

Review of Systems

Directions: Circle positives and cross out negatives

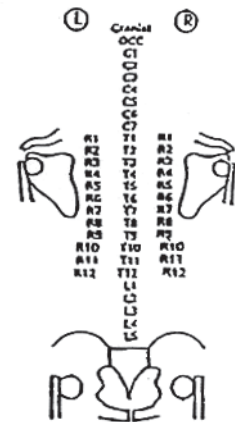
General:	fever, chills, sweats, anorexia, fatigue, weakness, malaise, unintentional weight loss, sleep problems
Eyes:	blurred vision, diplopia, discharge, vision loss, eye pain, photosensitivity
HEENT:	ear discharge, earache, decreased hearing, tinnitus, nasal congestion, nosebleeds, sinus pressure, sore throat, dysphagia, odynophagia, hoarseness
Cardiovascular:	chest pain, palpitations, lightheadedness, syncope, exertional dyspnea, exertional fatigue, orthopnea, PND, edema, cyanosis
Pulmonary:	cough, sputum, hemoptysis, wheezing
GI:	nausea, vomiting, hematemesis, heartburn, abdominal pain, indigestion, bloating, diarrhea, constipation, hematochezia, melena, jaundice
GU:	vaginal/penile discharge, dysuria, incontinence, frequency, hesitancy, hematuria, nocturia, abnormal vaginal bleeding, genital sores, pelvic pain
MSK:	back pain, joint pain, joint swelling, muscle weakness, myalgias, arthritis
Derm:	rash, pruritus, dryness, nonhealing sores, alopecia
Neuro:	focal weakness, seizures, tremors, vertigo, difficulty walking, falls, memory loss, confusion, headaches, poor coordination, numbness, tingling, speech abnormalities
Psych:	depression, anxiety, hallucinations, phobias, paranoia
Endo:	cold or heat intolerance, polyuria, polyphagia, polydipsia
Heme:	unusual bleeding or bruising, enlarged lymph nodes
Allergy:	hives, hay fever, recurrent infections, HIV exposure

Osteopathic Musculoskeletal Exam:

Exam Positions Upright Seated Supine

Patient was examined in less than 2 positions due to - _____

Postural Findings				
Cervical Lordosis	Normal	Increased	Decreased	
Thoracic Kyphosis	Normal	Increased	Decreased	
Lumbar Lordosis	Normal	Increased	Decreased	
Scoliosis	None	Functional	Mild Moderate	Severe
TART Findings				
Tissue Texture Change				
Asymetry				
Restriction of Motion				
Tenderness				
Additional Somatic Dysfunctional Findings				
Cervical				
Thoracic				
Lumbar				
Extremity				
Other				







Lansing, Michigan

Physical Examination:

Check if positive/present; Write in additional findings as needed.

