

Review of System (ROS)

Have you ever had, or do you now have any of these conditions listed?

I. Skin

Itching _____

Rash _____

Ulcers _____

Pigmentations _____

Lack of loss of body hair _____

II. Eyes

Blurring of vision _____

Double vision _____

Dropping of eyelids _____

Glaucoma _____

III. Extremities

Varicose veins _____

Swollen, painful joints _____

Muscles weakness, pain _____

Bone deformity, fracture _____

Prosthetic joints _____

IV. Ear, Nose, Throat

Earache _____

Hearing loss _____

Frequent nosebleeds _____

Hoarseness _____

V. Respiratory

Cough, blood in sputum _____

Emphysema, bronchitis _____

Wheezing, asthma _____

Tuberculosis, exposure to _____

VI. Cardiac

Shortness of breath _____

Pain, pressure in chest _____

Swelling of ankles _____

High, low blood pressure _____

Rheumatic, Scarlet fever _____

Heart murmur, attack _____

Prosthetic valves/ pacemakers _____

VII. Gastrointestinal

Difficulty swallowing _____

Abdominal pain, ulcers _____

Hepatitis, jaundice _____

Liver disease _____

VIII. Genitourinary

Difficulty, pain or urination _____

Blood in urine _____

Kidney infections _____

Sexually transmitted disease _____

IX. Endocrine

Thyroid trouble _____

Weight change _____

Diabetes _____

Excessive thirst _____

X. Hematopoietic

Easy bruising, excessive bleeding _____

Persistent lymphadenopathy _____

G6PD deficiency _____

Anemia _____

HIV infections, AIDS _____

Leukemia, problems with immune system _____

Spleen problems _____

IX. Neurologic

Frequent headaches _____

Dizziness, fainting _____

Epilepsy, fits _____

Neuritis, neuralgia _____

Paresthesia, numbness _____

Paralysis _____

XII. Psychiatric

Nervousness _____

Irritability _____

Depression, excessive worry _____

Nervous breakdown _____

Patient signature: _____

Date of Birth: _____

Doctor signature: _____

Date: _____