

Gastrointestinal

Review of Systems - Male

Are you currently having any problems related to the following systems? Check Yes or No

General

Feeling well	□ 1 <i>E</i> 5	□ No	Abdominal pain	□ Yes	⊓ No
Weight loss/gain	□ Yes	□ No	Black or bloody stool	□ Yes	
Fatigue	□ Yes	□ No	Constipation	□ Yes	
Fever	□ Yes	□ No	Diarrhea	□ Yes	
			Heartburn/indigestion	□ Yes	
Integumentary (skin)			Nausea/vomiting	□ Yes	
New or changing moles	□ Yes	□ No	radoca, romang		
Itching	□ Yes	□ No	Genitourinary		
Rash	□ Yes	□ No	Difficulty starting stream	□ Yes	□ No
			Impotence	□ Yes	□ No
HEENT			Urine loss/leakage	□ Yes	
Eye pain	□ Yes	□ No	Awaken at night to urinate	□ Yes	□ No
Change in vision/vision loss	□ Yes	□ No	Difficulty emptying bladder	□ Yes	□ No
Change in/difficulty hearing	□ Yes	□ No	completely		
Ear pain	□ Yes	□ No			
Runny nose	□ Yes	□ No	Musculoskeletal		
Difficulty swallowing	□ Yes	□ No	Back pain	□ Yes	□ No
			Joint pain	□ Yes	□ No
Respiratory			Have you given up any	□ Yes	□ No
Cough	□ Yes		activity due to pain?		
Snoring	□ Yes				
Difficulty breathing	□ Yes	□ No	Neurological		
_			Numbness/tingling	□ Yes	□ No
Breast			Difficulty speaking	□ Yes	□ No
Breast lumps	□ Yes		Headaches	□ Yes	□ No
Breast pain	□ Yes				
Nipple discharge	□ Yes	□ No	Psychological		
Condingues			Difficulty with sleep	□ Yes	
Chartagia	- Vaa	- N.	Anxiety	□ Yes	_
Chest pain	□ Yes		Depression	□ Yes	□ No
Palpitations	□ Yes				
Waking at night with	□ Yes	⊔ INO	Endocrine		
difficulty breathing Swelling in legs	□ Voc	□ No	Excessive thirst	□ Yes	
Swelling in legs	□ Yes	□ NO	Heat/cold intolerance	□ Yes	□ No
			Hematology		
			Easy Bruising/nosebleeds	□ Yes	□ No
Name			Date		