

Date:

Patient Name:

Medical Provider:



<i>Please check YES to any that apply</i>					
	Yes	Comments		Yes	Comments
General Symptoms:			Head/Eye/Ear/Nose/Throat:		
Change of appetite			Frequent Headaches		
Depression (sadness)			Blurred Vision		
Dizziness/fainting			Double vision		
Decreased sex drive			Eye pain		
Breast lump/discharge			Glasses/contacts		
Memory loss			Date of last eye exam		
Fever/chills			Decreased hearing		
Excessive sweating			Ear discharge		
Weight change			Ear pain		
Sensitivity to heat or cold			Ringing in ears		
Fatigue			Frequent nose bleeds		
Weakness			Loss of smell or taste		
Daytime Sleepiness			Sinus problems		
Falling			Persistent Hoarseness		
Slurred Speech			Sore throat/tongue		
			Sore or bleeding gums		
Heart or Respiratory:					
Chest pain/discomfort			Skin:		
Chronic/frequent cough			Changes in nail/hair		
Difficulty breathing			Easy bleeding or bruising		
Heart palpitations/flutterers			Hives		
Shortness of breath			Rashes		
Productive cough			Changing moles		
Coughing blood					
W heezing			Genito-Urinary:		
			Blood in urine		
Muscles and Joints:			Dark Urine		
Backaches			Difficulty starting urination		
Enlarged veins			Painful urination		
Joint pain or stiffness			Frequent Urination		
Leg cramps (walking)			Increased Thirst		
Leg cramps (at night)					
Poor coordination			Intestinal		
Swelling hands/feet/ankles			Painful swallowing		
			Heartburn		
Women Only:			Nausea or Vomiting		
Date of last period			Constipation or Diarrhea		
Spotting between periods			Blood in stool		
heavy menstrual flow			Frequent stomach ache		
Pain or cramping					
Pain w/intercourse			Men Only:		
			Discharge from penis		
Other Not Listed:			Pain or lump in testicles		
			Impotence		

Medical Provider notes: