

Name: _____ Date: _____ Ht: _____ Wt: _____

Please check the boxes that have applied to you for the past 6 months:

CONSTITUTIONAL:

- ANOREXIA
- CHILLS
- FATIGUE
- FEVERS
- MALAISE (lack of energy)
- NIGHT SWEATS
- SWEATS
- WEIGHT LOSS

EYES:

- CATARACTS
- COLOR BLINDNESS
- CONTACTS/GLASSES
- GLAUCOMA
- IRRITATION
- REDNESS
- VISUAL DISTURBANCE

EARS/NOSE/MOUTH/ THROAT/FACE:

- EPISTAXIS (bloody noses)
- FACIAL TRAUMA
- HEARING LOSS
- HOARSENESS
- SNORING
- TINNITUS (ringing in ears)
- VOICE CHANGES

RESPIRATORY:

- ASTHMA
- CHRONIC BRONCHITIS
- COUGH
- DYSPNEA ON EXERTION
(shortness of breath)
- EMPHYSEMA
- HEMOPTYSIS (coughing up blood)
- PLEURISY/CHEST PAIN
- PNEUMONIA
- WHEEZING

HEMATOLOGY/LYMPHATIC:

- BLEEDING
- CLOTTING HISTORY
- EASY BRUISING
- LYMPHADENOPATHY
(swollen lymph nodes)
- MISCARRIAGES
- PETECHIAE (broken vessels)
- SICKLE CELL ANEMIA

CARDIOVASCULAR:

- CHEST PAIN
- CHEST PRESSURE/DISCOMFORT
- CLAUDICATION (leg pain w/exercise)
- DYSPNEA (difficulty breathing)
- EXERTIONAL CHEST
PRESSURE/DISCOMFORT
- FATIGUE
- IRREGULAR HEARTBEAT
- LOWER EXTREMITY EDEMA
(leg swelling)
- ORTHOPNEA
(shortness of breath when lying flat)
- PALPITATIONS
- SYNCOPE (passing out)
- VARICOSE VEINS

GASTROINTESTINAL:

- ABDOMINAL PAIN
- CHANGE IN BOWEL HABITS
- CONSTIPATION
- DIARRHEA
- DYSPHAGIA (difficulty swallowing)
- JAUNDICE (yellow skin)
- MELENA (black stools)
- NAUSEA
- REFLUX SYMPTOMS
- VOMITING

GENITOURINARY:

- DECREASED STREAM
- DYSURIA (pain with urination)
- FREQUENCY
- HEMATURIA (blood in urine)
- HESITANCY
- NOCTURIA (urinating at night)
- URINARY INCONTINENCE

INTEGUMENTARY:

- DRYNESS OF SKIN
- PRURITIS (itching)
- RASH
- SKIN COLOR CHANGE
- SKIN LESIONS
- BLEEDING VEINS

MUSCULOSKELETAL:

- ARTHRALGIAS
- BACK PAIN
- BONE PAIN
- MUSCLE WEAKNESS
- MYALGIAS (muscle pain)
- NECK PAIN
- STIFF JOINTS

NEUROLOGICAL:

- COORDINATION PROBLEMS
- DIZZINESS
- GAIT PROBLEMS
- HEADACHES
- MEMORY PROBLEMS
- PARESTHESIA (numbness)
- SEIZURES
- SPEECH PROBLEMS
- STROKE/TIA
- TREMORS
- VERTIGO
- WEAKNESS

BEHAVIORAL/PSYCH:

- ABUSIVE RELATIONSHIP
- ADHD (Attention Deficit)
- AGGRESSIVE BEHAVIOR
- ANOREXIA
- ANXIETY
- BEHAVIOR PROBLEMS
- BIPOLAR
- BORDERLINE PERSONALITY DISORDER
- DEPRESSION
- EXCESSIVE ALCOHOL CONSUMPTION
- ILLEGAL DRUG USE
- LEARNING DIFFICULTY
- MOOD SWINGS
- OBESITY
- OBSESSIVE COMPULSIVE DISORDER

ENDOCRINE:

- DIABETIC SYMPTOMS
- FERTILITY PROBLEMS
- TEMPERATURE INTOLERANCE
- THYROID DISEASE

ALLERGY/IMMUNE:

- ANAPHYLAXIS
- ANGIOEDEMA (swelling/hives)
- HAY FEVER
- URTICARIA (hives)