

PATIENT NAME: _____

Check the appropriate box if you have or have had any of the following:

GENERAL HEALTH

- Weight loss
- Sleep disturbance
- Fever
- Unusual tiredness
- Appetite change
- Night sweats
- Depression
- Allergies
- Anemia
- Anxiety

SKIN

- Rashes
- Easy bruising
- Itching
- Unusual moles
- Skin cancer
- Change in texture
- Change in color

EAR, NOSE, THROAT

- Earache
- Hearing difficulty
- Ringing in ears
- Nosebleeds
- Sore throat
- Frequent colds
- Sinus infections
- Voice change/hoarseness
- Swollen neck glands

HEART AND LUNGS

- High blood pressure
- Chest pain
- Cough
- Asthma
- Pneumonia
- Breathing problems
- Sleep on more than one pillow
- Irregular heartbeats
- Rapid heart rate
- Lightheadedness or fainting
- Swollen ankles
- Heart attacks

GASTROINTESTINAL

- History of ulcers
- Abdominal pain
- Indigestion
- Nausea/Vomiting
- Constipation
- Diarrhea
- Liver disease
- Blood in stools

URINARY

- Pain with urination
- Frequent urination
- Kidney stones
- Blood in urine
- Loss of bladder control
- Difficulty starting urination

EYES

- Cataracts
- Eye pain
- Vision change
- Glaucoma
- Eye redness

WOMEN ONLY

- Irregular periods
- Vaginal itching
- Pain with intercourse
- Pelvic infection
- Abnormal PAP smear
- Menstrual cramping
- Hot flashes
- Breast lumps
- Nipple change
- Nipple discharge
- Are you pregnant?
- Date of last period _____

ENDOCRINE

- Thyroid problems
- Diabetes
- Unusual thirst
- Weight gain
- Hair loss
- Fingernail changes
- Mood swings
- Intolerance to heat or cold

NEUROLOGICAL

- Headaches
- Tremors
- Serious head injury
- Dizziness
- Numbness
- Muscle weakness
- Stroke
- Paralysis
- Memory problems
- Nervous breakdown

MUSCULOSKELETAL

- Broken bones
- Arthritis
- Joint pain
- Muscle pain
- Joint deformity
- Joint infection
- Dislocation
- Leg cramps
- Joint stiffness
- Neck pain
- Back pain

OTHER DISEASES :

- _____
- _____
- _____
- _____