

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

In an effort to provide complete, comprehensive care, Dr. Andrew Kirschner now utilizes a Review of Systems programme for each visit.

Please take a moment to review the list of items below, and check off those items which correspond to any areas where you are currently experiencing any problems, signs or symptoms. When you are finished, please initial the space on the bottom right.

Thank you.

- \_\_\_ General Wellness
- \_\_\_ Eyes
- \_\_\_ Skin
- \_\_\_ Ears, Nose, Throat
- \_\_\_ Stomach/ Digestive
- \_\_\_ Lungs/ Breathing
- \_\_\_ Heart/ Circulation
- \_\_\_ Dizziness
- \_\_\_ Trouble sleeping
- \_\_\_ Chest pains
- \_\_\_ Muscles, Joints, Bones

- \_\_\_ Neurological
- \_\_\_ Allergies
- \_\_\_ Reproductive/ Urinary
- \_\_\_ Thyroid/ Endocrine
- \_\_\_ Psychiatric
- \_\_\_ Blood/ Lymphatic
- \_\_\_ Other
- \_\_\_ Headache
- \_\_\_ Memory
- \_\_\_ Fatigue
- \_\_\_ Other

Patient initials: \_\_\_\_\_

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(This area for physician use only.)

This ROS was reviewed with the patient during this visit. \_\_\_\_\_

This patient was counseled re: colonoscopy. \_\_\_\_\_

This patient was counseled re: mammography. \_\_\_\_\_

This patient was counseled re: prostate screening. \_\_\_\_\_

This patient was counseled re: vision/ eye exam. \_\_\_\_\_

This patient was counseled re: routing dental exams. \_\_\_\_\_

This patient was counseled re: fasting blood work. \_\_\_\_\_

This patient was counseled re: advance directive. \_\_\_\_\_

This patient was counseled re: other. \_\_\_\_\_