



ROS additional

DERM

\_\_rash\_\_\_\_\_  
\_\_\_\_\_  
\_\_pruritis\_\_\_\_\_  
\_\_lesion\_\_\_\_\_

RESPIRATORY

\_\_asthma \_\_smoker\_\_\_\_\_  
\_\_\_\_\_  
\_\_bronchitis \_\_pneumonia\_\_\_\_\_  
\_\_\_\_\_  
\_\_TB \_\_cough \_\_SOB \_\_wheeze\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GI

\_\_indigestion \_\_abd pain \_\_N / V\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_Stools normal  
loose BRB melena change  
\_\_\_\_\_  
\_\_\_\_\_

HEME / LYMPH

\_\_bruising\_\_\_\_\_  
\_\_bleeding\_\_\_\_\_  
\_\_swollen nodes/ "glands"\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENT

\_\_hayfever \_\_nasal allergies\_\_\_\_\_  
\_\_\_\_\_  
\_\_HOH \_\_sneezing \_\_tinnitus\_\_\_\_\_  
\_\_freq URI's\_\_\_\_\_

EYES

\_\_pain \_\_decreased vision\_\_\_\_\_  
\_\_irritation \_\_discharge\_\_\_\_\_

CARDIAC

\_\_angina often rare mild severe\_\_\_\_\_  
\_\_CP\_\_\_\_\_  
\_\_palp \_\_dizzy \_\_chest heaviness\_\_\_\_\_  
\_\_\_\_\_  
\_\_DOE \_\_edema\_\_\_\_\_

ENDOCRINE

\_\_POLY \_\_uria \_\_dipsia \_\_phagia\_\_\_\_\_  
\_\_dry skin, \_\_sluggishness, \_\_wt gain\_\_\_\_\_  
\_\_breast or skin lumps / tenderness\_\_\_\_\_

PSYCH

\_\_depression\_\_\_\_\_  
\_\_anxiety\_\_\_\_\_

PMH \_\_reviewed, see form \_\_unchanged from previous documentation

HTN DM CHF MI Heart Disease PUD GB Hepatitis  
CA Pneumonia TB Anemia Asthma Arthritis Thyroid

Hospitalizations\_\_\_\_\_ \_\_recent

Surgeries\_\_\_\_\_

SH \_\_reviewed, see form \_\_unchanged from previous documentation

\_\_smoker\_\_\_\_\_ 2nd hand smoke\_\_\_\_\_

\_\_ETOH: never seldom occl frequent\_\_\_\_\_

\_\_Married \_\_single \_\_divorced \_\_widow

\_\_employed\_\_\_\_\_

FH \_\_reviewed, see form \_\_unchanged from previous documentation

DM HTN High Chol MI Vascular Disease

CA\_\_\_\_\_ PUD GB Hepatitis Thyroid disease

Subsequent notes

Other Problems:

#1 \_\_\_\_\_ ONSET \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#2 \_\_\_\_\_ ONSET \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X-RAY:

\_\_report dictated \_\_films sent out