Acupuncture Associates of Oregon LLC
2335 NW Raleigh Street, Suite 123,
Portland, OR, 97210

4. Review of Systems (ROS)

Cardiovascular-Circulatory-Hematological

Heart Disease	☐Y	☐N	☐P
Heart Murmurs	☐Y	☐N	☐P
Chest Pain	☐Y	☐N	☐P
Palpitations	☐Y	☐N	☐P
Rheumatic Fever	☐Y	☐N	☐P
High/Low Blood Pressure	☐Y	☐N	☐P
Stroke	☐Y	☐N	☐P
Swelling of Ankles	☐Y	☐N	☐P
Varicose Veins	☐Y	☐N	☐P
Thrombophlebitis	☐Y	☐N	☐P
Easy Bleeding	☐Y	☐N	☐P
Easy Bruising	☐Y	☐N	☐P
Anemia	☐Y	☐N	☐P

Other_____

Musculoskeletal

Pain	☐Y	☐N	☐P
Muscle Spasms	☐Y	☐N	☐P
Arthritis	☐Y	☐N	☐P
Arm Pain	☐Y	☐N	☐P
Upper Back Pain	☐Y	☐N	☐P
Mid-back Pain	☐Y	☐N	☐P
Lower Back Pain	☐Y	☐N	☐P
Leg Pain	☐Y	☐N	☐P
Joint Pain	☐Y	☐N	☐P

Other_____

Head

Headaches	☐Y	☐N	☐P
Migraines	☐Y	☐N	☐P
Teeth Grinding	☐Y	☐N	☐P
TMJ/Jaw Problems	☐Y	☐N	☐P
Head Injury	☐Y	☐N	☐P

Other_____

Respiratory

Pleurisy	☐Y	☐N	☐P
Asthma	☐Y	☐N	☐P
Emphysema	☐Y	☐N	☐P
Tuberculosis	☐Y	☐N	☐P
Persistent	☐Y	☐N	☐P
Cough	☐Y	☐N	☐P
Difficulty Breathing	☐Y	☐N	☐P
Frequent Colds	☐Y	☐N	☐P
Shortness of Breath	☐Y	☐N	☐P
Sleep Apnea	☐Y	☐N	☐P
Tuberculosis	☐Y	☐N	☐P

Other_____

Neurological

Dizziness	☐Y	☐N	☐P
Loss of Balance	☐Y	☐N	☐P
Paralysis	☐Y	☐N	☐P
Muscle Weakness	☐Y	☐N	☐P
Atrophy	☐Y	☐N	☐P
Numbness	☐Y	☐N	☐P
Tingling	☐Y	☐N	☐P
Seizures	☐Y	☐N	☐P
Epilepsy	☐Y	☐N	☐P
Memory Loss	☐Y	☐N	☐P
Insomnia	☐Y	☐N	☐P
Somnolence	☐Y	☐N	☐P

Other_____

Neck

Lumps	☐Y	☐N	☐P
Goiter	☐Y	☐N	☐P
Swollen Glands	☐Y	☐N	☐P
Neck Pain	☐Y	☐N	☐P
Whiplash	☐Y	☐N	☐P

Other_____

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Gastrointestinal

	Y	N	P
Ulcers	☐	☐	☐
Changes in Appetite	☐	☐	☐
Nausea / Vomiting	☐	☐	☐
Epigastric Pain	☐	☐	☐
Passing Gas	☐	☐	☐
Heartburn	☐	☐	☐
Belching	☐	☐	☐
Gall Bladder Disease	☐	☐	☐
Liver Disease	☐	☐	☐
Hepatitis B or C	☐	☐	☐
Abdominal Pain	☐	☐	☐
Hemorrhoids	☐	☐	☐
Blood in Stool	☐	☐	☐
Undigested Food	☐	☐	☐
Diarrhea	☐	☐	☐
Constipation	☐	☐	☐
Mucus	☐	☐	☐

Other_____

Nose, Ear, Throat, Mouth

	Y	N	P
Sinus Problems	☐	☐	☐
Hay Fever	☐	☐	☐
Stuffy Nose	☐	☐	☐
Loss of Smell	☐	☐	☐
Nose Bleeds	☐	☐	☐
Impaired Hearing	☐	☐	☐
Ear Ringing	☐	☐	☐
Earaches	☐	☐	☐
Dry Throat	☐	☐	☐
Sore Throat	☐	☐	☐
Chapped Lips	☐	☐	☐
Mouth Fissures	☐	☐	☐

Other_____

Endocrine

	Y	N	P
Hypothyroid	☐	☐	☐
Hyperthyroid	☐	☐	☐
Hypoglycemia	☐	☐	☐
Diabetes	☐	☐	☐
Excessive Thirst	☐	☐	☐
Excessive Hunger	☐	☐	☐
Night Sweats	☐	☐	☐
Feelings of Hot or Cold	☐	☐	☐
Fatigue	☐	☐	☐

