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Date of Birth:

Patient Name:

Age:

Occupation:

Sex:

Date:

**Review of Systems**

Marital Status: S M W D

Allergies:

Medicinal

Other

Main complaint today:

plaint today:

Current medications:

pain

limited ROM

**MUSCLE/JOINT/BACK**

**EAR, NOSE, THROAT**

ear pain

sore throat

sinus pain pressure

dysphagia

hearing impaired

**PULMONARY**

cough

shortness of breath

wheeze

chest pain/pressure

chest pain

chest tightness

palpitations

leg/calf pain

**VISION**

itchy

watery

redness

discharge

**CARDIOVASCULAR**

indigestion

abdominal pain

nausea/vomiting

black/bloody stool

**GI**

heartburn

problems urinating

frequent urination

**GU**

skin rash

itching

**SKIN**

**NEURO**

headache

blackout

lost feeling/power in arm/face/leg

speech difficulty

( *frequency* ; *characteristics*  ; *alleviators*  )

anxiety

depression

**PSYCH**