NORMAL		ABNORMALITIES/OTHER FINDINGS
Vital Signs:	Temperature: _____ Heart Rate: _____ Blood Pressure: _____ Respiratory Rate: _____ Sa O2: _____ % on _____ Weight: _____ Intake: _____ Output: _____	
General	<input type="checkbox"/> No acute distress <input type="checkbox"/> Well Nourished and well developed <input type="checkbox"/> Cooperative to exam	<input type="checkbox"/> Ill-appearing (mild/moderate/severe) <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Cachexic <input type="checkbox"/> Uncooperative
Skin	<input type="checkbox"/> Normal turgor, no rashes <input type="checkbox"/> Warm, dry	<input type="checkbox"/> Poor turgor <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Hot <input type="checkbox"/> Rash, erythema: _____ <input type="checkbox"/> Petechiae <input type="checkbox"/> Purpura <input type="checkbox"/> Hematoma <input type="checkbox"/> Ulcer/Wound:
Eyes:	<input type="checkbox"/> PERRLA, EOMI <input type="checkbox"/> Normal fundus <input type="checkbox"/> Normal lids and conjunctivae	<input type="checkbox"/> Icterus <input type="checkbox"/> Injection <input type="checkbox"/> pale conjunctivae
ENT Mouth	<input type="checkbox"/> External ears normal, canals clear, normal TMs <input type="checkbox"/> No external nasal deformities, no nasal discharge <input type="checkbox"/> Good dentition, pink and moist mucosa, no tonsillar enlargement or exudates	<input type="checkbox"/> Nasal drainage <input type="checkbox"/> Sinus tenderness <input type="checkbox"/> Poor dentition <input type="checkbox"/> Edentulous <input type="checkbox"/> Dentures <input type="checkbox"/> Tonsillar enlargement <input type="checkbox"/> Exudates <input type="checkbox"/> Dry mucous membranes <input type="checkbox"/> Ulcers
Neck	<input type="checkbox"/> Supple, no thyromegaly, no masses	<input type="checkbox"/> Stiff <input type="checkbox"/> Thyromegaly <input type="checkbox"/> Tracheal shift <input type="checkbox"/> Mass:
Respiratory	<input type="checkbox"/> Normal respiratory effort, symmetrical expansion <input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Normal percussion note	<input type="checkbox"/> Respiratory distress <input type="checkbox"/> Accessory muscle use <input type="checkbox"/> Decreased air entry <input type="checkbox"/> Crackles: _____ <input type="checkbox"/> Wheezes: _____ <input type="checkbox"/> Dullness: _____
Cardiovascular	<input type="checkbox"/> Normal S1S2 <input type="checkbox"/> RRR <input type="checkbox"/> No murmurs, rubs or gallops <input type="checkbox"/> No bruits <input type="checkbox"/> No JVD <input type="checkbox"/> No edema or cyanosis	<input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> rub <input type="checkbox"/> Tachycardic <input type="checkbox"/> Bradycardic <input type="checkbox"/> Irregular rhythm <input type="checkbox"/> Murmur: _____ <input type="checkbox"/> Bruit: _____ <input type="checkbox"/> JVD <input type="checkbox"/> Edema + <input type="checkbox"/> Cyanosis
Chest Wall	<input type="checkbox"/> No deformities <input type="checkbox"/> No breast mass	<input type="checkbox"/> Barrel-shaped <input type="checkbox"/> Pectus excavatum <input type="checkbox"/> Breast mass: _____ <input type="checkbox"/> Reproducible chest pain
GI	<input type="checkbox"/> Normal bowel sounds <input type="checkbox"/> Soft, nontender <input type="checkbox"/> No masses or hepatosplenomegaly <input type="checkbox"/> Normal rectal tone, no rectal masses	<input type="checkbox"/> Scars: _____ <input type="checkbox"/> Hyper <input type="checkbox"/> Hypoactive bowel sounds <input type="checkbox"/> Distended <input type="checkbox"/> Tense <input type="checkbox"/> Rigid <input type="checkbox"/> Tender: _____ <input type="checkbox"/> Rebound <input type="checkbox"/> Guarding <input type="checkbox"/> Mass: _____ <input type="checkbox"/> Hepato-splenomegaly <input type="checkbox"/> Decr. rectal tone <input type="checkbox"/> Rectal Mass <input type="checkbox"/> Blood in vault
GU:	<input type="checkbox"/> No CVA tenderness or bladder distension <input type="checkbox"/> Normal external genitalia <input type="checkbox"/> Normal prostate/pelvic exam	<input type="checkbox"/> CVA tenderness <input type="checkbox"/> Enlarged prostate with/without focal nodule <input type="checkbox"/> Cerv. motion tenderness <input type="checkbox"/> vaginal discharge
MSK:	<input type="checkbox"/> Spine normal in alignment and ROM <input type="checkbox"/> No deformities <input type="checkbox"/> No effusions <input type="checkbox"/> No muscle wasting <input type="checkbox"/> No clubbing	<input type="checkbox"/> Paraspinal spasm <input type="checkbox"/> Vertebral tenderness <input type="checkbox"/> Kyphosis <input type="checkbox"/> Scoliosis <input type="checkbox"/> Straightening lumbar lordosis <input type="checkbox"/> Joint deformities large/small <input type="checkbox"/> Muscle wasting <input type="checkbox"/> Clubbing
Lymphatic	<input type="checkbox"/> No Cervical, axillary, inguinal adenopathy	<input type="checkbox"/> Adenopathy cervical, axillary, inguinal
Psychiatric	<input type="checkbox"/> Alert and oriented x _____ <input type="checkbox"/> Affect full and appropriate <input type="checkbox"/> Judgment intact	GCS: _____ MMSE: _____ Affect <input type="checkbox"/> flat <input type="checkbox"/> depressed <input type="checkbox"/> anxious <input type="checkbox"/> Poor judgement <input type="checkbox"/> Hallucinations
Neurologic	CN II-XII <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal finger-nose <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Heel-shin <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Gait <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Other: _____	REFLEXES   MOTOR

