

#### 4. Review of Systems (ROS)

<b>Cardiovascular-Circulatory-Hematological</b> Heart Disease            ___Y ___N ___P Heart Murmurs           ___Y ___N ___P Chest Pain                ___Y ___N ___P Palpitations              ___Y ___N ___P Rheumatic Fever        ___Y ___N ___P High/Low Blood Pressure ___Y ___N ___P Stroke                     ___Y ___N ___P Swelling of Ankles      ___Y ___N ___P Varicose Veins          ___Y ___N ___P Thrombophlebitis      ___Y ___N ___P Easy Bleeding            ___Y ___N ___P Easy Bruising            ___Y ___N ___P Anemia                    ___Y ___N ___P Other _____	<b>Respiratory</b> Pleurisy                  ___Y ___N ___P Asthma                    ___Y ___N ___P Emphysema              ___Y ___N ___P Tuberculosis             ___Y ___N ___P Persistent                ___Y ___N ___P Cough                     ___Y ___N ___P Difficulty Breathing    ___Y ___N ___P Frequent Colds          ___Y ___N ___P Shortness of Breath     ___Y ___N ___P Sleep Apnea              ___Y ___N ___P Tuberculosis             ___Y ___N ___P Other _____
<b>Musculoskeletal</b> Pain                        ___Y ___N ___P Muscle Spasms          ___Y ___N ___P Arthritis                 ___Y ___N ___P Arm Pain                  ___Y ___N ___P Upper Back Pain        ___Y ___N ___P Mid-back Pain            ___Y ___N ___P Lower Back Pain        ___Y ___N ___P Leg Pain                  ___Y ___N ___P Joint Pain                ___Y ___N ___P Other _____	<b>Neurological</b> Dizziness                ___Y ___N ___P Loss of Balance         ___Y ___N ___P Paralysis                ___Y ___N ___P Muscle Weakness        ___Y ___N ___P Atrophy                  ___Y ___N ___P Numbness                ___Y ___N ___P Tingling                 ___Y ___N ___P Seizures                 ___Y ___N ___P Epilepsy                 ___Y ___N ___P Memory Loss            ___Y ___N ___P Insomnia                ___Y ___N ___P Somnolence             ___Y ___N ___P Other _____
<b>Head</b> Headaches                ___Y ___N ___P Migraines                ___Y ___N ___P Teeth Grinding          ___Y ___N ___P TMJ/Jaw Problems      ___Y ___N ___P Head Injury              ___Y ___N ___P Other _____	<b>Neck</b> Lumps                    ___Y ___N ___P Goiter                    ___Y ___N ___P Swollen Glands         ___Y ___N ___P Neck Pain                ___Y ___N ___P Whiplash                ___Y ___N ___P Other _____

<b>Gastrointestinal</b>		
Ulcers	___Y___N___P	
Changes in Appetite	___Y___N___P	
Nausea / Vomiting	___Y___N___P	
Epigastric Pain	___Y___N___P	
Passing Gas	___Y___N___P	
Heartburn	___Y___N___P	
Belching	___Y___N___P	
Gall Bladder Disease	___Y___N___P	
Liver Disease	___Y___N___P	
Hepatitis B or C	___Y___N___P	
Abdominal Pain	___Y___N___P	
Hemorrhoids	___Y___N___P	
Blood in Stool	___Y___N___P	
Undigested Food	___Y___N___P	
Diarrhea	___Y___N___P	
Constipation	___Y___N___P	
Mucus	___Y___N___P	
Other	_____	

<b>Endocrine</b>		
Hypothyroid	___Y___N___P	
Hyperthyroid	___Y___N___P	
Hypoglycemia	___Y___N___P	
Diabetes	___Y___N___P	
Excessive Thirst	___Y___N___P	
Excessive Hunger	___Y___N___P	
Night Sweats	___Y___N___P	
Feelings of Hot or Cold	___Y___N___P	
Fatigue	___Y___N___P	
Other	_____	

<b>Nose, Ear, Throat, Mouth</b>		
Sinus Problems	___Y___N___P	
Hay Fever	___Y___N___P	
Stuffy Nose	___Y___N___P	
Loss of Smell	___Y___N___P	
Nose Bleeds	___Y___N___P	
Impaired Hearing	___Y___N___P	
Ear Ringing	___Y___N___P	
Earaches	___Y___N___P	
Dry Throat	___Y___N___P	
Sore Throat	___Y___N___P	
Chapped Lips	___Y___N___P	
Mouth Fissures	___Y___N___P	
Other	_____	

<b>Integumentary</b>		
Rashes	___Y___N___P	
Acne, Boils	___Y___N___P	
Skin Color Change	___Y___N___P	
Lumps	___Y___N___P	
Eczema	___Y___N___P	
Hives	___Y___N___P	
Psoriasis	___Y___N___P	
Itching	___Y___N___P	
Hair Loss	___Y___N___P	
Brittle Nails	___Y___N___P	
Other	_____	

<b>Genitourinary</b>		
Kidney Disease	___Y___N___P	
Painful Urination	___Y___N___P	
Difficult Urination	___Y___N___P	
Frequent Urination	___Y___N___P	
Urination at Night	___Y___N___P	
Kidney Stones	___Y___N___P	
Blood in Urine	___Y___N___P	
Urinary Tract Infections	___Y___N___P	
Venereal Disease	___Y___N___P	
Other	_____	



