systems

Please answer every question

Compatible Note form:

CHI Adult Male ROS Thoracic Onc – v1.0

CHI Adult Female ROS Thoracic Onc – v1.0

PLEASE PRINT PATIENT'S LAST NAME

### Marking Instructions

Please use a #2 pencil.

Fill in the complete oval as shown...



PATIENT'S FIRST NAME

MIDDLE  
INITIAL

PATIENT'S DATE OF BIRTH

Month

Day

Year

Please mark all symptoms you are **CURRENTLY** experiencing.

Mark all that apply. If you have no symptoms in a category, please mark "NONE."

#### GENERAL

fever ☐

fatigue ☐

weight change ☐

NONE ☐

#### EYES

eyes dry ☐

eye pain ☐

blurry vision ☐

eye discharge ☐

double vision ☐

red eyes ☐

NONE ☐

#### EAR / NOSE / THROAT

nasal congestion ☐

nasal discharge ☐

ear pain ☐

sore throat ☐

hearing loss ☐

hoarseness ☐

NONE ☐

#### NECK

swollen lymph nodes ☐

mass ☐

difficulty swallowing ☐

NONE ☐

#### CARDIOVASCULAR

feeling faint ☐

palpitations ☐

chest discomfort ☐

nightly leg pain ☐

leg swelling ☐

calf pain with walking ☐

NONE ☐

#### BREASTS (female only)

tenderness ☐

skin redness ☐

mass ☐

discharge ☐

NONE ☐

#### RESPIRATORY

wheezing ☐

shortness of breath ☐

cough ☐

disruptive snoring ☐

shortness of breath on exertion ☐

witnessed apnea with sleep ☐

NONE ☐

#### GASTROINTESTINAL

heartburn ☐

change in stool ☐

abdominal pain ☐

nausea ☐

dark stools ☐

vomiting ☐

NONE ☐

#### MUSCULOSKELETAL

joint stiffness ☐

joint swelling ☐

muscle pain ☐

back pain ☐

joint pain ☐

neck pain ☐

NONE ☐

#### NEUROLOGIC

headache ☐

difficulty walking ☐

sensory change ☐

dizziness ☐

memory loss ☐

NONE ☐

#### SKIN

rash ☐

skin sores ☐

changes in moles ☐

NONE ☐

#### GENITOURINARY (female only)

pelvic pain ☐

incontinence ☐

hesitancy ☐

painful cramps ☐

painful urination ☐

abnormal vaginal bleeding ☐

NONE ☐

#### GENITOURINARY (male only)

testicular mass ☐

erectile dysfunction ☐

hesitancy ☐

night time urination ☐

painful urination ☐

urethral discharge ☐

NONE ☐

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### PSYCHIATRIC

mood depressed ☐  
sleep disturbances ☐

mood anxious ☐  
suicidal ideation ☐  
inability to feel pleasure ☐ **NONE** ☐

### ENDOCRINE

hair loss ☐  
muscle weakness ☐

temperature intolerance ☐  
excess thirst ☐ **NONE** ☐

### HEME/LYMPH

easy bruising ☐  
easy bleeding ☐

night sweats ☐  
swollen lymph nodes ☐ **NONE** ☐

### ALLERGY/IMMUNOLOGY

frequent infections ☐

seasonal symptoms ☐ **NONE** ☐