



X-ABDOMINAL PAIN (LOWER, FEMALES)

Lower Abdominal Pain (Females):

History of present illness:

- Duration of symptoms: ***
- Intensity of pain (scale of 0-10): ***
- Frequency of pain: ***
- Location of symptoms (RLQ, LLQ, suprapubic, periumbilical): ***
- Characterization of pain (sharp, dull, cramping): ***
- Chance of pregnancy?: ***
- Risk for sexually transmitted disease?: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Diarrhea?: ***
- Melena (black stool)?: ***
- Hematochezia (red blood in stool)?: ***
- Constipation?: ***
- Nausea?: ***
- Vomiting?: ***
- Perception of fever/chills?: ***
- Measured fever?: ***
- Dysuria (burning with urination)?: ***
- Vaginal bleeding?: ***
- Vaginal discharge?: ***

X-ABDOMINAL PAIN (LOWER, MALES)

Lower Abdominal Pain (Males):

History of present illness:

- Duration of symptoms: ***
- Intensity of pain (scale of 0-10): ***
- Frequency of pain: ***
- Location of symptoms (RLQ, LLQ, suprapubic, periumbilical): ***
- Characterization of pain (sharp, dull, cramping): ***
- Medication(s) tried for symptoms: ***

Review of Systems:

- Diarrhea?: ***
- Melena (black stool)?: ***
- Hematochezia (red blood in stool)?: ***
- Constipation?: ***
- Nausea?: ***
- Vomiting?: ***
- Perception of fever/chills?: ***
- Measured fever?: ***
- Dysuria (burning with urination)?: ***



X-ABDOMINAL PAIN (UPPER)

Upper Abdominal Pain:

History of present illness:

- Duration of time that pain has been a problem?: ***
- Intensity of pain (scale of 0-10): ***
- Frequency of pain: ***
- Location of pain (RUQ, Epigastric, LUQ)?: ***
- Has gallbladder been removed?: ***
- History of upper endoscopy evaluation (EGD)?: ***
- Medications tried for abdominal symptoms: ***
- Recently started new medication(s) for other issues?: ***

Review of systems:

- GERD (heartburn) symptoms?: ***
- Fever?: ***
- Constipation?: ***
- Diarrhea?: ***
- Nausea?: ***
- Vomiting without blood?: ***
- Vomiting with blood (hematemesis)?: ***
- Melena (black/tarry stools)?: ***
- Dysphagia (difficulty swallowing)?: ***
- Weight loss?: ***
- Pain worse after meals?: ***
- Frequency of alcohol use: ***

X-ACNE

Acne:

History of present illness:

- Duration of time acne has been a problem: ***
- Location of acne (face, chest, back): ***
- Use of oil-based cosmetics?: ***
- Current medications for acne: ***
- Acne currently stable, worsening or improving: ***
- Medications tried for acne in past (OTC/prescription): ***
- Scarring from acne?: ***

Review of systems:

- Hirsutism (facial hair growth in a female)?: ***
- Irregular menses (N/A if male)?: ***



X-ADD/ADHD FOLLOW-UP

ADD/ADHD Follow-up:

History of present illness:

- ADD or ADHD?: ***
- Conduct at school or work acceptable?: ***
- Peer relations acceptable?: ***
- Ability to concentrate acceptable?: ***
- Conduct at home acceptable?: ***
- Current medication for ADD/ADHD: ***
- Specific concerns: ***

Review of systems:

- Insomnia?: ***
- Loss of appetite?: ***

X-ADD/ADHD INITIAL VISIT

ADD/ADHD (DSM IV Criteria):

A. Inattention Questions (6 or more x 6 months):

- Fails to give close attention to details or makes careless mistakes?: ***
- Difficulty sustaining attention in tasks or play activities?: ***
- Does not listen when spoken to directly?: ***
- Does not follow through on instructions or fails to finish schoolwork/work duties?: ***
- Has difficulties organizing tasks or activities?: ***
- Avoids tasks that require sustained mental effort (ex. homework)?: ***
- Frequently loses things?: ***
- Is easily distracted by external stimuli?: ***
- Is forgetful in daily activities?: ***

B. Hyperactivity Questions (6 or more x 6 months):

- Fidgets with hands or feet, or squirms in seat?: ***
- Often leaves seat in classroom or in other situations in which remaining seated is expected?: ***
- Often runs or climbs excessively or inappropriately (feelings of restlessness in adults)?: ***
- Often has difficulty playing or engaging in leisure activities quietly?: ***
- Is often on the go as if driven by a motor?: ***
- Often talks excessively (impulsivity)?: ***
- Often blurts out answers before questions have been completed?: ***
- Often has difficulty awaiting turn?: ***
- Often interrupts or intrudes on others (butts into conversations or games)?: ***

C. Symptoms before the age of seven?: ***

D. Impairment in 2 or more settings? (work, school, home, etc.): ***

E. Clinically significant impairment in social, academic or occupational functioning?: ***



X-ALLERGY SYMPTOMS

Allergy Symptoms:

History of present illness:

- Duration of time that allergies have been a problem: ***
- Duration of current episode: ***
- Symptoms cyclic with change of seasons?: ***
- Sneezing?: ***
- Rhinorrhea (runny nose)?: ***
- Itchy eyes?: ***
- New pets?: ***
- History of allergy testing?: ***
- Family history of allergies, eczema or asthma?: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Ear pressure?: ***
- Skin rash or hives?: ***
- Wheezing?: ***

X-AMENORRHEA (ABSENCE OF MENSTRUATION)

Amenorrhea (Absence of Menstruation):

History of present illness:

- Duration of amenorrhea?: ***
- Have periods been regular in the past?: ***
- Personal history of diabetes?: ***
- Possibility of pregnancy?: ***
- Hot flashes?: ***
- Mood swings?: ***
- Unusual or intense emotional stress?: ***
- Recent use of contraception?: ***
- Intense regular physical exercise?: ***
- Personal history of anorexia or bulimia?: ***

Review of systems:

- Galactorrhea (milk leakage from breasts)?: ***
- Heat or cold intolerance?: ***
- Recent weight loss?: ***
- Hirsutism (facial hair growth)?: ***



X-ANKLE PAIN

Ankle Pain:

History of present illness:

- Duration of time ankle pain has been a problem: ***
- Location of pain on ankle (medial or lateral aspect): ***
- Ankle injury? (how, when, where): ***
- Frequency of pain: ***
- Intensity of pain (0-10): ***
- Which ankle affected: ***
- Sensation that the ankle will give way?: ***
- Able to bear weight on the ankle?: ***
- Relieving factors?: ***
- Worsening factors?: ***
- Medication(s) tried for pain: ***

Review of systems:

- Ankle edema?: ***
- Fever?: ***
- Numbness or tingling in foot?: ***

X-ANXIETY

Anxiety:

History of present illness:

- Duration of anxiety: ***
- Frequency of anxiety: ***
- Anxiety situational?: ***
- Panic attacks?: ***
- Flashbacks or nightmares?: ***
- Obsessive thoughts (persistent and unwanted)?: ***
- Compulsive behaviors (ex. hand washing, lock checking)?: ***
- Depression?: ***
- Medications tried for anxiety: ***

Review of systems:

- Chest pain/tightness?: ***
- Dyspnea (shortness of breath)?: ***
- Heart palpitations?: ***
- Diaphoresis (sweating)?: ***



X-ARTHRALGIA (JOINT PAIN), UNDIAGNOSED

Arthralgia (Joint Pain)

History of Present Illness:

- Duration of time that joint pain has been present: ***
- Frequency of joint pain: ***
- Location of affected joint(s): ***
- Pain (0-10/10): ***
- Factors that make pain better: ***
- Factors that make pain worse: ***
- Recent travel or time in the back country?: ***
- History of STD or recent STD exposure?: ***

Review of Systems:

- Fever?: ***
- Morning stiffness in the joints?: ***
- Pain in the back or neck?: ***
- Joint edema (swelling)?: ***
- Joints red or warm to the touch?: ***
- Rash?: ***
- Oral ulcers?: ***
- Dyspnea (shortness of breath)?: ***
- Abdominal pain?: ***
- Diarrhea?: ***
- Recent respiratory tract infection symptoms?: ***
- Vision changes?: ***

X-ARTHRITIS (OSTEOARTHRITIS)

Osteoarthritis:

History of present illness:

- Duration of symptoms: ***
- Frequency of symptoms: ***
- Intensity of joint pain (0-10): ***
- Location of joints affected: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Morning stiffness > 15 minutes?: ***
- Joint edema (swelling)?: ***
- Fever?: ***
- Joint erythema (redness)?: ***



X-ARTHRITIS (RHEUMATOID ARTHRITIS)

Rheumatoid Arthritis:

History of present illness:

