Cardiothoracic and Vascular Surgeons - Review Of Systems (ROS)

(please check all the following conditions listed below that you are currently experiencing. If applicable, provide additional notes about the condition)

Patient Name_____ **Patient D.O.B.**_____ **Date**_____ **Athena #** _____
(for staff only)

Constitutional	❑**NONE or:** ❑fever ❑night sweats ❑significant weight gain ❑significant weight loss ❑exercise intolerance ❑fatigue Comments_____
Eyes	❑**NONE or:** ❑dry eyes ❑eye irritation ❑vision changes ❑difficulty reading: needs glasses/contacts Comments_____
Ears	❑**NONE or:** ❑difficulty hearing ❑ear pain Comments_____
Nose	❑**NONE or:** ❑frequent nosebleeds ❑nose/sinus problems Comments_____
Mouth/Throat	❑**NONE or:** ❑sore throat ❑bleeding gums ❑snoring ❑dry mouth ❑mouth ulcers ❑oral abnormalities ❑teeth problems Comments_____
Cardiovascular	❑**NONE or:** ❑chest pain ❑chest pain on exertion ❑shortness of breath when walking ❑shortness of breath when lying down ❑palpitations ❑known heart murmur ❑lightheadedness Comments_____
Respiratory	❑**NONE or:** ❑cough ❑wheezing ❑shortness of breath ❑coughing up blood ❑sleep disturbances (sleep apnea) Comments_____
Gastrointestinal	❑**NONE or:** ❑abdominal pain ❑vomiting ❑abnormal appetite ❑diarrhea ❑vomiting blood ❑black or tarry stools Comments_____
Genitourinary	❑**NONE or:** ❑incontinence (loss of urinary control) ❑difficulty urinating ❑increased urinary frequency ❑hematuria ❑change in urinary output ❑incomplete emptying of bladder Comments_____
Musculoskeletal	❑**NONE or:** ❑muscle aches ❑muscle weakness ❑arthralgias/joint pain ❑back pain ❑swelling in the extremities ❑needs wheelchair ❑needs walker Comments_____
Neurologic	❑**NONE or:** ❑loss of consciousness ❑weakness ❑numbness ❑seizures ❑dizziness ❑frequent/severe headaches ❑migraines ❑restless legs Comments_____
Hematologic/ Lymphatic	❑**NONE or:** ❑swollen glands ❑bruising ❑easy / excessive bleeding tendency Comments_____
Allergic/ Immunologic	❑**NONE or:** ❑runny nose ❑sinus pressure ❑itching ❑hives ❑frequent sneezing Comments_____
Endocrine	❑**NONE or:** ❑excessive thirst or water consumption ❑overall weakness ❑excessive facial or body hair growth ❑temperature intolerance Comments_____
Lung Symptoms *Check the lung symptoms that you are currently having or have had.*	❑**NONE or:** ❑Cough ❑Shortness of Breath ❑Bronchitis ❑Enlarged Lymph Nodes ❑Chronic pulmonary heart disease (enlarged heart area from pumping/working harder) ❑Atherosclerosis of aorta (plaque build up in major heart artery) ❑Mucopurulent (yellow/green mucus) Chronic Bronchitis ❑Chronic Airway Obstruction (airways often congested/tight feeling) ❑Hemoptysis (coughing up blood/bloody sputum) ❑Other Chest Pain ❑Tachypnea (very rapid breathing) ❑Swelling mass/lump-Chest ❑Abnormal Chest Sounds (popping, rattling, crackling chest sounds) ❑Abnormal Electrocardiogram (EKG) Comments_____