

REVIEW OF SYSTEMS ("ROS")

PRINT NAME _____ DATE _____ CHART# _____

Problems with the back of the eye are often related to problems with the rest of the body. Your answers to the following questions will be helpful in your evaluation. Please answer the following questions by checking the appropriate box if you experience any of the following problems.

CONSTITUTIONAL

FEVER Yes No
MALAISE Yes No
WEIGHT LOSS Yes No

Please explain _____

SKIN

RASH Yes No
ACNE Yes No
ITCHING Yes No

Please explain _____

EAR, NOSE, THROAT

EARACHE Yes No
SORE THROAT Yes No
NOSE BLEEDING Yes No
SINUS PRESSURE Yes No

Please explain _____

BONE/JOINTS

JOINT PAINS Yes No
BACK PAIN Yes No
NECK PAIN Yes No

Please explain _____

HEART/BLOOD VESSELS

CHEST PAIN Yes No
IRREGULAR HEARTBEAT Yes No
DIFFICULTY BREATHING
AT REST Yes No
SWOLLEN FEET/ANKLES Yes No

Please explain _____

NERVOUS SYSTEM

ANXIETY Yes No
DEPRESSION Yes No
SEIZURES Yes No
DIZZINESS Yes No
VERTIGO Yes No
NUMBNESS Yes No

Please explain _____

LUNGS/BREATHING

PRODUCTIVE COUGH Yes No
SHORTNESS OF BREATH Yes No
OTHER BREATHING
PROBLEMS Yes No

Please explain _____

BLOOD/LYMPH

BLEEDING PROBLEMS Yes No
BLOOD CLOTS Yes No
ANEMIA Yes No

Please explain _____

STOMACH/INTESTINES

REFLUX FROM STOMACH Yes No
STOMACH PAIN Yes No
VOMITING Yes No
DIARRHEA Yes No
CONSTIPATION Yes No

Please explain _____

ALLERGIC/IMMUNOLOGIC

HAY FEVER Yes No
OTHER Yes No

Please explain _____

URINARY/KIDNEY

INCONTINENCE Yes No
PAIN ON URINATION Yes No
BLOOD IN URINE Yes No
DIFFICULTY URINATING Yes No
FREQUENT URINATION Yes No

Please explain _____

ENDOCRINE

HYPOTHYROID Yes No
HYPERTHYROID Yes No
FREQUENT URINATION Yes No
THIRST, HUNGER Yes No
OTHER Yes No

Please explain _____