- Duration of symptoms: ***
- Frequency of symptoms: ***
- Intensity of joint pain (0-10): ***
- Location of joints affected: ***
- Current medication(s) for rheumatoid arthritis: ***

Review of systems:

- Morning stiffness > 15 minutes?: ***
- Joint edema (swelling)?: ***
- Fever?: ***
- Rash?: ***
- Chest pain?: ***
- Dyspnea (shortness of breath)?: ***
- Abdominal pain?: ***
- Vision changes?: ***
- Dry eyes and mouth?: ***

X-ASTHMA

Asthma:

History of present illness:

- Duration of time since diagnosed with asthma: ***
- History of hospitalization for asthma?: ***
- Duration of time since last ER visit for asthma: ***
- Symptoms worse with exercise?: ***
- Personal history of smoking?: ***
- What is the personal best peak flow measurement?: ***
- Frequency of rescue inhaler use (ex. Albuterol, Maxair): ***
- Using maintenance (daily preventive) medications regularly? (N/A if not prescribed): ***
- Current asthma medications: ***
- Symptom frequency (highest classification in which any feature occurs):

{8753-ASTHMA SYMPTOMS:3420} smartlist – single choice:

- (1)MILD INTERMITTENT - Less than or equal to 2 days/week and 2 nights/month
- (2)MILD PERSISTENT - Greater than 2 days/week (but not daily) or greater than 2 nights /month
- (3)MODERATE PERSISTENT - Daily symptoms or greater than 1 night/week
- (4)SEVERE PERSISTENT - Continual symptoms or frequent symptoms at night

Review of systems:

- Cough?: ***
- Dyspnea (shortness of breath): ***
- Fever?: ***
- Wheezing?: ***
- Nasal congestion or sinus pressure?: ***



X-ATRIAL FIBRILLATION FOLLOW-UP

Atrial Fibrillation

History of present illness:

- Duration of time since diagnosed with atrial fibrillation: ***
- Atrial fibrillation constant, intermittent or unknown?: ***
- Follows-up with a cardiologist?: ***
- Personal history of stroke?: ***
- What is current anticoagulation (blood thinner)?: ***
- Enrolled in coumadin clinic?: ***
- If on coumadin, what daily dose was taken over past 5 days: ***

Review of systems:

- Chest pain?: ***
- Heart palpitations?: ***
- Light-headedness?: ***
- Dyspnea (shortness of breath)?: ***
- Weakness or numbness of an extremity?: ***
- Confusion?: ***
- Slurred speech?: ***
- Syncope (fainting)?: ***
- Heat or cold intolerance?: ***
- Lower extremity edema (swelling)?: ***

X-BACK PAIN

Back Pain:

History of present illness:

- Duration of time back pain has been a problem: ***
- Intensity of pain (scale of 0-10): ***
- Location of back pain: ***
- History of injury to the back? (how, when, where): ***
- Frequency of episodes of back pain (N/A if this is first episode): ***
- Duration of each back pain episode (N/A if this is first episode): ***
- Does pain radiate to a leg?: ***
- History of back surgery?: ***
- History of MRI scan of the back?: ***
- Medications tried for back pain?: ***

Review of systems:

- Fever or chills?: ***
- Change in bowel or bladder function?: ***
- Dysuria (burning with urination): ***
- Hematuria (blood in urine): ***
- Muscle cramps?: ***
- Weakness in a leg?: ***



X-BENIGN PROSTATIC HYPERPLASIA (BPH)

Benign prostatic hyperplasia (BPH)

History of present illness:

- Duration of time since diagnosed with BPH?: ***
- Frequency of symptoms: ***
- Sensation of incomplete emptying of the bladder?: ***
- Average # of awakenings to urinate during the night: ***
- History of surgery for BPH?: ***
- History of urinary obstruction?: ***
- Medications tried for symptoms: ***

Review of systems:

- Fever/chills?: ***
- Urinary frequency?: ***
- Decreased urinary flow?: ***
- Post void dribbling?: ***
- Dysuria?: ***
- Hematuria (blood in urine)?: ***
- Incontinence?: ***
- Unexplained weight loss?: ***

X-BREAST DISCHARGE

Breast Discharge:

History of present illness:

- Duration of symptoms: ***
- Frequency of symptoms: ***
- Color of discharge: ***
- Side of discharge (right, left, bilateral): ***
- Blood in discharge?: ***
- Chance of pregnancy?: ***
- Changes in medications or new medication(s)?: ***

Review of systems:

- Heat or cold intolerance?: ***
- Headaches?: ***
- Vision changes?: ***
- Breast mass?: ***



X-BREAST MASS

Breast Mass:

History of present illness:

- How long has the mass been present?: ***
- Location of mass: ***
- Family history of breast cancer?: ***
- Personal history of contraceptives or hormone replacement?: ***
- Age at start of menstruation: ***
- Number of pregnancies: ***

Review of systems:

- Fever/chills?: ***
- Unexplained weight loss?: ***
- Drainage from nipple?: ***
- Breast pain/tenderness?: ***
- Erythema (redness) of skin of breast?: ***

X-BREAST PAIN

Mastalgia (Breast Pain):

History of present illness:

- How long has the pain been present?: ***
- Location of pain: ***
- Intensity of pain (scale of 0-10): ***
- Cyclic pain with periods?: ***
- Factors that worsen pain: ***
- Medications or factors that improve pain: ***
- Missed period or possibility of pregnancy?: ***
- Using contraceptives or hormone replacement?: ***
- Recent trauma?: ***
- Family history of breast cancer?: ***

Review of systems:

- Fever/chills?: ***
- Unexplained weight loss?: ***
- Drainage from nipple?: ***
- Erythema (redness) of skin of breast?: ***
- Breast mass?: ***



X-CELLULITIS (SKIN INFECTION)

Cellulitis (Skin Infection):

History of present illness:

- Duration of symptoms: ***
- Location of symptoms: ***
- Recent history of skin wound or injury? (how, when, where): ***
- Pain?: ***
- Edema (swelling)?: ***
- Skin erythema (redness)?: ***
- Skin tenderness?: ***
- Personal history of diabetes?: ***
- History of recurrent cellulitis?: ***
- Currently taking antibiotics?: ***

Review of systems:

- Fever?: ***
- Decreased appetite?: ***

X-CHEST PAIN

Chest Pain:

History of present illness:

- Currently experiencing chest pain?: ***
- Location of pain: ***
- Intensity of pain (scale of 0-10): ***
- Time since first episode of pain: ***
- Frequency of the episodes of pain: ***
- Duration of each episode: ***
- Characterization of pain (sharp, dull, pressure): ***
- Radiation of pain? (to arm, neck or back?): ***
- Factors that make the pain worse: ***
- Relieving factors: ***

Review of systems:

- Pleuritic pain? (worse with deep breath)?: ***
- Pain relieved by leaning forward while sitting?: ***
- Chest pain with exertion?: ***
- Shortness of breath?: ***
- Nausea?: ***
- GERD (heartburn) symptoms?: ***
- Dysphagia (difficulty swallowing)?: ***
- Diaphoresis (sweating with pain)?: ***
- Heart palpitations?: ***
- Cough?: ***
- Lower extremity edema (swelling)?: ***



X-CHOLESTEROL FOLLOW-UP

Cholesterol Follow-up:

History of present illness:

- Using dietary modification?: ***
- Exercising regularly?: ***
- Current medication (N/A if diet only): ***
- Duration of time on current medication and dose (N/A if diet only): ***
- Fasting today?: ***

Review of systems:

- Chest pain?: ***
- Weakness or numbness of an extremity or of the face?: ***
- Lower extremity claudication (calf pain with walking)?: ***

X-CHRONIC PAIN FOLLOW-UP

Chronic Pain Follow-Up:

History of present illness:

- Location of chronic pain: ***
- Intensity of pain (scale of 0-10): ***
- Diagnosis responsible for pain: ***
- Pain currently better, worse or stable: ***
- Medications used for pain: ***

Review of systems:

- Depression symptoms?: ***
- Fatigue?: ***

X-CONGESTIVE HEART FAILURE

Congestive Heart Failure (CHF):

History of present illness:

- Duration of time since diagnosed with CHF: ***
- Dyspnea (shortness of breath) stable, worse or improved: ***
- Frequency of the episodes of dyspnea: ***
- Duration of each episode: ***
- Dyspnea worse with exertion?: ***
- Dyspnea at rest?: ***
- Factors that relieve dyspnea: ***
- Recent changes in medication?: ***
- Frequency and liters per minute of home oxygen use: ***

Review of systems:

- Chest pain?: ***



- Orthopnea (worsening dyspnea when lying flat)?: ***
- Fatigue?: ***
- Recent weight gain?: ***
- Heart palpitations?: ***
- Cough?: ***
- Edema (swelling) in the legs?: ***

X-CONJUNCTIVITIS(PINK EYE)

