

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SS#: \_\_\_\_\_

**Constitutional Symptoms:**

- Weight Gain(within year)
- Fever
- Sleeping Difficulty
- Hot Flashes
- Weight Loss(within year)
- Chills
- Night Sweats

Comments: \_\_\_\_\_

**Eyes:**

- Blurred Vision
- Impairment
- Flashes
- Spots
- Double Vision
- Pain
- Discharge
- Itchiness
- Loss of Vision
- Redness
- Halos
- Contact Lenses\*  
(Very Important)

Comments: \_\_\_\_\_

**Ears:**

- Hearing Loss
- Abnormal Sounds
- Discharge
- Ringing
- Pain
- Bleeding
- Motion Sickness

Comments: \_\_\_\_\_

**Nose:**

- Acute / Chronic Pain
- Discharge
- Sneezing
- Congestion
- Infections
- Injuries
- Runny
- Polyps

Comments: \_\_\_\_\_

**Throat:**

- Snoring
- Sore
- Voice Change
- Pain
- Hoarseness
- Tonsils

Comments: \_\_\_\_\_

**Mouth:**

- Oral/Dental Problems
- Soreness
- Gum Problems
- Bleeding
- Swelling
- Ulcerations
- Palate
- Abnormal Taste

Comments: \_\_\_\_\_

**Cardiovascular:**

- Review of Past Diagnosis
- Results of Past Diagnosis
- Rapid/Skipped Beat
- Vomiting
- Surgical Procedures
- Chest Pain
- Multiple Pillows at Night
- PVD
- Shortness of Breath
- Ankle Swelling
- Murmurs
- Breathing Difficulty
- Leg cramping/weakness
- Nausea

Comments: \_\_\_\_\_

**Respiratory:**

- Past/Current Diagnosis
- Shortness of Breath
- Smoking
- Pain (Deep Breath)
- Asthma
- Cough
- Chest Pain
- Wheezing
- Sputum
- Blood

Comments: \_\_\_\_\_

**Gastrointestinal:**

- Abdominal Pain
- Hernias
- Irritable Bowel Syndrome
- Bloating
- Diarrhea
- Vomiting
- Bleeding/Black Tarry Stool
- Heartburn
- Constipation
- Flatus
- Appetite Change
- Choking Sensation

Comments: \_\_\_\_\_

**Genitourinary:**

- Kidneys
- Infections/Discharge
- Surgeries
- Prostate Problems
- STD's
- Stones
- Breast Problems
- Testicle Problems
- Last Pap Smear
- Menopause @ Age
- Menopausal Symptoms
- Decreased Stream
- Menstrual cycles(pain/flow)
- Last Menstrual Cycle
- Reproductive History

**Musculoskeletal**

- Joint Pain - Location
- Weakness of Limbs
- Muscle Spasms/Cramps
- Skin Rashes
- Paralysis
- Stiffness
- Deformities
- Limitation of movement
- Arthritis
- Joint Grinding
- Gout
- Back Problem/injuries

Comments: \_\_\_\_\_

**Dermatological( Skin )**

- Hives
- Bruise Easily
- Rashes
- Oily Skin
- Moles w/hair/ chg in color
- Brittle Nails
- Itching
- Eczema
- Dryness
- Surgical Incision Scars
- Lumps in Skin/Breast
- Cellulitis
- Change in Color / Hair Texture / Nail Texture

Comments: \_\_\_\_\_

**Neurological:**

- Seizures
- Tremors
- Fainting/ Pass Out
- Headaches/ Pain in Head
- Disequilibrium
- Confusion
- Speech Disorders
- Head Injuries
- Disorientation
- Memory Loss
- Numbness anywhere
- Decreased Cognitive Skills
- Disorder of Central Nervous System

Comments: \_\_\_\_\_

**Psychiatric:**

- Anxiety
- Depression
- Crying Spells
- Voices
- Shortness of Breath
- Hallucinations
- Palpitations
- Change in Appetite
- Decreased Libido
- Quality / Quantity of Sleep
- Anhedonia

Comments: \_\_\_\_\_

**Endocrine:**

- Hormonal Imbalance
- Change in Weight
- Constipation/Diarrhea
- Last Menstruaton \_\_\_\_\_
- Fatigue
- Sweating
- Polyphagia(Hunger)
- Hot / Cold Intolerance
- Goiter
- Breast / Nipple Discharge
- Palpitations
- Thyroid Problems
- Polydipsia (Chronic Thirst)
- History of Diabetes
- Change in Breasts
- Fertility Problems
- Polyuria (Chronic Urination)

Comments: \_\_\_\_\_

**Allergic / Immunological:**

- Medicine Allergies
- Rashes
- Hives
- Joint Swelling
- Red/Watery/Discharge Eyes
- Ear Infections
- Hay Fever
- Post Nasal Drip
- Asthma
- Food Intolerance
- History of Allergy Testing
- Sinus Problems

Comments: \_\_\_\_\_

**Other:** \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

