

Cardiovascular Review of Systems

Patient's Name:

Date of Birth:

Gender:

Relevant Medical History:

Referring Physician's Name:

Symptom	Possible Questions to Ask the Patient	Present or Absent?	Additional Notes
Chest Pain	Are you feeling any pain or discomfort in your chest?	<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Palpitations	Is your heart skipping a beat or beating unusually fast?	<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Orthopnea	Do you have difficulty breathing when lying down?	<input type="checkbox"/> Present <input type="checkbox"/> Absent	
PND	When you wake up from sleep, do you feel short of breath?	<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Edema	Have you noticed swelling in your feet or legs?	<input type="checkbox"/> Present <input type="checkbox"/> Absent	
Claudication	Do you feel pain or cramping in your hips or legs when you walk or exercise?	<input type="checkbox"/> Present <input type="checkbox"/> Absent	

Summary or Additional Notes:

Sources:

McDonough, K. (n.d.). *Review of Systems (ROS)*. Pressbooks.
<https://uw.pressbooks.pub/fcmtextbook/chapter/review-of-systems-ros/>