To reproduce, follow the printing instructions.

Fold only on the dotted lines.

Gastroenterology Review of Systems

Please answer every question

Compatible Note forms:
CHI Complete-Male Adult Gastroenterology
CHI Complete-Female Adult Gastroenterology

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME

PATIENT'S FIRST NAME | MIDDLE INITIAL | PATIENT'S DATE OF BIRTH (Month / Day / Year)

Please mark all symptoms you are CURRENTLY experiencing.
If you have no symptoms in a category, please mark "NONE."

CONSTITUTIONAL	chills ○ fever ○ weight loss ○	fatigue ○ weight gain ○ night sweats ○	nutrition concern ○ change in appetite ○ general discomfort ○	**NONE** ○
EYES	eye pain ○	red eyes ○	blurry vision ○ change in vision ○	**NONE** ○
EARS, NOSE, THROAT	sore throat ○ hoarseness ○	earache ○ mouth dryness ○	snoring ○ mouth sores ○ difficulty swallowing ○	**NONE** ○

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CARDIOVASCULAR	palpitations ○ chest discomfort ○	slow heart rate ○ rapid heart rate ○	pain in hands or feet ○ swelling of hands or feet ○ coldness in hands or feet ○	**NONE** ○
RESPIRATORY	shortness of breath ○ harsh noise while breathing ○ difficulty breathing on exertion ○	cough ○ pain while breathing ○ wheezing ○	coughing up blood ○ shortness of breath while lying down ○	**NONE** ○
GASTROINTESTINAL	vomiting ○ heartburn ○ abdominal pain ○ difficulty swallowing ○ pale or clay colored stools ○	nausea ○ belching ○ diarrhea ○ flatulence ○ constipation ○ reflux / GERD ○	bloating ○ stool leakage ○ vomiting blood ○ rectal cramping ○ dark / tarry stools ○ painful swallowing ○	**NONE** ○
GENITOURINARY	genital pain *(males only)* ○ pelvic pain *(females only)* ○ excessive urination at night ○	urine leakage ○ painful urination ○ swelling of groin ○	kidney stones ○ blood in urine ○ delayed puberty ○ urinary frequency ○	**NONE** ○
MUSCULOSKELETAL	joint pain ○ muscle pain ○	joint swelling ○ joint stiffness ○	back pain ○ neck pain ○	**NONE** ○
SKIN	rash/hives ○	skin lesions ○	itching ○	**NONE** ○

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NEUROLOGICAL	headache ○ memory loss ○ fainting ○	confused ○ difficulty walking ○ muscle weakness ○	sensory change ○ loss of strength ○ seizures ○	**NONE** ○
PSYCHIATRIC	depression ○	anxiety ○ personality change ○	suicidal ○ sleep disturbances ○	**NONE** ○
ENDOCRINE	cold intolerance ○	heat intolerance ○	skin color changes ○	**NONE** ○
HEME/LYMPHATIC	easy bleeding ○	easy bruising ○	swollen lymph nodes ○	**NONE** ○
ALLERGIES	allergy desensitization ○	hay fever ○ allergy testing ○	food allergies ○ recurrent infections ○	**NONE** ○

For technical support, please contact PatientLink at Support@MyPatientLink.com.