



Michele Delzer, CNP

Rapid City Health Professionals, LLC
3939 Canyon Lake drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 [Phone]
(605) 699-7518 [Fax]



Review of Systems (ROS)

General

- ☐ Fatigue
- ☐ Loss of energy
- ☐ Night sweats that soak sheets
- ☐ Unintentional weight gain
- ☐ Unintentional weight loss
- ☐ None

Year / Onset (if applicable): _____

Eyes

- ☐ Blurred vision
- ☐ Double vision
- ☐ Eye pain/irritation
- ☐ Floaters
- ☐ Need for corrective lenses
- ☐ Spots in vision
- ☐ None

Year / Onset: _____

ENT (Ears, Nose, Throat)

- ☐ Bad breath
- ☐ Bleeding gums
- ☐ Dizziness
- ☐ Headaches
- ☐ Hearing loss
- ☐ Hoarseness
- ☐ Nasal congestion
- ☐ Nosebleeds
- ☐ Ringing in ears
- ☐ Sinus pain

- ☐ Sore throat
- ☐ Toothache
- ☐ None

Year / Onset: _____

Respiratory

- ☐ Chest congestion
- ☐ Choking
- ☐ Cough
 - ☐ Productive – ☐ Blood ☐ Mucus ☐ None
- ☐ Noisy breathing
- ☐ Shortness of breath
- ☐ Snoring
- ☐ Wheezing
- ☐ None

Year / Onset: _____

Cardiovascular & Breast

- ☐ Awakening due to shortness of breath
- ☐ Breast lump
- ☐ Chest pain
- ☐ Decreased exercise tolerance
- ☐ Difficulty breathing when lying down
- ☐ Heart fluttering/racing
- ☐ Leg swelling
- ☐ Lightheadedness
- ☐ Nipple discharge
- ☐ Pain in legs/buttocks with exercise
- ☐ Passing out
- ☐ Sensitivity of hands/feet to temperature changes
- ☐ None

Year / Onset: _____

Gastrointestinal

- ☐ Belching
- ☐ Bloating
- ☐ Heartburn
- ☐ Indigestion
- ☐ Nausea
- ☐ Vomiting – Appearance: ☐ Bile ☐ Blood ☐ Clear ☐ Coffee grounds ☐ Food ☐ Yellow ☐ Other: _____
- ☐ Constipation
- ☐ Diarrhea
- ☐ Difficulty swallowing
- ☐ Stomach/abdominal pain
- ☐ None

Year / Onset: _____

Genitourinary (Female)

- ☐ Bloody urine
- ☐ Changes in menstrual period
- ☐ Hot flashes
- ☐ Painful periods
- ☐ Painful intercourse
- ☐ Pelvic pain
- ☐ Vaginal dryness
- ☐ Vaginal discharge
- ☐ Vaginal irritation
- ☐ Vaginal redness
- ☐ Vaginal pain
- ☐ Vaginal pressure
- ☐ Vaginal wall weakness/protrusion
- ☐ Urinary frequency
- ☐ Urinary urgency
- ☐ Urinary incontinence
- ☐ Pain with urination
- ☐ Decline in sexual desire/function
- ☐ Troublesome symptoms before/during periods
- ☐ None

Year / Onset: _____

Hematologic / Lymphatic

- ☐ Easy bruising
- ☐ Painful/swollen lymph nodes
- ☐ Unusual bleeding
- ☐ None

Year / Onset: _____

Musculoskeletal

- ☐ Back/neck injury
- ☐ Limb/joint pain
- ☐ Limb/joint swelling/stiffness/redness
- ☐ Limb/joint deformity
- ☐ Muscle weakness
- ☐ Loss of muscle bulk
- ☐ Muscle spasm/twitching
- ☐ Recurring back/neck pain
- ☐ Sciatica
- ☐ None

Year / Onset: _____

Neurologic

- ☐ Altered consciousness/blackouts
- ☐ Numbness/tingling in arms/legs
- ☐ Arm/leg weakness
- ☐ Memory difficulty
- ☐ Seizures
- ☐ Tremors/shakiness
- ☐ Unusual clumsiness
- ☐ None

Year / Onset: _____

Psychiatric

- ☐ Anxiety
- ☐ Depression
- ☐ Mood swings
- ☐ Difficulty concentrating
- ☐ Panic attacks
- ☐ None

Year / Onset: _____

Skin

- ☐ Changing/itchy moles/freckles
- ☐ Rash/lesions
- ☐ Itchiness
- ☐ Unusual dryness
- ☐ None

Year / Onset: _____

Endocrine

- ☐ Intolerance to cold
- ☐ Intolerance to heat
- ☐ Thinning hair
- ☐ Thinning nails
- ☐ Unusual thirst
- ☐ None

Year / Onset: _____

Allergic / Immunologic

- ☐ Hives
- ☐ Itchy eyes
- ☐ Runny nose
- ☐ None

Year / Onset: _____

Additional Information

Anything else patient would like to share:

Signature: _____ **Date:** _____