**Female Reproductive**

Age of first menses? \_\_\_\_\_

Age of menopause? \_\_\_\_\_

Length of cycle? \_\_\_\_\_

Duration of menses? \_\_\_\_\_

Irregular Cycles           \_\_\_Y \_\_\_N \_\_\_P

PMS?                       \_\_\_Y \_\_\_N \_\_\_P

Heavy Flow               \_\_\_Y \_\_\_N \_\_\_P

Spotting                 \_\_\_Y \_\_\_N \_\_\_P

Clotting                 \_\_\_Y \_\_\_N \_\_\_P

Menopausal Symptoms   \_\_\_Y \_\_\_N \_\_\_P

Vaginal Discharge       \_\_\_Y \_\_\_N \_\_\_P

Date of last exam/PAP? \_\_\_\_\_

Endometriosis           \_\_\_Y \_\_\_N \_\_\_P

Ovarian Cysts           \_\_\_Y \_\_\_N \_\_\_P

Breast Lumps            \_\_\_Y \_\_\_N \_\_\_P

Breast Tenderness       \_\_\_Y \_\_\_N \_\_\_P

Nipple Discharge        \_\_\_Y \_\_\_N \_\_\_P

Sexual Orientation?     \_\_\_\_\_

Sexually active?        \_\_\_Y \_\_\_N \_\_\_P

Irregular Libido?        \_\_\_High \_\_\_Low

Pain with intercourse   \_\_\_Y \_\_\_N \_\_\_P

Vaginal Dryness         \_\_\_Y \_\_\_N \_\_\_P

Cervical Dysplasia     \_\_\_Y \_\_\_N \_\_\_P

Genital Warts           \_\_\_Y \_\_\_N \_\_\_P

Chlamydia               \_\_\_Y \_\_\_N \_\_\_P

Gonorrhea               \_\_\_Y \_\_\_N \_\_\_P

Herpes                   \_\_\_Y \_\_\_N \_\_\_P

Syphilis                 \_\_\_Y \_\_\_N \_\_\_P

Birth Control           \_\_\_Y \_\_\_N \_\_\_P

What type? \_\_\_\_\_

Number of pregnancies? \_\_\_\_\_

Number of live births?   \_\_\_\_\_

Number of miscarriages? \_\_\_\_\_

Number of abortions?   \_\_\_\_\_

Difficulty Conceiving   \_\_\_Y \_\_\_N \_\_\_P

Other \_\_\_\_\_

**Male Reproductive**

Hernia                   \_\_\_Y \_\_\_N \_\_\_P

Sexual Orientation     \_\_\_\_\_

Sexually Active         \_\_\_Y \_\_\_N \_\_\_P

Sexual Difficulties     \_\_\_Y \_\_\_N \_\_\_P

Irregular Libido?       \_\_\_High \_\_\_Low

Impotence               \_\_\_Y \_\_\_N \_\_\_P

Premature Ejaculation   \_\_\_Y \_\_\_N \_\_\_P

Penile Discharge        \_\_\_Y \_\_\_N \_\_\_P

Genital Warts           \_\_\_Y \_\_\_N \_\_\_P

Chlamydia               \_\_\_Y \_\_\_N \_\_\_P

Gonorrhea               \_\_\_Y \_\_\_N \_\_\_P

Syphilis                 \_\_\_Y \_\_\_N \_\_\_P

Herpes                   \_\_\_Y \_\_\_N \_\_\_P

Prostrate Problems     \_\_\_Y \_\_\_N \_\_\_P

Testicular Pain         \_\_\_Y \_\_\_N \_\_\_P

Testicular Swelling     \_\_\_Y \_\_\_N \_\_\_P

Other \_\_\_\_\_

**Mental, Emotional**

Mood Swings            \_\_\_Y \_\_\_N \_\_\_P

Depression              \_\_\_Y \_\_\_N \_\_\_P

Nervousness            \_\_\_Y \_\_\_N \_\_\_P

Bi-polar                \_\_\_Y \_\_\_N \_\_\_P

Psychosis               \_\_\_Y \_\_\_N \_\_\_P

Neurosis                \_\_\_Y \_\_\_N \_\_\_P

ADHD                    \_\_\_Y \_\_\_N \_\_\_P

Hallucinations         \_\_\_Y \_\_\_N \_\_\_P

Suicidal Tendencies    \_\_\_Y \_\_\_N \_\_\_P

Mental Tension         \_\_\_Y \_\_\_N \_\_\_P

Seasonal Depression    \_\_\_Y \_\_\_N \_\_\_P

Other \_\_\_\_\_

<b>Eyes</b>		
Impaired Vision	___Y___N___P	
Night Blindness	___Y___N___P	
Double Vision	___Y___N___P	
Blurriness	___Y___N___P	
Spots in Eyes	___Y___N___P	
Eye Pain/Strain	___Y___N___P	
Glaucoma	___Y___N___P	
Cataracts	___Y___N___P	
Glasses/Contacts	___Y___N___P	
Tearing Eyes	___Y___N___P	
Dry Eyes	___Y___N___P	
Other		

<b>Immune</b>		
Chronic Fatigue	___Y___N___P	
Low-grade Fever	___Y___N___P	
Chronic Infections	___Y___N___P	
Slow Wound Healing	___Y___N___P	
Other		

<b>Immunizations</b>		
Tetanus	___Y___N	
Diphtheria	___Y___N	
Polio	___Y___N	
Measles/ Mumps/ Rubella	___Y___N	
Other		