TODD A MOFFATT, MD SURGERY

REVIEW OF SYSTEMS

Name of Patient: ____

PLEASE MARK ALL THAT CURRENTLY APPLY

GASTROINTESTINAL:	YES
Nausea	☐
Reflux/Heartburn	☐
Anorexia	☐
Vomiting	☐
Diarrhea	☐
Constipation	☐
Blood in Stool	☐
Black Tarry Stools	☐
Abdominal Pain	☐
Other: ____________________	☐

CONSTITUTIONAL:	YES
Weight Loss	☐
Weight Gain	☐
Fevers	☐
Chills	☐
Weakness	☐
Fatigue	☐
Night Sweats	☐
Other: ____________________	☐

EYES:	YES
Visual Loss	☐
Blurred Vision	☐
Double Vision	☐
Yellow Eyes	☐
Other: ____________________	☐

EAR, NOSE, THROAT, MOUTH:	YES
Ringing in Ears	☐
Hearing Loss	☐
Sneezing	☐
Congestion	☐
Runny Nose	☐
Sore Throat	☐
Hoarness	☐
Other: ____________________	☐

PSYCHIATRIC:	YES
Depression	☐
Anxiety	☐
Bipolar	☐
Other: ____________________	☐

CARDIOVASCULAR	YES
Chest Pain	☐
Palpitations	☐
Leg Swelling	☐
Other: ____________________	☐

ENDOCRINE:	YES
Heat Intolerance	☐
Cold Intolerance	☐
Sweating	☐
Excessive Urination	☐
Excessive Thirst	☐
Other: ____________________	☐

RESPIRATORY:	YES
Shortness of Breath	☐
Cough	☐
Wheezing	☐
Other: ____________________	☐

NEUROLOGICAL:	YES
Leg or Arm Weakness	☐
Leg or Arm Numbness	☐
Headache	☐
Dizziness	☐
Seizures	☐
Blackouts	☐
Other: ____________________	☐

GENITOURINARY:	YES
Painful Urination	☐
Increased Frequency	☐
Increased Urgency	☐
Blood in Urine	
Other: ____________________	

MUSCULOSKELETAL:	YES
Muscle or Back Pain	☐
Joint Pain	☐
Stiffness	☐
Other: ____________________	☐

SKIN:	YES
Lesions	☐
Rashes	☐
Itching	☐
Other: ____________________	☐

HEMATOLOGIC/LYMPHATIC	YES
Easy Bruising or Bleeding	☐
Enlarged Lymph Nodes	☐
Other: ____________________	☐

ALLERGIC/IMMUNOLOGY:	YES
Asthma	☐
Skin Sensitivity	☐
Other: ____________________	☐