Conjunctivitis:

History of present illness:

- Duration of symptoms?: ***
- Eye(s) affected: ***
- Burning of eye(s)?: ***
- Pruritis (itching) of eye(s)?: ***
- Recent injury/chemical exposure to eye(s)?: ***
- Allergy symptoms (sneezing, runny nose)?: ***
- Blurry vision?: ***
- Clear drainage from eye(s)?: ***
- Yellow/Green drainage from eye(s)?: ***
- Redness surrounding eye(s)?: ***
- Tenderness surrounding eye(s)?: ***
- Contact lens use?: ***

Review of systems:

- Fever?: ***
- Headache?: ***

X-CONSTIPATION

Constipation:

History of present illness:

- Duration of symptoms: ***
- Symptoms constant?: ***
- Frequency of stools: ***
- Constipation alternating with diarrhea?: ***
- Regular exercise?: ***
- Diet rich in fiber with adequate fluids?: ***
- Narcotic pain medication use?: ***
- Medications tried for symptoms: ***

Review of systems:

- Cold intolerance?: ***
- Abdominal pain?: ***



X-COUGH (FOR LESS THAN 1 MONTH)

Cough:

History of present illness:

- Duration of cough?: ***
- Productive cough?: ***
- Recent travel?: ***
- Croup-like cough (like a barking seal)?: ***
- Paroxysmal coughing (coughing fits)?: ***
- Medications tried for symptoms: ***

Review of systems:

- Wheezing?: ***
- Dyspnea? (shortness of breath)?: ***
- Perceived fever or chills?: ***
- Measured fever?: ***
- Sinus pressure?: ***
- Myalgias (muscle aches)?: ***
- Sore throat?: ***
- Nasal congestion?: ***
- Post nasal drip?: ***
- Runny nose?: ***
- Edema (swelling) of the lower extremities?: ***
- Chest pain?: ***

X-COUGH (FOR MORE THAN 1 MONTH)

Cough:

History of present illness:

- Duration of cough?: ***
- Productive cough?: ***
- Paroxysmal coughing (coughing fits)?: ***
- History of positive TB test or exposure?: ***
- Recent travel?: ***
- Recent change in medications?:***
- Medications tried for cough: ***

Review of systems:

- Dyspnea? (shortness of breath)?: ***
- Hemoptysis? (coughing up blood)?:
- Lower extremity edema (swelling)?: ***
- Perceived fever or chills?: ***
- Measured fever?: ***
- Myalgias (muscle aches)?: ***
- Heartburn symptoms?: ***
- Wheezing or asthma history?: ***



- Nasal congestion?: ***
- Cough worse at night?: ***
- Post nasal drip?: ***
- Runny nose?: ***
- Sinus pressure?: ***
- Sneezing?: ***
- Decreased energy level?: ***

X-DEPRESSION

Depression:

History of present illness:

- Duration of time with depressed mood: ***
- Frequency of depressed mood: ***
- Crying spells?: ***
- Decreased interest in activities for fun?: ***
- Increased feelings of guilt?: ***
- Psychomotor agitation (anxiety)?: ***
- Suicidal thoughts?: ***
- Current or past depression counseling?: ***
- Current antidepressant medication (N/A if none): ***
- Antidepressant medication(s) tried in the past (N/A if none): ***

Review of systems:

- Insomnia?: ***
- Decreased energy level?: ***
- Decreased ability to concentrate?: ***
- Decreased appetite?: ***

X-DIABETES

Diabetes:

History of present illness:

- Duration of time since diagnosed with diabetes: ***
- Home glucose check range: ***
- Frequency of home glucose checks: ***
- Diabetic eye exam in the past 12 months?: ***
- Dental exam in the past 6-12 months?: ***
- Checking feet daily?: ***
- Compliance with diabetic medication over the past 3 months?: ***
- Hypoglycemic episodes (weak, shaky, sweaty)?: ***
- Flu shot this year?: ***
- Pneumonia shot?: ***
- Aspirin therapy if > 40 yrs old?: ***
- Statin therapy (Lipitor, Zocor, Lescol, Crestor, Pravachol, Mevacor, etc.)?: ***
- Has been referred for diabetes education?: ***



-Current medication(s) for diabetes: ***

Review of systems:

-Numbness or tingling in the toes?: ***

-Polyuria (frequent urination)?: ***

X-DIAPER RASH

Diaper Rash:

History of present illness:

-Duration of time that rash has been a problem: ***

-Color of rash: ***

-History of recent diarrhea?: ***

-History of recent antibiotics?: ***

-Skin breakdown?: ***

Review of systems:

-Fever?: ***

-Pruritis (itching): ***

X-DIARRHEA

Diarrhea:

History of present illness:

-Duration of symptoms?: ***

-Frequency of stools: ***

-Symptoms with dairy products?: ***

-Recent travel or unusual foods?: ***

-Exposure to unpurified water (well,stream)?: ***

-Recent change in medication(s) or recent antibiotics?: ***

-Medications tried for symptoms?: ***

Review of systems:

-Abdominal pain?: ***

-Nausea?: ***

-vomiting?: ***

-Perceived fever/chills?: ***

-Measured fever?: ***

-Dry mouth?: ***

-Urinating with decreased frequency?: ***

-Myalgias (muscle aches)?: ***

-Melena (dark stool)?: ***

-Hematochezia (bloody stool)?: ***

-Steatorrhea (greasy/oily stool)?: ***

X-DYSMENORRHEA (PAINFUL PERIODS)



Dysmenorrhea (Painful Periods)

History of present illness:

- Duration of time that symptoms have been a problem: ***
- Frequency of symptoms: ***
- Intensity of pain (0-10/10): ***
- Medications tried for symptoms: ***
- Exposure to sexually transmitted diseases or unprotected sex?: ***
- Possibility of pregnancy?: ***
- Periods generally regular?: ***

Review of systems:

- Fever?: ***
- Painful intercourse?: ***
- Menorrhagia (heavy periods)?: ***
- Back pain?: ***
- Headache?: ***
- Vaginal discharge?: ***

X-DYSPHAGIA (SWALLOWING DIFFICULTY)

Dysphagia:

History of present illness:

- Duration of time that dysphagia has been a problem: ***
- Symptoms with liquids, solids or both: ***
- Frequency of symptoms: ***
- History of upper endoscopy (EGD)?: ***
- Recent changes in medications?: ***

Review of systems:

- Heartburn?: ***
- Recent weight loss?: ***
- Weakness or numbness of face or extremity?: ***
- Tremor in hands?: ***
- Chest pain?: ***
- Sore throat?: ***
- Fever?: ***

X-DYSPNEA (SHORTNESS OF BREATH)

Dyspnea (Shortness of Breath):

History of present illness:

- Duration of time since dyspnea began: ***
- Frequency of the episodes of dyspnea: ***
- Duration of each episode: ***
- Pleuritic chest pain (worse with deep breath)?: ***
- Dyspnea worse with exertion?: ***



-Relieving factors: ***

Review of systems:

-Chest pain?: ***

-Nausea?: ***

-GERD (heartburn) symptoms?: ***

-Diaphoresis (sweating)?: ***

-Heart palpitations?: ***

-Cough?: ***

-Wheezing?: ***

-Edema (swelling) in the legs?: ***

-Sore throat?: ***

-Fever?: ***

-Orthopnea (worsening shortness of breath when supine)?: ***

X-EARACHE

Earache:

History of present illness:

-Duration of symptoms?: ***

-Intensity of pain (scale of 0-10): ***

-Which ear(s) involved?: ***

-Perceived fever or chills?: ***

-Measured fever?: ***

-Drainage from ear(s)?: ***

-Medication(s) tried for symptoms: ***

-History of frequent ear infections?: ***

Review of systems:

-Sore throat?: ***

-Respiratory tract infection symptoms?: ***

-Sensation of ear pressure?: ***

-Decreased hearing?: ***

X-EDEMA (SWELLING)

Edema (Swelling):

History of present illness:

-Duration of time edema has been present: ***

-Location of edema: ***

-Edema constant or intermittent: ***

-Lower extremity edema that worsens as the day progresses?: ***

-Relieving factors: ***

-Worsening factors: ***

-Recent long trip in airplane or car?: ***

-Recent new medication(s) or change in medications?: ***



Review of systems:

- Dyspnea (shortness of breath)?: ***
- Chest pain?: ***
- Lower extremity pain?: ***
- Cough?: ***
- Orthopnea (shortness of breath when laying flat)?: ***

X-ELBOW PAIN

Elbow Pain:

History of present illness:

- Duration of time that elbow pain has been present: ***
- Frequency of pain: ***
- Intensity of pain (0-10): ***
- Location of pain(R or L elbow, medial or lateral aspect): ***
- Recent injury? (how, when, where): ***
- Right or left handed: ***
- Occupation: ***
- Factors that worsen pain: ***
- Factors that relieve pain: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Neck pain?: ***
- Numbness or tingling in hand(s)?: ***

