

Spring Valley Family Medicine
 Health Review Form—Please answer yes or no to each question
 Please answer questions below based on things you have experienced RECENTLY

Name: _____ Date of Birth: _____

	YES	NO		YES	NO
General			Heavy periods		
Fevers			Severe menstrual cramps		
Chills			Musculoskeletal		
Abnormal weight gain			Back pain		
Abnormal weight loss			Neck pain		
Fatigue			Joint pain		
Eyes			Joint swelling		
Decreased vision			Muscle pain		
Double vision			Muscle weakness		
Eye pain			Skin		
Ears/Nose/Throat			Rash		
Decreased hearing			Change in moles		
Difficulty swallowing			Suspicious lesions		
Dizziness			Neurologic		
Hoarseness			Dizziness		
Sinus congestion			Fainting		
Sore throat			Headaches		
Runny nose			Numbness		
Ear ache			Weakness		
Cardiovascular			Seizures		
Chest pain			Tremors		
Fainting			Psychiatric		
Pain in legs with exertion			Anxiety		
Palpitations			Depression		
Shortness of breath at night			Suicidal thinking		
Shortness of breath when lying down			Eating disorder		
Shortness of breath with exertion			Endocrine		
Swelling of hands or feet			Cold intolerance		
Respiratory			Excessive urination		
Chest pain			Overly thirsty		
Shortness of breath			Heat intolerance		
Cough			Significant weight change		
Wheezing			Heme/Lymphatic		
Gastrointestinal			Abnormal bruising		
Abdominal pain			Bleeding		
Blood in stools			Enlarged lymph nodes		
Change in bowel habits			Allergic/Immunologic		
Constipation			Bee sting allergy		
Diarrhea			Food allergies		
Frequent indigestion			Hives (urticaria)		
Nausea			Persistent infections		
Vomiting			Breast		
Vomiting blood			Left breast lump		
Heartburn			Right breast lump		
Difficulty swallowing			Nipple discharge		
Genitourinary			Bloody discharge from nipple		
Abnormal vaginal discharge			Breast pain		
Decreased urine			Abnormal mammogram		
Painful urination			Breast enlargement		
Blood in urine					
Incontinence					
Up at night to urinate more than usual					
Urinating more frequently than usual					
Problems with urine stream					