

# Mountain View Rehabilitation Medical Associates

## ROS Adult

### General/ Constitutional

Chills  yes  no  
 Fatigue  yes  no  
 Fever  yes  no  
 Night Sweats  yes  no  
 Victim Domestic Violence YES NO  
 Weight Gain  yes  no  
 Weight Loss  yes  no

### Ophthalmologic

Blurred vision  yes  no  
 Eye drainage  yes  no  
 Eye pain  yes  no  
 Glasses/ Contacts  yes  no  
 Light sensitivity  yes  no

### ENT

Bleeding gums  yes  no  
 Dentures  yes  no  
 Ear pain  yes  no  
 Hearing problems  yes  no  
 Hoarseness  yes  no  
 Nasal congestion  yes  no  
 Ringing in the ears  yes  no  
 Sore throat  yes  no  
 Sore tongue  yes  no

### Cardiovascular

Chest pain  yes  no  
 Dizziness  yes  no  
 Irregular heart rate  yes  no  
 Pain in legs (walking)  yes  no  
 Palpitations  yes  no  
 Pedal edema  yes  no  
 Shortness of breath  yes  no  
 Swelling in legs  yes  no  
 Tachycardia  yes  no  
 Varicose veins  yes  no

### Respiratory

Chest pain  yes  no  
 Coughing up blood  yes  no  
 Exposure to Tuberculosis  yes  no  
 Pleuritic pain  yes  no  
 Shortness of breath  yes  no  
 Wheezing  yes  no

### Gastrointestinal

Abdominal pain  yes  no  
 Acid reflux  yes  no  
 Black tarry stools  yes  no  
 Constipation  yes  no  
 Diarrhea  yes  no  
 Heartburn  yes  no  
 Hemorrhoids  yes  no  
 Vomiting  yes  no

### Genitourinary

Blood in urine  yes  no  
 Burning with urination  yes  no  
 Frequent urination  yes  no  
 Urinary tract infection  yes  no  
 Impotence  yes  no  
 Urinary Incontinence  yes  no

### Musculoskeletal

Arthralgias  yes  no  
 Back pain  yes  no  
 Joint pain  yes  no  
 Joint stiffness  yes  no  
 Limb pain  yes  no  
 Muscle pain  yes  no

### Integumentary

Dry skin  yes  no  
 Jaundice  yes  no  
 Rashes  yes  no  
 Itchy skin  yes  no

### Neurologic

Abnormal sensation on skin  yes  no  
 Dizziness  yes  no  
 Fainting  yes  no  
 Headache  yes  no  
 Memory loss  yes  no  
 Numbness or Tingling  yes  no  
 Room is spinning  yes  no  
 Seizures  yes  no  
 Tremor  yes  no  
 Unsteady gait when walking  yes  no  
 Vertigo  yes  no

### Hematologic/ Lymphatic

Easy bruising  yes  no  
 Excessive bleeding  yes  no  
 Swelling of Lymph Nodes  yes  no

### Psychiatric

Anxiety  yes  no  
 Crying spells  yes  no  
 Depression  yes  no  
 Feeling stressed  yes  no  
 Loss of interest  yes  no  
 Mood Swings  yes  no  
 Personality change  yes  no  
 PMS tension  yes  no  
 Poor concentration  yes  no  
 Recreation drug use  yes  no  
 Sadness  yes  no  
 Sleep disturbance  yes  no  
 Suicidal thoughts  yes  no

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_