X-ERECTILE DYSFUNCTION

Erectile Dysfunction:

History of present illness:

- Duration of time symptoms have been a problem?: ***
- Decreased libido/desire?: ***
- Nocturnal erections?: ***
- History of pelvic surgery or trauma?: ***
- Personal history of diabetes?: ***
- Recent change in medications?: ***
- Relationship problems?: ***
- Personal history of coronary artery disease or nitroglycerine use?: ***

Review of systems:

- Heat or cold intolerance?: ***
- Polyuria (frequent urination)?: ***
- Excessive thirst?: ***
- Depression symptoms?: ***
- Chest pain?: ***



X-FATIGUE

Fatigue:

History of present illness:

- Duration of time that fatigue has been a problem: ***
- Frequency of fatigue: ***
- Insomnia?: ***
- Hours of sleep each night: ***

Review of systems:

- Current symptoms of illness (cough, sore throat, diarrhea, etc.)?: ***
- Heat or cold intolerance?: ***
- Polyuria (frequent urination)?: ***
- Recent unexplained weight loss?: ***
- Loud snoring or witnessed apnea during the night?: ***
- Blood noted in stool or urine?: ***
- Menorrhagia (heavy periods)?: ***
- Symptoms of depression?: ***

X-FEVER (UNKNOWN ORIGIN)

Fever (Unknown Origin):

History of present illness:

- Duration of time fever has been a problem: ***
- Fever constant?: ***
- Fever responds to medication?: ***
- Maximum measured fever: ***

Review of systems:

- Sore throat?: ***
- Earache?: ***
- Cough?: ***
- Rash or skin wound?: ***
- Dysuria (burning with urination)?: ***
- Urethral discharge (penis or vagina)?: ***
- Joint pain?: ***
- Bone pain?: ***
- Abdominal pain?: ***
- Diarrhea?: ***
- Headache?: ***
- Stiff neck?: ***
- Photophobia (light hurts eyes)?: ***
- Decreased appetite?: ***
- Urinary or IV catheter?: ***
- History of recent travel?: ***
- History of illegal IV drug use?: ***



X-FIBROMYALGIA (FOLLOW-UP)

Fibromyalgia (Follow-up):

History of present illness:

- Frequency of pain: ***
- Intensity of pain (0-10): ***
- Location of pain: ***
- Symptoms compared to baseline (better/worse/stable): ***
- Regular exercise program?: ***
- Current medications for fibromyalgia: ***
- Medications tried in the past for fibromyalgia: ***

Review of systems:

- Insomnia?: ***
- Symptoms of depression?: ***

X-FOOT PAIN

Foot Pain:

History of present illness:

- Duration of time foot pain has been a problem: ***
- Which foot affected: ***
- Location of pain on foot (top, bottom, heel, toe): ***
- Foot injury? (how, when, where): ***
- Frequency of pain: ***
- Pain worse when first standing in the AM?: ***
- Intensity of pain (0-10): ***
- Relieving factors?: ***
- Worsening factors?: ***
- History of gout?: ***
- Treatment(s) tried for pain: ***

Review of systems:

- Joint pain?: ***
- Joint stiffness?: ***
- Swelling? ***
- Numbness or tingling in foot?: ***
- History of stomach ulcer or heartburn? ***

X-GOUT

Gout:

History of present illness:

- Duration of time since given diagnoses of gout?:***
- Duration of current flare-up?:***



- Frequency of gout flare-ups?: ***
- Joint(s) affected?: ***
- Current medication(s) for gout: ***
- Personal history of kidney stones?: ***
- Frequency of alcohol use?: ***
- History of joint aspiration?: ***

Review of systems:

- Joint edema (swelling)?: ***
- Joint erythema (redness)?: ***
- Fever?: ***
- Cold intolerance?: ***
- Polyuria (frequent urination)?: ***
- Hematuria (blood in the urine)?: ***

X-HEAD INJURY

Head Injury:

History of present illness:

- Date and time of injury: ***
- Mechanism of injury: ***
- Location of patient when injury occurred: ***
- Duration of loss of consciousness: ***
- Trauma related to drug or alcohol use?: ***

Review of systems:

- Amnesia (no memory of event)?: ***
- Nausea?: ***
- Vomiting?: ***
- Confusion?: ***
- Headache?: ***
- Weakness or numbness of arm or leg?: ***
- Seizure?: ***
- Rhinorrhea (runny nose) since the injury?: ***
- Neck pain?: ***

X-HEADACHE

Headaches:

History of present illness:

- Duration of time that headaches have been a problem: ***
- Intensity of pain (scale of 0-10): ***
- Frequency of headaches: ***
- Duration of each individual headache: ***
- Location of headaches: ***
- History of injury to the head or neck?: ***



- Cerebral imaging in the past? (CT scan or MRI?): ***
- Headache medications tried in the past: ***

Review of systems:

- Focal neurologic defects? (weakness or numbness?): ***
- Cluster symptoms? (nasal congestion or tearing?): ***
- Sinus symptoms? (sinus pressure or congestion?): ***
- Fever?: ***
- Neck stiffness?: ***
- Photophobia (light hurts eyes)?: ***
- Visual aura (spots or flashes of light with headaches)?: ***
- Nausea with headaches?: ***
- Throbbing headaches?: ***
- Scalp tenderness over temples?: ***
- Tongue/jaw claudication (soreness of tongue/jaw with chewing)?: ***

X-HEARING LOSS

Hearing Loss

History of Present Illness:

- Duration of time since hearing loss noted: ***
- Hearing loss sudden or gradual?: ***
- Location (one sided or both ears)?: ***
- Personal history of loud or frequent noise exposure?: ***
- Personal history of frequent ear infections or of ear trauma?: ***
- Personal history of IV antibiotics or of chemotherapy?: ***
- Family history of hearing loss?: ***

Review of Systems:

- Tinnitus (ringing in ears)?: ***
- Discharge from the ear(s)?: ***
- Weakness of facial muscles?: ***
- Dizziness?: ***

X-HEMORRHOIDS

Hemorrhoids:

History of present illness:

- Duration of symptoms: ***
- Frequency of symptoms: ***
- Rectal itching, pain or irritation?: ***
- Rectal bleeding?: ***
- Prolonged or frequent sitting?: ***
- Adequate dietary fiber?: ***
- Medication(s) tried for symptoms: ***



Review of systems:

- Constipation?: ***
- Diarrhea?: ***
- Light-headedness?: ***

X-HIP PAIN

Hip Pain:

History of present illness:

- Duration of time that hip pain has been a problem: ***
- Frequency of pain: ***
- Intensity of pain (0-10): ***
- Recent injury? (how, when, where): ***
- Location of pain (R or L hip, anterior/lateral/posterior): ***
- Able to bear weight?: ***
- Known personal history of osteoporosis?: ***
- Known personal history of osteoarthritis?: ***
- Factors that relieve pain: ***
- Factors that worsen pain: ***
- Medication(s) tried: ***

Review of systems:

- Fever?: ***
- Pain in other joints?: ***
- Numbness or tingling in lower extremity?: ***
- Back pain?: ***

X-HOSPITAL/ER FOLLOW-UP

Hospital/ ER Follow-up:

History of present illness:

- Symptom(s) requiring evaluation at the hospital/ ER: ***
- Name of hospital at which evaluated: ***
- Evaluated in the emergency room?: ***
- Admitted to the hospital?: ***
- Date of admission or ER evaluation: ***
- Date of discharge: ***
- Diagnosis given in the hospital/ ER: ***
- Doing well post hospitalization?: ***
- Medication changes include: ***

Review of systems:

General: {ROS GENERAL:270}

List contains: None, fatigue, fever,night sweats, sleep disturbance, wt gain, wt loss, appetite increase, appetite decrease, ***



HEENT: {ROS HENT:271}

List contains: none, epistaxis, hearing change, hoarseness, nasal congestion, sinus pain, sneezing, sore throat, visual change, double vision, blurred vision, tinnitus, difficulty swallowing

Cardio Vascular: {ROS CV:273}

List contains: none, chest pain, DOE, edema murmur, orthopnea, palpitations, ***

Respiratory: {ROS RESP:272}

List contains: no cough, cough, no wheezing, wheezing, no hemoptysis, hemoptysis, no pleuritic chest pain, pleuritic chest pain.

GI: {ROS GI:274}

List contains: none, abd pain, bloating, change in bowel habits, constipation, diarrhea, gas, heartburn, hematochezia, hemorrhoids, melena, nausea, vomiting, dysphagia, odynophagia, early satiety, indigestion, ***

Endocrine: {ROS ENDOCRINE:279}

List contains: none, flushing, hair loss, hot flashes, mood swings, polydipsia, polyuria.

