



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Visit \_\_\_\_\_

**PLEASE CHECK ANY SYMPTOMS YOU ARE CURRENTLY EXPERIENCING**

General		Ear, Nose, Throat		Cardiovascular		Respiratory	
Weakness		Nosebleeds		Chest pain		Cough	
Fatigue		Loss of smell		Shortness of breath - lying down		Shortness of breath	
Chills		Sinus stuffiness		Shortness of breath - sitting		Wheezing	
Fever		Postnasal drip		Shortness of breath - walking		Coughing up blood	
Change in appetite		Loss of taste		Heart failure		Asthma	
Change in weight		Sore tongue		Swelling of legs		Tuberculosis (TB)	
Eyes		Bleeding gums		Palpitations/flutter		Pneumonia	
Blurry vision		Teeth problems		Hypertension (High blood pressure)			
Double vision		Hay fever		Leg pain while walking			
Glaucoma		Prolonged Hoarseness		Murmur			
Cataracts				Phlebitis			
Glasses				Varicose veins			
Sensitivity to light				Previous heart attack			
Problems with tears							

Gastrointestinal		Genitourinary	
Difficulty swallowing	Frequent gas	Pain on urination	Sexually transmitted diseases
Nausea (feel sick to stomach)	Easily filled by a meal	Urinate too frequently	Pain
Vomiting	Increased waist size	Urinate at night	Problems with orgasm
Vomiting blood	Yellow jaundice	Cannot hold urine	MEN
Belly pain	Hepatitis	Hesitation with urination	Penile drip
Diarrhea	Cirrhosis	Foul smelling urine	Swollen testicles
Constipation	Ulcers	Blood in urine	Enlarged Prostate
Small stools	Gallbladder problems	Pus/Cloudy urine	Impotence
Blood in stools	Pancreatitis	Dark urine	WOMEN
Black stools	Colitis	Pain around kidney areas	Painful periods
Hemorrhoids (piles)	Use antacids	Urinary infections	Itching
Bleeding from rectum	Use laxatives	Kidney stones	Vaginal discharge
Indigestion (belching)	Use aspirin	Sores	Infertility
		Decreased desire for sex	Abnormal bleeding

**PLEASE CHECK ANY SYMPTOMS YOU ARE CURRENTLY EXPERIENCING**

Musculoskeletal		Dermatology		Neurology		Psychiatric	
Joint pain		Nail problems		Headaches		Feelings of loneliness/unworthiness/despair	
Stiffness		Rash		Blackouts		Depression	
Joint swelling		Itching		Fainting		Anxiety	
Trauma (injury)		Change in skin color		Dizziness		Difficulty concentrating	
Muscle pain		Sensitivity to light		Seizures (fits)		Hallucinations (voices/visions)	
Muscle weakness				Paralysis		Sleep difficulties	
Leg cramps				Localized weakness		Rapid mood changes	
Back pain				Uncoordination		Loss of memory	
Limited Motion				Problems with walking		Suicidal thoughts or actions	
				Problems with balance			
				Problems with falls			
				Numbness/tingling			

Endocrine		Hematology	
Tremor		Anemia	
Nervousness		Bleeding	
Excess thirst		Easy bruising	
Excessive appetite		Swollen lymph glands	
Cold intolerance			
Heat intolerance			
Flushing of skin			
Low blood sugar			
Diabetes (sugar)			
Goiter (large thyroid)			
Change in hair			
Change in skin			
Change in nails			

<p>For Office Use Only</p> <p>Reviewed by _____</p> <p>Signature _____ Date ___/___/___</p>
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