

REVIEW OF SYSTEMS QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____

What do you want to discuss most today? _____

Please circle any symptoms you have had in the last 7 days and explain answers.

GENERAL

Fatigue Yes
 Fevers Yes
 Weight Loss Yes
 Weight Gain Yes
 Insomnia Yes
 Do you have a living will Yes
 Do you smoke? Yes
 Are you in pain 1-10? Yes

EYES, EARS, NOSE, & THROAT

Visual Changes Yes
 Hearing Loss Yes
 Sore Throat Yes
 Nasal Congestion Yes
 Ear Pain Yes

NECK

Swollen Glands Yes

RESPIRATORY

Shortness of breath Yes
 Cough Yes
 Wheezing Yes

CARDIOVASCULAR

Chest Pain Yes
 Palpitations Yes

SKIN

Rashes Yes
 Itching Yes
 Mole Changes Yes

MUSCULOSKELETAL

Joint Pain Yes Where?
 Muscle pain Yes Where?
 Leg Swelling Yes Where?

NEUROLOGIC

Headaches Yes
 Dizziness Yes
 Difficulty Walking Yes
 Numbness or Tingling Yes

PSYCHIATRIC

Anxiety Yes
 Irritability Yes
 Suicidal Ideation Yes
 Depression Yes
 Concerns about your emotional or physical safety? Yes
 History of Domestic Violence/ Sexual Violence? Yes

GASTROINTESTINAL

Abdominal Pain Yes
 Constipation Yes
 Bloody Stool Yes
 Diarrhea Yes
 Heartburn Yes
 Nausea/Vomiting Yes

GENITOURINARY

(Changes in Bowel Habits)

Painful urination Yes
 Bloody urine Yes
 Increased urination Yes
 Leaking urine Yes
 Do you wear pads? Yes

GYNECOLOGICAL

Irregular Menses Yes
 Heavy menstrual cycles Yes
 Abnormal Vaginal Discharge Yes
 Pelvic Pain Yes

Any changes in medication since last visit? No Yes _____

Patient Signature _____ Date: _____

This form was reviewed by: _____ Date: _____

OFFICE USE ONLY

Urine Pregnancy Test: Negative Positive Not Performed-Reason _____

- ☐ Urine Pregnancy Test placed in computer
- ☐ Pharmacy Information placed in computer
- ☐ Height measured and placed in computer
- ☐ Allergies entered
- ☐ Status Chronic Conditions

- ☐ Medications Reconciled/ No active medications documented in Med Module
- ☐ Entire OB History pop up completed for NOB with Gs&Ps
- ☐ Health Maintenance updated
- ☐ Positive ROS documented
- ☐ Appropriate vaccines prepared
- ☐ Appropriate consents/forms prepared
- ☐ Assess labs to be performed and add to careslip