

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS RELATED TO THE FOLLOWING SYSTEMS? CHECK THE APPROPRIATE BOX.

**GENERAL:**

- Weight loss or gain
- Fatigue
- Fever or Chills
- Weakness
- Trouble Sleeping:

**SKIN:**

- Rashes
- Lumps
- Itching
- Color changes
- Dryness
- Hair and nail changes

**HEAD:**

- Headaches
- Head injury
- Neck pain

**EARS:**

- Decreased hearing
- Ringing in ears
- Earaches
- Drainage

**EYES:**

- Vision Loss / Changes
- Glasses or contact
- Pain
- Redness
- Blurry or double vision
- Flashing lights
- Specks
- Glaucoma
- Cataracts
- Last eye exam

**NOSE:**

- Stuffiness
- Discharge
- Itching
- Hay fever
- Nose bleeds
- Sinus pain

**RESPIRATORY:**

- Cough / Wheezing
- Sputum
- Coughing up blood
- Shortness of breath
- Painful breathing

**CARDIOVASCULAR:**

- Chest pain or discomfort
- Tightness
- Palpitations
- Shortness of breath lying down
- Sudden awakening from sleep with shortness of breath

**GASTROINTESTINAL:**

- Swallowing difficulties
- Heartburn
- Change in appetite
- Nausea
- Change in bowel habits
- Rectal Bleeding
- Constipation
- Diarrhea
- Yellow eyes or skin

**URINARY:**

- Frequency / Urgency
- Burning or pain
- Blood in urine
- Incontinence
- Change in urinary strength

**THROAT:**

- Bleeding
- Dentures
- Sore tongue
- Dry mouth
- Hoarseness
- Thrush
- Non-healing sores

**VASCULAR:**

- Calf pain with walking
- Leg cramping

**MUSCULOSKELETAL:**

- Muscle or joint pain
- Stiffness
- Back pain
- Redness / Swelling of joints
- Trauma

**NEUROLOGIC:**

- Dizziness
- Fainting
- Seizures
- Weakness
- Numbness
- Tingling
- Tremors

**ENDOCRINE:**

- Heat or Cold intolerance
- Sweating
- Frequent urination
- Thirst
- Change in appetite

**BREAST:**

- Lumps
- Pain
- Discharge
- Self exams
- Breast feeding

**NECK:**

- Lumps
- Swollen glands
- Pain
- Stiffness

**PSYCHIATRIC:**

- Nervousness
- Stress
- Depression
- Memory Loss