DHP DIGESTIVE HEALTH PARTNERS

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Carolina Mountain Gastroenterology
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Patient Name: ______________________ Date of Birth: ______________

Review of Symptoms

(Symptoms within the past 30 days)

Constitutional

☐ None

	Y	N
chills	☐	☐
fatigue	☐	☐
fever	☐	☐
loss of appetite	☐	☐
malaise	☐	☐
weight gain	☐	☐
weight loss	☐	☐

Integumentary

☐ None

	Y	N
itching	☐	☐
jaundice	☐	☐
rashes	☐	☐

Eyes

☐ None

	Y	N
loss of vision	☐	☐
redness	☐	☐

EMMT

☐ None

	Y	N
hoarseness	☐	☐
mouth sores	☐	☐
post nasal drip	☐	☐

Cardiovascular

☐ None

	Y	N
heart murmur	☐	☐
irregular heart beat	☐	☐
rapid heart rate	☐	☐

Respiratory

☐ None

	Y	N
coughing up blood	☐	☐
frequent cough	☐	☐
snoring	☐	☐
wheezing	☐	☐

Gastrointestinal

☐ None

	Y	N
abdominal pain (upper)	☐	☐
abdominal pain (lower)	☐	☐
abdominal swelling	☐	☐
black stools	☐	☐
bloating	☐	☐
change in bowel habits (frequency)	☐	☐
change in bowel habits (caliber)	☐	☐
constipation	☐	☐
diarrhea	☐	☐
gas (belching)	☐	☐
gas (flatulence)	☐	☐
heartburn	☐	☐
incontinence of stool	☐	☐
nausea	☐	☐
painful bowel movement	☐	☐
red blood in stool	☐	☐
swallowing trouble (blockage)	☐	☐
swallowing trouble (pain)	☐	☐
vomiting	☐	☐

Genitourinary

☐ None

	Y	N
blood in urine	☐	☐
dark urine	☐	☐
irregular menstruation	☐	☐

Musculoskeletal

☐ None

	Y	N
back pain	☐	☐
joint pain	☐	☐
joint swelling/redness	☐	☐

Endocrine

☐ None

	Y	N
cold intolerance	☐	☐
hair loss	☐	☐

Hematologic/Lymphatic

☐ None

	Y	N
blood transfusions	☐	☐
easy bruising	☐	☐
palpable/enlarged lymph glands	☐	☐
prolonged bleeding	☐	☐

Allergic/Immunologic

☐ None

	Y	N
allergies (environmental)	☐	☐
immune deficiency	☐	☐

Neurological

☐ None

	Y	N
headaches	☐	☐
mem. loss/confusion	☐	☐
numbness/tingling	☐	☐
seizures	☐	☐

Psychiatric

☐ None

	Y	N
anxiety	☐	☐
depression	☐	☐
difficulty sleeping	☐	☐
panic attacks	☐	☐