

History										Chart#							
Review of Systems (R.O.S.)										Date: / /							
Name:			Sex: M / F		Culture/Religion:			Telephone:									
Family Status: S M D W			Address:				Email:										
Age: D.O.B. / /		Occupation:					SS# :										
Constitutional		<u>Y</u>	<u>N</u>	Male Reproductive		<u>Y</u>	<u>N</u>	Female Reproductive		<u>Y</u>	<u>N</u>	Genito-Urinary		<u>Y</u>	<u>N</u>		
Fever				Penile discharge/blood				ABN. Vaginal Discharge				Poor Bladder Control					
Chills				Penile lesion				Irregular Vag. Bleeding				Urgency					
Excessive Sweating				Lump in penis/testicle				Heavy Vag. Bleeding				Difficulty urinating					
Night sweats				Premature ejaculation/ED				Absent Periods				BLOOD IN URINE					
Dizziness				Painful ej./Pain in testis				Pain with periods				INCREASED FREQUENCY					
Fatigue												Post voiding dribbling					
Pain																	
Weight Change				Chronic Problems						Integumentary		<u>Y</u>	<u>N</u>				
Appetite Change				1		6				Dry skin							
				2		7				Rash							
H.E.E.N.T.		<u>Y</u>	<u>N</u>	3		8				Rash & Fever							
Change in Hearing				4		9				New skin lesions							
Deafness				5		10				Change in moles							
VISION CHANGE				Allergies						Change in hair							
Blurred / or double				1		5				Change in Nails							
Runny nose/nasal discharge				2		6				Body Odor							
Nose bleeding				3		7				Breast lump							
Loss of smell				4		8				Breast Pain							
Irritated eye				Family History						Nipple discharge/blood							
Sore throat				1		Father						Heme/Lymph		<u>Y</u>	<u>N</u>		
Pain				2		Mother				Easy Bleeding							
LOSS IN VOICE				3		Sister/s		5 Other/s		Easy Bruising							
HOARSNESS				4		Brother/s				Bleeding disorder							
MASS				Social History						Enlarged glands							
Toothache				1		Alcohol use						Endocrinology		<u>Y</u>	<u>N</u>		
Cavities				2		Smoking/Vaping				Heat Intolerance							
Sore Tongue				3		Drug (illicit) use				Cold Intolerance							
Bleeding/or sore gums				4		Sexual Behavior				Increased Thirst							
				Past History						INCREASED URINATION							
Respiratory		<u>Y</u>	<u>N</u>	1		Hospitalizations:				Diabetes							
Cough				2		Surgeries:				Thyroid disease							
CHEST PAIN				3		Procedures:				Kidney disease							
Shortness of Breath				4		Immunizations:				Hair growth							
WHEEZE				Medications						Hot flashes							
DIFFICULTY BREATHING												Musculoskeletal		<u>Y</u>	<u>N</u>		
COUGHING BLOOD												Muscle pain					
Coughing Phlegm												Cramps/night cramps					
												Joint pain/ or swelling					
Cardio/Vasc		<u>Y</u>	<u>N</u>									Spasms					
CHEST PAIN												Calf pain with motion					
PALPATATIONS														Neurology		<u>Y</u>	<u>N</u>
FLUTTERINGS												Tremors					
UNCONSCIOUS (syncope)												Headaches					
Difficulty breathing w/ exertion												DIZZINESS					
Swelling lower extremities												Difficulty speaking					
Pain in Calf												FORGETFULNESS/CONFUSION					
												MEMORY IMPAIRED					
Gastroenterology		<u>Y</u>	<u>N</u>									NUMBNESS/TINGLING					
Abdominal Pain														Doctors Notes			
Nausea														Anxiety			
Vomiting														Depression			
VOMITING BLOOD														Worrying			
Diarrhoea														Difficulty sleeping			
Constipation														DISTURBED THOUGHTS			
BLACK STOOLS														VIOLENCE			
BLOOD IN STOOL														SUICIDE			
RECTAL BLEEDING																	
Bad breath																	
Jaundice																	
Reflux																	
Change in bowel habits																	
DIFFICULTY SWALLOWING																	
												Signature/ Date					