

PATIENT NAME: _____

ILLINOS GASTROENTEROLOGY, LTD.
a member of Premier Medical Group, LLC

REVIEW OF SYSTEMS

CONSTITUTIONAL

- Recent Weight Loss Yes No
Fever Yes No
Fatigue Yes No

EYES

- Blurred Vision Yes No
Glaucoma Yes No

EARS/NOSE/MOUTH/THROAT

- Recent hearing loss Yes No
Mouth sores Yes No

CARDIOVASCULAR

- Chest pain Yes No
Shortness of breath Yes No
Swelling of ankles Yes No

RESPIRATORY

- Chronic cough Yes No
Coughing up blood Yes No
Wheezing Yes No

GENITOURINARY

- Burning with urination Yes No
Blood in urine Yes No

MUSCULOSKELETAL

- Joint pain OR Yes No
Back pain Yes No
Muscle pain Yes No

SKIN

- Rash Yes No
Itching Yes No

GASTROINTESTINAL

- Poor appetite Yes No
Difficulty in swallowing Yes No
Heartburn Yes No
Nausea or vomiting Yes No
Bloating Yes No
Belching Yes No
Regurgitation Yes No
Constipation Yes No
Diarrhea Yes No
Abdominal pain Yes No
Recent change in bowel habits Yes No
Rectal Bleeding Yes No
Black, tarry stools Yes No

NEUROLOGICAL

- Headaches Yes No
Seizures Yes No
Strokes Yes No
Numbness Yes No

PSYCHIATRIC

- Memory loss or confusion Yes No
Depression Yes No

ENDOCRINE

- Heat or cold intolerance Yes No
Excessive thirst or urination Yes No

HEMATOLOGICAL

- Bleeding or bruising tendency Yes No
Anemia Yes No
Past transfusion Yes No

Are you pregnant? Yes No

Have you seen/heard
our TV/radio ads? Yes No