

Please check the symptoms that you are currently experiencing or have in the past few weeks.

GENERAL

Fever	Yes	No
Fatigue	Yes	No
Headaches	Yes	No
Weight change	Yes	No

EYES

Eye disease or injury	Yes	No
Blurred or double vision	Yes	No
Glaucoma	Yes	No

ENT

Hearing loss	Yes	No
ringing in ears	Yes	No
Sinus problems	Yes	No
Nose bleeds	Yes	No
Mouth sores	Yes	No
Bleeding gums	Yes	No
Bad breath	Yes	No
Sore throat	Yes	No
Hoarseness	Yes	No

CARDIAC

Chest pain	Yes	No
Rapid heart beat	Yes	No
Heart attack	Yes	No
Heart murmur	Yes	No

RESPIRATORY

Cough	Yes	No
Spitting blood	Yes	No
Shortness of breath	Yes	No
Wheezing	Yes	No

SKIN

Rash	Yes	No
Itching	Yes	No
Change in skin color	Yes	No
Change in hair	Yes	No
Change in nails	Yes	No

ENDOCRINE

Thyroid disease	Yes	No
Diabetes	Yes	No
Taking prednisone	Yes	No
Increase thirst or urination	Yes	No

GENITOURINARY

Painful urination	Yes	No
Blood in urine	Yes	No
Incontinence	Yes	No
Dribbling	Yes	No
Kidney Stones	Yes	No

GASTROINTESTINAL

Loss of appetite	Yes	No
Change in bowel movements	Yes	No
Diarrhea	Yes	No
Constipation	Yes	No
Blood in stool	Yes	No
Difficulty swallowing	Yes	No
Abdominal pain	Yes	No
Jaundice	Yes	No
Black stools	Yes	No
Family history of colon cancer	Yes	No
Family history of colon polyps	Yes	No
Family history of Colitis	Yes	No
Family history of Crohn's Disease	Yes	No

MUSCULOSKELETAL

Joint pain	Yes	No
Joint swelling	Yes	No
Cold extremities	Yes	No
Back pain	Yes	No

NEUROLOGICAL

Seizures	Yes	No
Tremors	Yes	No
Stroke	Yes	No
Numbness or tingling	Yes	No

HEMATOLOGICAL

Easy bruising	Yes	No
Transfusions	Yes	No
Anemia	Yes	No
Enlarged glands	Yes	No

Do you Smoke?	Yes	No
Have you been a smoker in past?	Yes	No
If so, When did you quit? _____		
Do you drink Alcohol?	Yes	No
If yes, how many drinks per week? _____		

LIST OF MEDICATIONS AND DOSAGES

ALLERGIES: _____

Race: please circle one: American Indian/AlaskanAsian Black Caucasian Pacific Islander Other Decline

Ethnicity: Please circle one: Hispanic Non-Hispanic Decline **Language:** _____

E-Mail: _____@_____

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____