Neurologic: {ROS NEURO:278}

List contains: no change in bowel / bladder, change in bowel / bladder, no dizziness or syncope, syncope, dizziness, no gait changes, gait change, no numbness or weakness, numbness, weakness, no change in mental status, confusion, no headache, headache.

Skin: {ROS SKIN:281}

List contains: no acne, acne, no changing moles, changing moles, no lumps or bumps, lumps, no pruritis, pruritis, no rash, rash.

Musculo Skeletal: {ROS MUCSKEL:277}

List contains: none, arthritis, loss function - ***, loss ROM - ***, pain {body location: new list}, swelling {body location:list} –

Body location List is: ***, ankle, arm, back, buttocks, chin, elbow, eyebrow, face, fingers, foot, forehead, genitals, hand, head, hip, knee, leg, lip, neck, shin, shoulder, thigh, thumb, toes, trunk, wrist, see diagram.

GU: {ROS GU:3603}

List contains: no fever, fever, no chills, chills, no weight changes, weight loss/gain, no fatigue, fatigue, none

X-HYPERTENSION

Hypertension:

History of present illness:

- Duration of time since diagnosed with hypertension: ***
- Blood pressure range outside of clinic: ***
- Blood pressure medication(s) taken today?: ***
- Current blood pressure medication(s)?: ***

Review of systems:

- Chest pain?: ***
- Dyspnea (shortness of breath)?: ***
- Headache?: ***
- Heart palpitations?: ***
- Episodic diaphoresis (sweating)?: ***
- Focal neurologic symptoms (weakness/numbness)?: ***



- Vision changes?: ***
- Loud snoring or witnessed apnea?: ***
- Lower extremity edema (swelling)?: ***

X-HYPOTHYROIDISM

Hypothyroidism:

History of present illness:

- Duration of time since diagnosed with hypothyroidism: ***
- Current thyroid medication and dose: ***
- Length of time on the current dose?: ***
- Has been taking thyroid medication every day?: ***
- Takes thyroid medication on an empty stomach?: ***

Review of systems:

- Cold intolerance? (too cold): ***
- Heat intolerance? (too hot): ***
- Changes in weight?: ***
- Changes in menstruation?: ***
- Constipation?: ***
- Dry skin?: ***
- Fatigue?: ***
- Anxiety?: ***
- Heart Palpitations?: ***

X-INFLUENZA SYMPTOMS

Influenza Symptoms:

History of present illness:

- Duration of symptoms: ***
- Onset of symptoms gradual or rapid: ***
- Received flu shot this flu season?: ***
- Known exposure to lab confirmed influenza?: ***
- Quantity of cigarette use: ***
- Medications tried for symptoms: ***

Review of systems:

- Wheezing?: ***
- Dyspnea?: (shortness of breath)?: ***
- Myalgias (muscle aches)?: ***
- Ear pain/pressure?: ***
- Headache?: ***
- Sore throat?: ***
- Nasal congestion/rhinorrhea (runny nose)?: ***
- Sinus pressure?: ***
- Nonproductive cough?: ***



- Productive cough?: ***
- Pleuritic chest pain (pain with deep breath)?: ***
- Perceived fever or chills?: ***
- Measured fever?: ***
- Light headed?: ***
- Decreased urination?: ***

Exposures:

- List the names and ages of all family members: ***

X-INGROWN TOENAIL

Ingrown Toenail

History of Present Illness:

- Duration of symptoms: ***
- Location of symptoms (R or L foot, which toe): ***
- Level of pain (0-10 out of 10): ***
- History of frequent ingrown toenails?: ***
- Medications tried for symptoms: ***

Review of Systems:

- Fever?: ***
- Edema (swelling) of affected toe?: ***
- Erythema (redness) of toe?: ***
- Drainage from toe?: ***

X-INJURY (GENERIC)

Injury (Generic):

History of present illness:

- Location of injury on body: ***
- Location of patient when injury occurred: ***
- Date and time of injury: ***
- Nature of injury: ***
- Intensity of pain (0-10): ***
- Frequency of pain: ***
- Seen for injury prior to current visit?: ***
- Medication(s) tried for symptoms: ***
- Factors that worsen symptoms: ***
- Factors that relieve symptoms: ***
- Date of last tetanus shot: ***

Review of systems:

- Chills or perceived fever?: ***
- Measured fever?: ***
- Numbness or tingling?: ***



X-INSOMNIA

Insomnia:

History of present illness:

- Duration of time that insomnia has been a problem: ***
- Frequency of insomnia: ***
- Recent psychological stressors?: ***
- Watching TV or reading in bed?: ***
- Use of caffeine, tobacco, or herbal stimulants?: ***
- Medications tried for symptoms: ***

Review of systems:

- Snoring?: ***
- Irregular sleep schedule (sleeping late on weekends)?: ***

X-KNEE PAIN

Knee pain:

History of present illness:

- Knee(s) affected: ***
- Duration of pain?: ***
- Intensity of pain (scale of 0-10): ***
- Location of pain on knee(s)?: ***
- Injury to knee(s)? (how, when, where): ***
- Activities that make pain worse?: ***
- Activities that improve pain?: ***
- Personal history of osteoarthritis of the knee(s)?: ***
- Medications tried: ***

Review of systems:

- Joint pain in other locations?: ***
- Fever/chills?: ***
- Numbness or tingling in lower extremity?: ***
- Knee swelling?: ***
- Locking sensation?: ***
- Sensation that knee will give way?: ***

X-LACERATION

Laceration:

History of present illness:

- Location of laceration: ***
- Location of patient when laceration occurred: ***
- Date and time of injury: ***
- Mechanism of injury: ***



- Intensity of pain (0-10): ***
- Seen for injury prior to current visit?: ***
- Bleeding?: ***
- Tetanus shot within the past 5 years?: ***
- Length of laceration (in centimeters): ***

Review of systems:

- Chills or perceived fever?: ***
- Measured fever?: ***
- Numbness or tingling?: ***

X-LIVER ENZYMES ELEVATED (FOLLOW-UP)

Elevated Liver Enzymes (Follow-up):

History of present illness:

- Duration of time that liver enzymes have been elevated: ***
- Frequency and quantity of alcohol use?: ***
- Recent changes in medication(s)?: ***
- Known personal history of hepatitis?: ***
- Personal history of IV drug abuse?: ***
- Personal history of tattoos?: ***
- Personal history of blood transfusion?: ***
- Personal history of sexually transmitted disease?: ***
- Personal history of cholecystectomy (gallbladder removal)?: ***
- Personal history of chronic lung disease?: ***
- Personal history of abdominal CT or ultrasound?: ***
- Personal history of gastroenterology referral?: ***

Review of systems:

- Recent change in weight?: ***
- Bone pain?: ***
- Abdominal pain?: ***
- Fever?: ***

X-MENOPAUSAL SYMPTOMS

Menopausal Symptoms:

History of present illness:

- Duration of time that symptoms have been a problem?: ***
- Hot flashes?: ***
- Mood swings?: ***
- Irregular periods?: ***
- Amenorrhea (absent periods)?: ***
- Vaginal dryness?: ***
- Problems with losing height?: ***
- History of a bone density scan?: ***
- Currently taking birth control or hormone replacement?: ***



-Taking calcium supplementation?: ***

Review of systems:

-Insomnia?: ***

-Symptoms of depression?: ***

X-MOLE/SKIN LESION

Mole/Skin Lesion:

History of present illness:

-Duration of time skin lesion/mole has been present: ***

-Location: ***

-Color: ***

-Irregular borders?: ***

-Change in color?: ***

-Change in size?: ***

-Occupational history of frequent sun exposure?: ***

-Approximate number of sunny vacations: ***

-Approximate number of lifetime blistering/peeling sunburns: ***

-Red undertones to the hair as adult/child: ***

-Freckles as adult/child: ***

-Natural eye color: ***

-Personal history of skin cancer?: ***

-Family history of skin cancer?: ***

-Taking daily aspirin or other blood thinner?: ***

Review of systems:

-Pruritis (itching)?: ***

-Intermittent irritation?: ***

X-NECK PAIN

Neck Pain:

History of present illness:

-Duration of time that neck pain has been present: ***

-Intensity of pain (0-10): ***

-Location of pain (right, left, anterior, posterior): ***

-Frequency of pain: ***

-History of neck injury? (how, when, where): ***

-Radiation to arm (right, left or neither): ***

-Factors that worsen pain: ***

-Factors that relieve pain: ***

-MRI or CT scan of neck in past?: ***

-Medication(s) tried for symptoms: ***

Review of systems:

-Weakness of an arm or hand?: ***



- Numbness of an arm or hand?: ***
- Fever/chills?: ***
- Headache?: ***
- Chest pain?: ***
- Dyspnea (shortness of breath)?: ***
- Photophobia (light hurts eyes)?: ***