Other_____

Integumentary

	Y	N	P
Rashes	☐	☐	☐
Acne, Boils	☐	☐	☐
Skin Color Change	☐	☐	☐
Lumps	☐	☐	☐
Eczema	☐	☐	☐
Hives	☐	☐	☐
Psoriasis	☐	☐	☐
Itching	☐	☐	☐
Hair Loss	☐	☐	☐
Brittle Nails	☐	☐	☐

Other_____

Genitourinary

	Y	N	P
Kidney Disease	☐	☐	☐
Painful Urination	☐	☐	☐
Difficult Urination	☐	☐	☐
Frequent Urination	☐	☐	☐
Urination at Night	☐	☐	☐
Kidney Stones	☐	☐	☐
Blood in Urine	☐	☐	☐
Urinary Tract Infections	☐	☐	☐
Venereal Disease	☐	☐	☐

Other_____

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Arnaud Versluys, PhD, LAc
Patient Information Form 2

Female Reproductive

Age of first menses? _____

Age of menopause? _____

Length of cycle? _____

Duration of menses? _____

Irregular Cycles ☐Y ☐N ☐P

PMS? ☐Y ☐N ☐P

Heavy Flow ☐Y ☐N ☐P

Spotting ☐Y ☐N ☐P

Clotting ☐Y ☐N ☐P

Menopausal Symptoms ☐Y ☐N ☐P

Vaginal Discharge ☐Y ☐N ☐P

Date of last exam/PAP? _____

Endometriosis ☐Y ☐N ☐P

Ovarian Cysts ☐Y ☐N ☐P

Breast Lumps ☐Y ☐N ☐P

Breast Tenderness ☐Y ☐N ☐P

Nipple Discharge ☐Y ☐N ☐P

Sexual Orientation? _____

Sexually active? ☐Y ☐N ☐P

Irregular Libido? ☐High ☐Low

Pain with intercourse ☐Y ☐N ☐P

Vaginal Dryness ☐Y ☐N ☐P

Cervical Dysplasia ☐Y ☐N ☐P

Genital Warts ☐Y ☐N ☐P

Chlamydia ☐Y ☐N ☐P

Gonorrhea ☐Y ☐N ☐P

Herpes ☐Y ☐N ☐P

Syphilis ☐Y ☐N ☐P

Birth Control ☐Y ☐N ☐P

What type? _____

Number of pregnancies? _____

Number of live births? _____

Number of miscarriages? _____

Number of abortions? _____

Difficulty Conceiving ☐Y ☐N ☐P

Other_____

Male Reproductive

Hernia ☐Y ☐N ☐P

Sexual Orientation _____

Sexually Active ☐Y ☐N ☐P

Sexual Difficulties ☐Y ☐N ☐P

Irregular Libido? ☐High ☐Low

Impotence ☐Y ☐N ☐P

Premature Ejaculation ☐Y ☐N ☐P

Penile Discharge ☐Y ☐N ☐P

Genital Warts ☐Y ☐N ☐P

Chlamydia ☐Y ☐N ☐P

Gonorrhea ☐Y ☐N ☐P

Syphilis ☐Y ☐N ☐P

Herpes ☐Y ☐N ☐P

Prostrate Problems ☐Y ☐N ☐P

Testicular Pain ☐Y ☐N ☐P

Testicular Swelling ☐Y ☐N ☐P

Other_____

Mental, Emotional

Mood Swings ☐Y ☐N ☐P

Depression ☐Y ☐N ☐P

Nervousness ☐Y ☐N ☐P

Bi-polar ☐Y ☐N ☐P

Psychosis ☐Y ☐N ☐P

Neurosis ☐Y ☐N ☐P

ADHD ☐Y ☐N ☐P

Hallucinations ☐Y ☐N ☐P

Suicidal Tendencies ☐Y ☐N ☐P

Mental Tension ☐Y ☐N ☐P

Seasonal Depression ☐Y ☐N ☐P

Other_____

Eyes

Impaired Vision	☐Y	☐N	☐P
Night Blindness	☐Y	☐N	☐P
Double Vision	☐Y	☐N	☐P
Blurriness	☐Y	☐N	☐P
Spots in Eyes	☐Y	☐N	☐P
Eye Pain/Strain	☐Y	☐N	☐P
Glaucoma	☐Y	☐N	☐P
Cataracts	☐Y	☐N	☐P
Glasses/Contacts	☐Y	☐N	☐P
Tearing Eyes	☐Y	☐N	☐P
Dry Eyes	☐Y	☐N	☐P

Other ☐

Immune

Chronic Fatigue	☐Y	☐N	☐P
Low-grade Fever	☐Y	☐N	☐P
Chronic Infections	☐Y	☐N	☐P
Slow Wound Healing	☐Y	☐N	☐P

Other_____

Immunizations

Tetanus	☐Y	☐N
Diphtheria	☐Y	☐N
Polio	☐Y	☐N
Measles/ Mumps/ Rubella	☐Y	☐N

Other_____