



#### 4. Review of Systems (ROS) (P stands for symptom in the past)

<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 _____		



**Gastrointestinal**

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 \_\_\_\_\_

**Nose, Ear, Throat, Mouth**

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 \_\_\_\_\_

**Endocrine**

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 \_\_\_\_\_

**Integumentary**

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 \_\_\_\_\_

**Genitourinary**

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	_____