X-OBESITY

Obesity

History of Present Illness:

- Duration of time that obesity has been a problem: ***
- Personal history of diabetes or elevated blood glucose?: ***
- Personal history of thyroid abnormality?: ***
- Personal history of hypertension or "borderline" blood pressure?: ***
- Personal history of weight loss surgery?: ***
- Cholesterol test in the past year?: ***
- Regular exercise program?: ***
- Weight loss medications or supplements tried: ***
- Diets or formal weight loss programs tried: ***

Review of Systems:

- Lower extremity joint pain?: ***
- Cold or heat intolerance?: ***
- Loud snoring or witnessed apnea?: ***
- Chest pain?: ***
- Abdominal pain?: ***
- Symptoms of depression?: ***
- Infertility?: ***
- Hirsutism (facial hair growth in a female)?: ***

X-OSTEOPOROSIS FOLLOW-UP

Osteoporosis Follow-up:

History of present illness:

- Duration of time since diagnosed with osteoporosis: ***
- Calcium supplementation?: ***
- Bone density scan within 2 years?: ***
- History of losing height?: ***
- Current prescription osteoporosis medication(s): ***
- Tobacco use?: ***
- Alcohol use?: ***

Review of systems:

- Dyspnea (shortness of breath)?: ***
- Back pain?: ***



X-PALPITATIONS

Palpitations:

History of present illness:

- Duration of time since palpitations first started: ***
- Frequency of palpitations: ***
- Duration of each episode: ***
- Triggers for palpitations: ***
- Relieving factors: ***
- Use of caffeine, decongestants or herbal stimulants?: ***
- Illegal drug use?: ***
- Recent changes in prescription medications?: ***

Review of systems:

- Anxiety?: ***
- Dyspnea (shortness of breath)?: ***
- Chest pain?: ***
- Light headedness?: ***
- Heat intolerance?: ***

X-PARESTHESIA (NUMBNESS/TINGLING)

Paresthesia (Numbness/Tingling):

History of present illness:

- Duration of time symptoms have been a problem: ***
- Location of symptoms: ***
- Symptoms constant?: ***
- Frequency of alcohol use: ***
- Personal history of diabetes?: ***
- Personal history of lead exposure?: ***
- Personal history of chemotherapy?: ***

Review of systems:

- Back or neck pain?: ***
- Polyuria (excessive urination)?: ***
- Polydipsia (excessive thirst)?: ***
- Heat or cold intolerance?: ***
- Following a restrictive diet?: ***
- Joint pain?: ***

X-PHYSICAL EXAM (FEMALE 18-39)

Physical Exam (Female 18-39):

Preventive Care:

- Pap smear within last 12 months?: ***
- Optometry exam within last 12 months?: ***
- Tetanus shot within the last 10 years?: ***
- When was cholesterol last checked?: ***



Review of Systems:

General: {ROS GENERAL:270} [See list in X-Hospital/ER FollowUp](#)

HEENT: {ROS HENT:271} [See list in X-Hospital/ER FollowUp](#)

Cardio Vascular: {ROS CV:273} [See list in X-Hospital/ER FollowUp](#)

Respiratory: {ROS RESP:272} [See list in X-Hospital/ER FollowUp](#)

GI: {ROS GI:274} [See list in X-Hospital/ER FollowUp](#)

Endocrine: {ROS ENDOCRINE:279} [See list in X-Hospital/ER FollowUp](#)

Neurologic: {ROS NEURO:278} [See list in X-Hospital/ER FollowUp](#)

Skin: {ROS SKIN:281} [See list in X-Hospital/ER FollowUp](#)

Musculo Skeletal: {ROS MUCSKEL:277} [See list in X-Hospital/ER FollowUp](#)

GU Female:{ROS GU FEMALE:275}

[List contains: none, dyspareunia, dysuria, frequency, hematuria, hesitancy, HIV risks, incontinence, irregular vaginal bleeding, nocturia, pelvic pain, STD history, urgency, vaginal discharge, vaginal dryness, no complaints, ***](#)

@PSH@

@FAMHX@

@SOC@

X-PHYSICAL EXAM (FEMALE 40-49)

Physical Exam (Female 40-49):

Preventive Care:

-Pap smear within last 12 months?: ***

-Mammogram within last 12 months?: ***

-Optometry exam within last 12 months?: ***

-Tetanus shot within the last 10 years?: ***

-When was cholesterol last checked?: ***

Review of Systems:

General: {ROS GENERAL:270} [See list in X-Hospital/ER FollowUp](#)

HEENT: {ROS HENT:271} [See list in X-Hospital/ER FollowUp](#)

Cardio Vascular: {ROS CV:273} [See list in X-Hospital/ER FollowUp](#)

Respiratory: {ROS RESP:272} [See list in X-Hospital/ER FollowUp](#)

GI: {ROS GI:274} [See list in X-Hospital/ER FollowUp](#)

Endocrine: {ROS ENDOCRINE:279} [See list in X-Hospital/ER FollowUp](#)

Neurologic: {ROS NEURO:278} [See list in X-Hospital/ER FollowUp](#)

Skin: {ROS SKIN:281} [See list in X-Hospital/ER FollowUp](#)

Musculo Skeletal: {ROS MUCSKEL:277} [See list in X-Hospital/ER FollowUp](#)

GU Female:{ROS GU FEMALE:275} [See list in X-PHYSICAL EXAM \(FEMALE 18-39\)](#)

@PSH@

@FAMHX@

@SOC@

X-PHYSICAL EXAM (FEMALE 50+)



Physical Exam (Female 50+):

Preventive Care:

- Pap smear within last 12 months?: ***
- Mammogram within last 12 months?: ***
- Optometry exam within last 12 months?: ***
- DEXA bone density scan within last 24 months?: ***
- Colonoscopy within last 10 years?: ***
- Tetanus shot within the last 10 years?: ***
- When was last pneumovax? (ask if > 65): ***
- When was cholesterol last checked?: ***
- Calcium supplementation?: ***

Review of Systems:

General: {ROS GENERAL:270} [See list in X-Hospital/ER FollowUp](#)

HEENT: {ROS HENT:271} [See list in X-Hospital/ER FollowUp](#)

Cardio Vascular: {ROS CV:273} [See list in X-Hospital/ER FollowUp](#)

Respiratory: {ROS RESP:272} [See list in X-Hospital/ER FollowUp](#)

GI: {ROS GI:274} [See list in X-Hospital/ER FollowUp](#)

Endocrine: {ROS ENDOCRINE:279} [See list in X-Hospital/ER FollowUp](#)

Neurologic: {ROS NEURO:278} [See list in X-Hospital/ER FollowUp](#)

Skin: {ROS SKIN:281} [See list in X-Hospital/ER FollowUp](#)

Musculo Skeletal: {ROS MUCSKEL:277} [See list in X-Hospital/ER FollowUp](#)

GU Female:{ROS GU FEMALE:275} [See list in X-PHYSICAL EXAM \(FEMALE 18-39\)](#)

@PSH@

@FAMHX@

@SOC@

X-PHYSICAL EXAM (MALE 18-49)

Physical Exam (Male 18-49):

Preventive Care:

- Optometry exam within last 12 months?: ***
- Tetanus shot within the last 10 years?: ***
- When was cholesterol last checked?: ***

Review of Systems:

General: {ROS GENERAL:270} [See list in X-Hospital/ER FollowUp](#)

HEENT: {ROS HENT:271} [See list in X-Hospital/ER FollowUp](#)

Cardio Vascular: {ROS CV:273} [See list in X-Hospital/ER FollowUp](#)

Respiratory: {ROS RESP:272} [See list in X-Hospital/ER FollowUp](#)

GI: {ROS GI:274} [See list in X-Hospital/ER FollowUp](#)

Endocrine: {ROS ENDOCRINE:279} [See list in X-Hospital/ER FollowUp](#)

Neurologic: {ROS NEURO:278} [See list in X-Hospital/ER FollowUp](#)

Skin: {ROS SKIN:281} [See list in X-Hospital/ER FollowUp](#)

Musculo Skeletal: {ROS MUCSKEL:277} [See list in X-Hospital/ER FollowUp](#)

GU Male: {ROS GU MALE:276} List contains: negative, dysuria, frequency, hematuria, hesitancy, HIV risks, nocturia, pelvic pain, penile discharge, STD history, testicular mass, testicular pain, urgency, erectile dysfunction.

