**BRONSON HEALTHCARE MIDWEST EPIC REVIEW OF SYSTEMS**

**Constitution**

|  |  |  |  |
| --- | --- | --- | --- |
| Fatigue | Yes | / | No |
| Unexpected Weight Change | Yes | / | No |
|  |  |  |  |
| **HENT** |  |  |  |
| Nosebleeds | Yes | / | No |
| Sore Throat | Yes | / | No |
|  |  |  |  |
|  |  |  |  |
| **Eyes** |  |  |  |
| Eye Pain | Yes | / | No |
| Visual Disturbance | Yes | / | No |
|  |  |  |  |
|  |  |  |  |
| **Respiratory** |  |  |  |

**GU**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Difficulty Urinating | | | | | Yes | | | | / | | | | No |
|  | Flank/Kidney Pain | | | | | Yes | | | | / | | | | No |
|  | Hematuria (blood in urine) | | | | | Yes | | | | / | | | | No |
|  | Urgency | | | | | Yes | | | | / | | | | No |
|  |  | | | | |  | | | |  | | | |  |
|  |  | | | | |  | | | |  | | | |  |
| **Musculoskeletal** | |  | | | |  | | | |  | | | |
|  | Back Pain | | | Yes | | | | / | | | | No | |
|  | Joint Swelling | | | Yes | | | | / | | | | No | |
|  |  | | |  | | | |  | | | |  | |
|  |  | |  | | | |  | | | |  | | |
| **Skin** | |  | | | |  | | | |  | | | |
|  | Rash | | Yes | | | | / | | | | No | | |
|  | Wound | | Yes | | | | / | | | | No | | |
|  |  | |  | | | |  | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Cough | Yes | / | No |
| Wheezing | Yes | / | No |
|  |  |  |  |
| **Cardiovascular** |  |  |  |
| Chest Pain | Yes | / | No |
| Leg Swelling | Yes | / | No |
|  |  |  |  |
| **GI** |  |  |  |
| Abdominal Pain | Yes | / | No |
| Nausea | Yes | / | No |
|  |  |  |  |
| **Endocrine** |  |  |  |
| Cold Intolerance | Yes | / | No |
| Heat Intolerance | Yes | / | No |

**Allergy/Immunology**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Environmental Allergies | | | Yes | | / | | No | |
|  | Food Allergies | | | Yes | | / | | No | |
|  |  | | |  | |  | |  | |
| **Neurological** | |  | |  | |  | |
|  | Seizures | | Yes | | / | | No | |
|  | Tremors | | Yes | | / | | No | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
| **Hematologic** | |  | |  | |  | |
|  | Adenopathy (enlarged lymph nodes) | | Yes | | / | | No | |
|  | Bruises/Bleeds Easily | | Yes | | / | | No | |
|  |  | |  | |  | |  | |
| **Psychiatric** | |  | |  | |  | |
|  | Confusion | | Yes | | / | | No | |
|  | Nervous/Anxious | | Yes | | / | | No | |

**Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**