

Patient Name:	Date:	Date of Review:
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GENERAL

- Weight Loss/Gain
- Fever
- Night Sweats
- Trouble Sleeping
- Morning Headache
- Can't Stand Hot Weather
- Can't Stand Cold Weather
- Skin Issues/Rash/Itching

HEAD, EYES, EARS, NOSE, THROAT

- Dizziness
- Severe Headaches
- Double Vision
- Poor Eyesight
- Ear/Hearing Trouble
- Sinus/Nose Trouble
- Persistent Hoarseness
- Teeth Trouble
- Sore Mouth

LUNGS

- Daily Cough
- Daily Cough with Phlegm
- Coughing Blood
- Persistent Wheezing
- Shortness of Breath
- Chest Pain When Breathing

HEART/CIRCULATION

- Chest Pain When Walking
- Heart Palpitation
- Leg Vein Trouble
- Leg Pain When Walking
- Let/Ankle Swelling

URINARY

- Frequent Urination
- Painful Urination
- Bloody Urine Trouble Starting Urination
- Urinate More Than 2X Night
- Trouble Stopping Urine

STOMACH/INTESTINAL

- Trouble Swallowing
- Frequent or Severe Nausea
- Frequent or Severe Heartburn
- Frequent Indigestion
- Frequent or Severe Stomach Pain
- Frequent or Severe Vomiting
- Vomiting Blood
- Yellow Jaundice
- Bowel Habit Change
- Prolonged or Frequent Diarrhea
- Constipation
- Blood in Bowel Movements
- Hemorrhoids

BONES, JOINTS, MUSCLES

- Joint Pain & Swelling

NERVOUS SYSTEM

- Lack of Energy
- Frequent Loss of Balance
- Fainting Spells
- Seizures
- Tremor
- Paralysis
- Numbness
- Difficulty Concentrating
- Depression/Feeling Blue
- Trouble Getting Along with People

MALES

- Discharge from Penis
- Testicle Trouble
- Sexual Trouble

FEMALES

- Breast Lumps
- Unusual Bleeding or Discharge from Vagina
- Sexual Trouble
- When Was Your Last Pap Smear? _____