@PSH@
@FAMHX@
@SOC@

X-PHYSICAL EXAM (MALE 50+)

Physical Exam (Male 50+):

Preventive Care:

- Optometry exam within last 12 months?: ***
- Prostate evaluation within the past 12 months?: ***
- Tetanus shot within the last 10 years?: ***
- Colonoscopy within the past 10 years?: ***
- When was last pneumovax? (ask if > 65): ***
- When was cholesterol last checked?: ***
- Prior ultrasound for aortic aneurysm screening (ask if 65-75 and smoking Hx): ***

Review of Systems:

General: {ROS GENERAL:270} [See list in X-Hospital/ER FollowUp](#)
HEENT: {ROS HENT:271} [See list in X-Hospital/ER FollowUp](#)
Cardio Vascular: {ROS CV:273} [See list in X-Hospital/ER FollowUp](#)
Respiratory: {ROS RESP:272} [See list in X-Hospital/ER FollowUp](#)
GI: {ROS GI:274} [See list in X-Hospital/ER FollowUp](#)
Endocrine: {ROS ENDOCRINE:279} [See list in X-Hospital/ER FollowUp](#)
Neurologic: {ROS NEURO:278} [See list in X-Hospital/ER FollowUp](#)
Skin: {ROS SKIN:281} [See list in X-Hospital/ER FollowUp](#)
Musculo Skeletal: {ROS MUCSKEL:277} [See list in X-Hospital/ER FollowUp](#)
GU Male: {ROS GU MALE:276} [See list in X-PHYSICAL EXAM \(MALE 18-49\)](#)

@PSH@
@FAMHX@
@SOC@

X-PRURITIS (ITCHING)

Pruritis (Itching):

History of present illness:

- Duration of symptoms: ***
- Location of symptoms: ***
- Frequency of symptoms: ***
- Worsening factors: ***
- Relieving factors: ***
- Personal history of liver or kidney disease?: ***



- Chance of pregnancy?: ***
- Recent change in medications?: ***
- New or unusual foods tried?: ***

Review of systems:

- Rash?: ***
- Jaundiced (yellow skin)?: ***
- Unexpected weight loss?: ***
- Dry skin?: ***
- Unusual intolerance to heat or cold?: ***
- Fatigue?: ***
- Abdominal pain?: ***

X-RASH

Rash:

History of present illness:

- Duration of rash: ***
- Personal history of a chronic skin condition?: ***
- Location of rash: ***
- Color of rash: ***
- Recent respiratory tract infection?: ***
- Change in soap, laundry detergent or hygiene products?: ***
- Change in medications or herbal products?: ***
- New or unusual foods?: ***
- New pets?: ***
- Recent time in the back country?: ***
- Recent travel out of state?: ***

Review of systems:

- Pruritis (itching)?: ***
- Pain?: ***
- Fever?: ***
- Diarrhea?: ***
- Wheezing?: ***
- Dyspnea (shortness of breath)?: ***
- Blisters?: ***

X-RECTAL BLEEDING

Rectal Bleeding:

History of present illness:

- Duration of symptoms: ***
- Color of blood (bright red, dark red, or black): ***
- Perceived fever/chills?: ***
- Measured fever?: ***
- Personal history of hemorrhoids?: ***
- Family history of colon cancer?: ***



- Colonoscopy in the past?: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Constipation?: ***
- Diarrhea?: ***
- Abdominal pain?: ***
- Light-headedness?: ***
- Rectal itching, pain or irritation?: ***

X-REFLUX(GERD)

Gastroesophageal Reflux Disease (GERD):

History of present illness:

- Duration of time that GERD has been a problem?: ***
- Frequency of symptoms?: ***
- Location of abdominal pain (RUQ, Epigastric, LUQ)?: ***
- Pain worse after meals?: ***
- Has had an upper endoscopy?: ***
- Medications tried for symptoms: ***

Review of systems:

- Nausea?: ***
- Vomiting without blood?: ***
- Vomiting with blood (hematemesis)?: ***
- Melena (black/tarry stools)?: ***
- Dysphagia (difficulty swallowing)?: ***
- Weight loss?: ***

X-RESP TRACT INFECTION

Respiratory Tract Infection:

History of present illness:

- Duration of symptoms: ***
- Onset of symptoms gradual or rapid: ***
- Quantity of cigarette use: ***
- Medications tried for symptoms: ***

Review of systems:

- Wheezing?: ***
- Dyspnea?: (shortness of breath)?: ***
- Myalgias (muscle aches)?: ***
- Sneezing?: ***
- Ear pain/pressure?: ***
- Headache?: ***
- Sore throat?: ***
- Nasal congestion/rhinorrhea (runny nose)?: ***
- Post nasal drip?: ***



- Sinus pressure?: ***
- Nonproductive cough?: ***
- Productive cough?: ***
- Croup-like cough (like a barking seal)?: ***
- Paroxysmal coughing (coughing fits)?: ***
- Perceived fever or chills?: ***

X-RESP TRACT INFECTION, UPPER (PEDS)

Pediatric Upper Respiratory Tract Infection:

History of present illness:

- Chief Complaint: ***
- Duration of symptoms?: ***
- Productive cough? (color): ***
- Nonproductive cough?: ***
- Headache?: ***
- Nasal congestion/rhinorrhea (runny nose)?: ***
- Ear pain/pressure?: ***
- Perceived fever/chills?: ***
- Measured fever?: ***
- Duration of fever: ***
- Sore throat?:***
- Watery eyes?: ***

Review of systems:

- Abdominal pain?: ***
- Nausea/vomiting?: ***
- Diarrhea?: ***
- Constipation?: ***
- Sleeping well at night?: ***
- Decreased appetite?: ***
- Rash?: ***
- Difficulty breathing/wheezing?: ***

Medications:

- What meds used?: ***
- When dose given?: ***

Exposure Hx:

- Daycare?: ***
- Family ill?: ***

X-SCROTAL MASS

Scrotal Mass

History of Present Illness:

- Duration of time that mass has been present: ***
- Location of mass (R/L testicle, R/L scrotum above or behind testicle): ***



- Pain (0-10/10): ***
- Character of pain (sharp, dull, ache - n/a if no pain): ***
- Abrupt onset of pain (n/a if no pain): ***
- Radiation of pain?: ***
- History of STD exposure?: ***
- Pain that awakens the patient from sleep?: ***
- Mass larger after prolonged standing?: ***
- Personal history of cryptorchidism (undescended testicle)?: ***

Review of Systems:

- Fever?: ***
- Chills?: ***
- Abdominal pain?: ***
- Nausea?: ***
- Vomiting?: ***
- Urethral discharge from the penis?: ***
- Dysuria? (burning with urination): ***

X-SEIZURE (FOLLOW-UP)

Seizure (Follow-up):

History of present illness:

- Duration of time since first seizure: ***
- Duration of individual seizures: ***
- Frequency of seizures: ***
- Seizure frequency over the past month increased?: ***
- Recent medication changes (new meds or dose changes)?: ***
- Current seizure medication(s): ***
- Taking seizure medication(s) regularly?: ***
- Following-up with neurology?: ***

Review of systems:

- Headaches?: ***
- Fever/chills?: ***

X-SEIZURE (NEW ONSET/ESTABLISH CARE)

Seizure (New Onset/Establish Care):

History of present illness:

- Duration of time since first seizure: ***
- Duration of individual seizure(s): ***
- Frequency of seizures: ***
- Confusion after seizure(s)?: ***
- Incontinence of stool or urine with seizure(s)?: ***
- Seizure(s) associated with fever?: ***
- History of head injury?: ***
- Frequency and quantity of alcohol use: ***
- Recent medication changes (new meds or dose changes)?: ***



- Current seizure medication(s): ***
- Taking seizure medication(s) regularly (N/A if not on meds)?: ***
- Has established care with neurology?: ***
- Description of seizure activity: ***

Review of systems:

- Weakness or numbness of face or of an extremity?: ***
- Headaches?: ***
- Neck stiffness?: ***
- Photophobia (light hurts eyes)?: ***

X-SHOULDER PAIN

Shoulder pain:

History of present illness:

- Duration of time shoulder pain has been a problem: ***
- Shoulder(s) affected (Right, Left, Both): ***
- Frequency of pain: ***
- Intensity of pain (0-10): ***
- Recent injury? (how, when, where): ***
- Pain radiates to arm?: ***
- Factors that worsen pain: ***
- Factors that relieve pain: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Neck pain?: ***
- Fever?: ***
- Numbness or tingling in upper extremity?: ***
- Arm weakness?: ***

X-SINUS COMPLAINTS

Sinus Complaints:

History of present illness:

- Duration of symptoms?: ***
- Nasal congestion/runny nose?: ***
- Post nasal drip?: ***
- Sinus pain/pressure?: ***
- Perceived fever or chills?: ***
- Measured fever?: ***
- Medications tried for symptoms: ***
- History of frequent sinus infections?: ***

Review of systems:

- Cough: ***
- Eye pain or blurry vision?: ***
- Tooth pain?: ***



-Allergy symptoms (sneezing, itchy eyes)?: ***

X-SORE THROAT

Sore Throat:

History of present illness:

