Review of Systems (ROS) Assessment Guide

NAME: **DOB:**

Height/Weight: ☐ recent weight changes

Allergies: ☐ environmental ☐ food ☐ medication What happens when exposed?

Skin, Hair, Nails: ☐ rashes ☐ lesions ☐ wounds ☐ ulcers ☐ tumors ☐ masses ☐ bruises/ecchymoses ☐ change in moles ☐ itching ☐ acne ☐ diaper rash ☐ burns ☐ temperature changes ☐ hair growth/loss

Eyes: ☐ glasses ☐ contacts ☐ pain ☐ excessive tearing ☐ itching/pruritis ☐ discharge ☐ swelling ☐ double vision ☐ blurred vision ☐ intolerance to light ☐ history of eye infections, cataracts, or glaucoma ☐ strabismus ☐ blindness

Ears: ☐ hearing impairments ☐ use of aids ☐ ear pain ☐ ringing/tinnitus ☐ wax/cerumen ☐ history of ear infections ☐ vertigo

Nose, Sinuses, Mouth, Throat: ☐ nose bleeds ☐ sinus infections ☐ sore throat ☐ tonsillitis ☐ voice changes ☐ hoarseness ☐ difficulty chewing or swallowing ☐ sores in mouth ☐ dentures ☐ cleft lip/palate ☐ dental history ☐ change in smell/taste ☐ mouth breathing/snoring

Neck: ☐ enlarged lymph nodes ☐ pain ☐ stiffness ☐ limited ROM

Breasts: ☐ lumps, masses ☐ thickening ☐ pain ☐ discomfort ☐ nipple discharge ☐ lesions ☐ rashes ☐ sores ☐ history of breast disease ☐ surgery ☐ breast self-exam

Date and result of last mammogram: _____

Respiratory: ☐ shortness of breath/dyspnea ☐ cough ☐ sputum production ☐ bloody sputum (hemoptysis) ☐ wheezing ☐ history of COPD, tuberculosis, or lung cancer ☐ asthma ☐ use of home oxygen/equipment ☐ smoking/chewing tobacco history ☐ cystic fibrosis ☐ pneumonia ☐ bronchitis ☐ choking episodes ☐ apnea/sleep apnea

Heart: ☐ chest pain/angina ☐ palpitations, shortness of breath/dyspnea ☐ shortness of breath when lying down or at night ☐ fainting ☐ pacemaker ☐ history of murmurs/defects ☐ history of MI, CHF, hypertension, or rheumatic heart disease ☐ use of prophylactic antibiotics

Peripheral Vascular: ☐ swelling ☐ edema ☐ leg pain with walking ☐ numbness ☐ tingling ☐ changes in skin color ☐ history of phlebitis ☐ varicose veins ☐ hypertension

Gastrointestinal: ☐ normal bowel habits (frequency, color, amt, consistency) ☐ recent changes in bowel habits ☐ use of therapies (laxatives, stool softeners, diet, suppositories, enemas, other) ☐ nausea or vomiting (spitting up) ☐ hemoptysis ☐ belching ☐ flatulence ☐ abdominal pain ☐ abdominal distention ☐ heartburn ☐ indigestion ☐ loose stool ☐ diarrhea ☐ constipation ☐ bloody stools ☐ ostomies ☐ ulcers ☐ cirrhosis ☐ gallbladder history ☐ jaundice ☐ liver problems ☐ hernia

Urinary: ☐ loss of control ☐ difficulty starting stream ☐ pain ☐ burning/dysuria ☐ hematuria ☐ frequency ☐ urgency ☐ oliguria ☐ polyuria ☐ nocturia ☐ urinary tract infection ☐ benign prostate hyperplasia ☐ kidney disease ☐ pediatrics: history of toilet training: _____

Male Genitalia/Reproductive: ☐ sores ☐ lesions ☐ lumps ☐ masses ☐ discharge ☐ scrotal swelling ☐ TSE ☐ cancer ☐ congenital anomalies ☐ infertility ☐ contraception ☐ STDs

Female Genitalia/Reproductive: ☐ breast lesions ☐ lumps ☐ masses ☐ fibroids ☐ discharge
☐ menstrual history: age of first menstrual cycle: _____ ☐ last menstrual cycle: _____
☐ age of menopause: _____ ☐ gravida/para (PTAL) ☐ cancer ☐ infertility ☐ contraception ☐ STD
☐ pap smear results: _____

Hematolymphatic: ☐ bleeding problems ☐ bruises/ecchymoses ☐ petechiae ☐ lymph node swelling
☐ excessive fatigue ☐ blood transfusions ☐ cancer ☐ HIV ☐ healing problems ☐ hemophilia
☐ blood disorders: anemia, hyperlipidemia, high cholesterol

Endocrine: ☐ unexplained weight changes ☐ changes in hair, heat/cold intolerances ☐ polyuria
☐ polydipsia ☐ polyphagia ☐ thyroid history ☐ diabetes mellitus history ☐ adrenal disorders

Musculoskeletal: ☐ muscles (cramping, spasm, pain)
☐ joints (pain, swelling, redness, deformity, grating/crepitation, arthritis) ☐ scoliosis ☐ hip dislocation
☐ club foot ☐ gait ☐ special equipment (cane, walker, wheelchair)
☐ fractures, sprains, amputations, webbing ☐ current motor development (gross motor skills): _____

Neurological: ☐ fainting/syncope ☐ dizziness/vertigo ☐ balance difficulties/ataxia
☐ tics, tremors, spasms, muscle weakness/paresis ☐ paralysis ☐ memory problems ☐ hallucinations
☐ phobias ☐ disorientation ☐ headaches ☐ strokes ☐ seizures ☐ epilepsy
☐ difficulties with speech or speaking ☐ cerebral palsy ☐ muscular dystrophy

Mental Status: ☐ emotional illness or difficulty with thinking ☐ memory problems
☐ history of psychiatric illness such as anxiety, depression, schizophrenia