

Musculoskeletal Review of Systems

Patient's Name: _____

Date of Birth: _____

Gender: _____

Relevant Medical History: _____

Referring Physician's Name: _____

Musculoskeletal Review of Systems

Symptom	Question to Ask	Present or Absent?	Additional Notes
Joint Swelling		<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Joint Pain or Arthralgias		<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Muscle Pain/Weakness or Myalgias		<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Back Pain		<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Movement or Physical Activity		<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Changes in Range of Motion of Joints		<input type="checkbox"/> Present <input type="checkbox"/> Absent	

Bone Fractures or Pain		<input type="checkbox"/> Present <input type="checkbox"/> Absent	
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Summary or Additional Notes:

Sources: McDonough, K. (n.d.). *Review of Systems (ROS)*. Pressbooks.
<https://uw.pressbooks.pub/fcmtextbook/chapter/review-of-systems-ros/>