

Patient Name: _____

PLEASE CHECK ALL CURRENT OR PAST SYMPTOMS THAT APPLY

DOB: _____

CONSTITUTIONAL

- _____ Fever/Chills
- _____ Weight loss _____
- _____ Weight gain _____
- _____ Dizziness
- _____ Weakness

SKIN

- _____ Lesion
- _____ Abscess
- _____ Skin disease
- _____ Eczema
- _____ Psoriasis
- _____ Change in mole
- _____ Rash
- _____ Pigment / color change
- _____ excessive bruising

EYES

- _____ blurred vision
- _____ blind spots
- _____ glaucoma
- _____ cataracts

EARS/NOSE/MOUTH/THROAT

- _____ ear infections
- _____ ringing in ears
- _____ discharge _____
- _____ frequent/severe cold
- _____ mouth pain
- _____ frequent sore throat
- _____ sores in mouth
- _____ dysphasia
- _____ hoarseness

ENDOCRINE

- _____ history of diabetes
- _____ excessive thirst
- _____ frequent urination
- _____ thyroid disease
- _____ intolerance to heat/cold
- _____ excessive sweating
- _____ nervousness / tremors
- _____ night sweats

CARDIOVASCULAR

- _____ chest pain
- _____ high blood pressure
- _____ heart disease
- _____ vascular / artery disease
- _____ palpitation
- _____ edema (swelling of hands/feet)
- _____ anemia
- _____ heart murmur

RESPIRATORY

- _____ asthma
- _____ COPD
- _____ emphysema
- _____ shortness of breath
- _____ wheezing
- _____ coughing
- _____ last chest x-ray (date _____)

GASTROINTESTINAL

- _____ heartburn _____ how long?
- _____ abdominal pain ____ how long?
- _____ nausea _____ how long?
- _____ vomiting _____ how long?
- _____ ulcers
- _____ change in bowel habits
- _____ constipation
- _____ diarrhea
- _____ rectal bleeding
- _____ hemorrhoids
- _____ history of gallbladder disease

GENTIAL -URINARY

- _____ kidney stones
- _____ blood in urine
- _____ frequency
- _____ night time frequency

MUSCULOSKELETAL

- _____ arthritis
- _____ gout
- _____ pain, stiffness in joints
- _____ muscle cramps
- _____ muscle weakness
- _____ difficulty walking
- _____ history of back pain
- _____ disc disease

NEUROLOGICAL

- _____ seizures
- _____ stroke
- _____ fainting
- _____ numbness / tingling
- _____ unusual/frequent headaches
- _____ head injury
- _____ dizziness (syncope)
- _____ vertigo

PSYCHIATRIC

- _____ depression
- _____ mental illness _____

LYMPHATIC

- _____ swollen lymph nodes

Reviewed by _____ Date _____

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