- Duration of sore throat?: ***
- Intensity of pain (scale of 0-10): ***
- Perceived fever or chills?: ***
- Measured fever?: ***
- Recent exposure to strep throat?: ***
- Personal history of mononucleosis?: ***
- Medications tried for symptoms: ***

Review of systems:

- Ear pain/pressure?: ***
- Cough?: ***
- Sinus pressure?: ***
- Nasal congestion?: ***
- Post nasal drip?: ***
- Dyspnea (shortness of breath)?: ***
- Nausea?: ***
- Abdominal pain?: ***
- Reflux (heartburn) symptoms?: ***

X-STROKE/TIA

Stroke/TIA:

History of present illness:

- Duration of time since first symptoms: ***
- Duration of episode(s): ***
- Symptoms resolved after episode(s)?: ***
- Frequency of episodes: ***
- Currently taking aspirin?: ***
- Description of episode(s): ***

Review of systems:

- Weakness of an arm, leg or face?: ***
- Numbness of an arm, leg or face?: ***
- Slurred speech?: ***
- Heart palpitations?: ***
- Confusion?: ***
- Dysphagia (difficulty swallowing)?: ***
- Headaches?: ***
- Vision changes?: ***
- Problems with dizziness/balance?: ***
- Nausea/vomiting?: ***



-Seizure(s)?: ***

X-SYNCOPE/PRE-SYNCOPE (FAINTING)

Syncope/Presyncope:

History of present illness:

- Syncopeal (fainting) episode?: ***
- Duration of unconsciousness: ***
- Pre-syncopal episode?: ***
- Duration of time episodes have been a problem: ***
- Frequency of episodes: ***
- Heart palpitations before episode(s)?: ***
- Episode(s) preceded by rapid change in position?: ***
- Seizure activity noted?: ***
- Weakness or numbness of an extremity?: ***
- Confusion after episode(s)?: ***
- Incontinence of urine or stool with episode(s)?: ***
- Recent medication changes?: ***
- Nausea or sweating prior to episode?: ***
- Episode(s) preceded by strong emotion?: ***
- Episode(s) with exertion?: ***

Review of systems:

- Chest pain?: ***
- Dyspnea (shortness of breath)?: ***
- Anxiety or panic attacks?: ***

X-TINNITUS (RINGING IN THE EARS)

Tinnitus (Ringing in the Ears)

History of present illness:

- Duration of time that Tinnitus has been a problem: ***
- Onset gradual or sudden?: ***
- Frequency of tinnitus: ***
- Pulsatile tinnitus (like a heartbeat)?: ***
- Location of symptoms (R, L, both ears): ***
- History of exposure to excessive noise?: ***
- Recent change in medications?: ***
- Dose and frequency of aspirin use: ***
- Personal history of head injury (how, when, where)?: ***
- Unusual dietary habits or vegetarian?: ***
- Personal history of high cholesterol?: ***
- Personal history of anemia?: ***

Review of systems:

- Hearing loss?: ***
- Vertigo (dizziness)?: ***
- Sensation of ear pressure?: ***
- Focal weakness or numbness?: ***
- Heat or cold intolerance?: ***



-Ear pain?: ***

-Fever?: ***

X-URINARY INCONTINENCE

Urinary Incontinence

History of present illness:

-Duration of time that incontinence has been a problem: ***

-Frequency of incontinence: ***

-Leakage of urine with sneezing, laughing or coughing?: ***

-Sensation that bladder cannot be completely emptied?: ***

-Leakage of urine after a strong, sudden urge to go to the bathroom?: ***

-Physical impairment (ex. arthritis) that makes it hard to get to the bathroom in time?: ***

-Use of caffeine or of diuretics (water pills)?: ***

-Recent changes in medications?: ***

Review of systems:

-Dysuria (burning with urination)?: ***

-Fever?: ***

-Abdominal pain?: ***

-Constipation?: ***

-Polydipsia (excessive thirst)?: ***

X-URINARY TRACT SYMPTOMS

Urinary Tract Symptoms:

History of present illness:

-Duration of time symptoms have been a problem: ***

-Perceived fever or chills?: ***

-Measured fever?: ***

-Flank pain?: ***

-Possible STD exposure?: ***

-Personal history of frequent urinary tract infections?: ***

-Personal history of pyelonephritis (kidney infection)?: ***

Review of systems:

-Nausea?: ***

-Vomiting?: ***

-Discharge from vagina or penis?: ***

-Dysuria (burning with urination)?: ***

-Increased urinary frequency?: ***

-Abdominal pain (RLQ, suprapubic, LLQ, periumbilical)?: ***

-Hematuria (blood noted in urine)?: ***

X-VAGINAL BLEEDING

Vaginal Bleeding (Menorrhagia):

History of present illness:

X-Files

Dr. David Owen, MD

- Duration of time that excessive bleeding has been a problem: ***
- Duration of current episode of bleeding: ***
- Current episode heavier bleeding than typical period?: ***
- Are periods regular?: ***
- Current volume of bleeding (pads per day): ***
- Possibility of pregnancy?: ***
- Postmenopausal?: ***
- History of IUD?: ***

Review of systems:

- Vaginal discharge?: ***
- Fever?: ***
- Abdominal pain/cramping?: ***
- Light-headedness?: ***
- Heat or cold intolerance?: ***

X-VAGINAL DISCHARGE

Vaginal Discharge:

History of present illness:

- Duration of symptoms: ***
- Frequency of symptoms: ***
- Color of discharge: ***
- Description of discharge (resembles cottage cheese, etc.): ***
- History of STD or exposure?: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Abdominal pain?: ***
- Perception of fever/chills?: ***
- Measured fever?: ***
- Polyuria (increased urination)?: ***
- Pruritis (vaginal itching)?: ***
- Dysuria (burning with urination)?: ***
- Vaginal rash or irritation?: ***

X-VAGINAL ITCHING

Vaginal Itching:

History of present illness:

- Duration of symptoms: ***
- Frequency of symptoms: ***
- Factors that improve symptoms: ***
- Factors that worsen symptoms: ***
- History of STD or exposure?: ***
- Medication(s) tried for symptoms: ***



Review of systems:

- Abdominal pain?: ***
- Perception of fever/chills?: ***
- Measured fever?: ***
- Polyuria (increased urination)?: ***
- Vaginal discharge?: ***
- Vaginal rash or irritation?: ***
- Dysuria (burning with urination)?: ***

X-VERTIGO/DIZZINESS

Vertigo/Dizziness:

History of present illness:

- Duration of time since symptoms started: ***
- Duration of each individual episode: ***
- Frequency of episodes: ***
- Symptoms related to changes in head position?: ***
- Symptoms upon standing rapidly?: ***
- Room seems to spin or shift?: ***
- Recent changes in medication(s)?: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Focal neurologic defects (weakness, numbness)?: ***
- Heat intolerance or hot flashes?: ***
- Heart palpitations?: ***
- Headaches?: ***
- Head injury?: ***
- Nausea?: ***
- Vomiting?: ***
- Tinnitus (ringing in ears)?: ***
- Hearing loss?: ***
- Recent symptoms of illness/respiratory tract infection?: ***

X-VOMITING

Emesis (Vomiting):

History of present illness:

- Duration of symptoms?: ***
- Frequency of emesis (vomiting): ***
- Last regular meal: ***
- Hematemesis (vomiting blood)?: ***
- Able to keep some fluids down?: ***
- Medications tried for symptoms?: ***

Review of systems:

- Perceived fever/chills?: ***



- Measured fever?: ***
- Diarrhea?: ***
- Myalgias (muscle aches)?: ***
- Abdominal pain?: ***
- Urinating normally?: ***
- Dry mouth?: ***

X-WARTS

Wart(s):

History of present illness:

- Duration of time that wart(s) have been present: ***
- Location of wart(s): ***
- Number of warts: ***
- Wart(s) increasing in size: ***
- Treatments tried: ***

Review of systems:

- Irritation of wart(s)?: ***
- Pain?: ***
- Bleeding from wart(s)?: ***

X-WRIST PAIN

Wrist Pain:

History of present illness:

- Duration of time since pain began: ***
- Wrist(s) affected: ***
- R or L handed?: ***
- Location of pain on wrist: ***
- Intensity of pain (scale of 0-10): ***
- Radiation of pain?: ***
- Recent injury to wrist(s)? (how, when, where): ***
- Occupation: ***
- Activities that make pain worse: ***
- Factors that relieve pain: ***
- Medication(s) tried for symptoms: ***

Review of systems:

- Numbness or tingling in hand(s)?: ***
- Hand weakness?: ***
- Neck pain?: ***
- Polyuria, excessive thirst or diabetes history? (N/A if trauma): ***
- Cold intolerance or history of hypothyroidism? (N/A if trauma): ***
- Fever?: ***
- Rash?: ***



University Health Care

Community Clinics

X-Files

Dr. David Owen, MD