**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**