

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	
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

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

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: _____