

**FLINT GASTROENTEROLOGY ASSOCIATES, PC
REVIEW OF SYSTEMS (ROS)**

LAST NAME: _____ **FIRST NAME:** _____ **DOB:** _____

Please check any current problems/symptoms that apply

Constitutional		Musculoskeletal	
Fever	Weight Loss	Arthralgias (joint pain)	Muscle Weakness
Chills	Weight Gain	Myalgias (muscle pain)	Joint Stiffness
Night Sweats	Feeling Tired/Sluggish	Limb Pain	Joint Swelling
Generalized Weakness	Trouble Sleeping	Back Pain	Neck Pain
Other:		Difficulty Walking	
		Other:	
Eyes		Skin / Integumentary	
Eye Pain	Dryness	Skin Rash	Dry Skin
Blurred Vision	Eyesight Problems	Skin Lesion	Eczema
Double Vision	Corrective Lenses	Skin Wound	Change in Color of Skin
Glaucoma	Eye Redness	Itching	Change in Hair
Other:		Other:	
Ear/Nose/Throat/Mouth		Neurological	
Earache	Trouble Swallowing	Headaches	Loss of Memory
Hearing Loss	Mouth Sores	Confusion	Poor Balance
Ringing in Ears	Hoarseness	Speech Problems	Difficulty Walking
Nasal Discharge	Sore Throat	Numbness	Weakness
Nosebleeds	Sinus Pain	Tingling	Dizziness
Other:		Changes in Senses	Seizures
		Other:	
Cardiovascular		Psychiatric	
Heart Rate is Slow	Lightheadedness	Depression	Anxiety
Heart Rate is Fast	Palpitations	Sleep Pattern Changes	Paranoia
Chest Pain	Angina	Difficulty Concentrating	Change in Personality
High Blood Pressure	Edema (swelling of legs)	Episodes of Mania	Difficulty Concentrating
Other:		Agitation	Suicidal Thoughts
		Other:	
Respiratory		Endocrine	
Shortness of Breath (on exertion)	Cough	Diabetes	Pre Diabetic
Shortness of Breath (at rest)	Cough with Mucus	Cold Intolerance	Heat Intolerance
Wheezing	Cough with Blood	Hyperthyroid	Hypothyroid
Chest Tightness		Excessive Thirst	Hot Flashes
Sleep Apnea: Uses CPAP –or- Does not use CPAP		Sweating	Hypoglycemia
Other:		Other:	
Gastrointestinal		Hematologic/Lymphatic	
Abdominal Pain	Diarrhea	Anemia	Swollen Lymph Nodes
Abdominal Distention	Constipation	Bleeds Easily	Night Sweats
Bloating	Rectal Pain	Bruises Easily	Pallor (pale)
Nausea	Blood in Stool	Clotting Disorder	
Vomiting	Cramping	Other:	
Indigestion/Heartburn	Fecal Leakage	Genitourinary	
Other:		Blood in Urine	Nocturia (going at night)
		Urine Frequency	Difficulty Urinating
		Incontinence	Dysuria (painful urination)
		Other:	

Patient Signature _____ **Date:** _____

Reviewed Date _____ **Patient Signature** _____
Reviewed Date _____ **Patient Signature** _____