

Name: _____ DOB: _____

ROS (Please check yes or no to the appropriate answer.)

CONSTITUTIONAL

Weight Change Yes___ No___
Fever Yes___ No___
Fatigue Yes___ No___
Weakness Yes___ No___
Chills Yes___ No___

ENT/RESPIRATORY

Change in voice Yes___ No___
Sore Throat Yes___ No___
Ringing in ears Yes___ No___
Difficulty swallowing Yes___ No___

PULMONARY

Chronic cough Yes___ No___
Othopnea-trouble breathing
when lying down Yes___ No___
Coughing up blood Yes___ No___

CARDIOLOGY

Chest pain Yes___ No___
Palpitations Yes___ No___
Leg Swelling Yes___ No___
Shortness of breath Yes___ No___
Irregular Heart Beat Yes___ No___

GASTROENTEROLOGY

Blood in stool Yes___ No___
Diarrhea Yes___ No___
Vomiting Yes___ No___
Constipation Yes___ No___
Nausea Yes___ No___
Abdominal pain Yes___ No___

DERMATOLOGY

Rash Yes___ No___
Excessive sweating Yes___ No___

ENDOCRINOLOGY

Diabetes Yes___ No___
Urinating frequently Yes___ No___
Thyroid dysfunction Yes___ No___

EYES

Diminished Vision Yes___ No___
Visual changes Yes___ No___
Double vision Yes___ No___
Eye irritation Yes___ No___

HEMATOLOGY

Easy Bruising Yes___ No___
Varicose veins Yes___ No___

ALLERGY/IMMUNE

Nasal/seasonal allergies Yes___ No___
Runny nose Yes___ No___
Stuffy nose Yes___ No___
Itchy eyes Yes___ No___
Asthma Yes___ No___

GENTOURINARY

Difficulty urinating Yes___ No___
Blood in urine Yes___ No___
Erectile or other sexual
dysfunction Yes___ No___

SLEEP

Day time sleepiness Yes___ No___
Snoring Yes___ No___

MUSCULOSKELETAL

Joint Stiffness Yes___ No___
Joint Pain Yes___ No___
Leg cramps Yes___ No___
Shooting leg pain Yes___ No___
Back Pain Yes___ No___

NEUROLOGY

Headache Yes___ No___
Tingling Yes___ No___
Seizure Yes___ No___
Dizziness Yes___ No___
Memory problems Yes___ No___
Tremors Yes___ No___
Loss of strength in specific body area Yes___ No___
Loss of sensation in specific body part Yes___ No___
Trouble with balance Yes___ No___
Trouble with coordination Yes___ No___
Gait abnormality Yes___ No___
Falls Yes___ No___
Weakness Yes___ No___