7140 E Rosewood St.
Tucson, AZ 85710
Phone: 520.547.4900
Fax: 520.547.2435
www.dsgastro.com

DESERT SUN GASTROENTEROLOGY

Review of Systems

Craig G. Gross, MD / Gary P. Gottlieb, MD / John K. Tsai, MD / Cristiana Bortuzzo, MD

Review of Systems

Patient Name: _____

Have you experienced the following since your last visit here, or if this is your first visit, in the last 3 months?

Constitutional

☐ Y ☐ N Weight Loss
☐ Y ☐ N Decreased appetite
☐ Y ☐ N Insomnia
☐ Y ☐ N Fatigue
☐ Y ☐ N Fever or chills

Eyes

☐ Y ☐ N Blurred or double vision
☐ Y ☐ N Change in color vision

Cardiac

☐ Y ☐ N Chest pain
☐ Y ☐ N Abnormal heart rhythm

Respiratory

☐ Y ☐ N Difficulty breathing
☐ Y ☐ N Cough

Gastrointestinal

☐ Y ☐ N Abdominal pain
☐ Y ☐ N Heartburn
☐ Y ☐ N Nausea or vomiting
☐ Y ☐ N Diarrhea
☐ Y ☐ N Constipation
☐ Y ☐ N Blood in stool or on toilet paper
☐ Y ☐ N Black stool
☐ Y ☐ N Gas or bloating
☐ Y ☐ N Difficulty swallowing

Musculoskeletal

☐ Y ☐ N Joint pain, back or neck pain, or arthritis
☐ Y ☐ N Muscle aches or weakness

Endocrine

☐ Y ☐ N Thyroid disorder

Skin

☐ Y ☐ N Rash
☐ Y ☐ N Itching
☐ Y ☐ N Sweating or night sweats

Neurological

☐ Y ☐ N Headache
☐ Y ☐ N Dizziness

Psychiatric

☐ Y ☐ N Suicidal thoughts
☐ Y ☐ N Irritability / anxiety / nervousness
☐ Y ☐ N Depression
☐ Y ☐ N Difficulty concentrating

Hematologic / Lymphatic

☐ Y ☐ N Bleeding
☐ Y ☐ N Bruising

Past medical history

☐ Y ☐ N Heart disease
☐ Y ☐ N Lung disease
☐ Y ☐ N Blood thinners
☐ Y ☐ N Hepatitis or other liver disease
☐ Y ☐ N Pancreatitis
☐ Y ☐ N Cancer

Any other symptoms you are experiencing?

_____

_____

Doctor's Initials _____