

Name _____ DOB _____ Date _____

Please check all that currently apply or are things you would like to discuss.

General	
Fever/chills	
Weight gain	
Weight loss	
Excessive fatigue	
Skin	
Skin itching	
Rash	
Worrisome skin lesions	
Excessively dry skin	
Easy bruising	
Ears/Nose/Throat	
Hearing loss	
Ringing in ears	
Ear pain	
Nosebleeds	
Swollen gland	
Trouble swallowing	
Environmental allergies	
Eyes	
Blurred/loss of vision	
Eye pain	
Double vision	
Eye redness	

Cardiac	
Chest pain	
Palpitations	
Leg swelling	
Leg pain with walking	
Respiratory	
Cough	
Sputum production	
Shortness of breath	
Coughing up blood	
Wheezing	
GI	
Nausea/vomiting	
Loss of appetite	
Abdominal pain	
Rectal bleeding	
Diarrhea	
Constipation	
Hemorrhoids	
Endocrine	
Sweats/hot flashes	
Excessive thirst	
Feeling cold all the time	
Hair loss	
Abnormal hair growth	

Genitourinary - female	
Burning with urination	
Urinating at night	
Urinary urgency	
Blood in urine	
Vaginal discharge	
Pain with intercourse	
Painful/heavy periods	
Musculoskeletal	
Muscle pain	
Joint pain	
Neck/back pain	
Falling/poor balance	
Neurologic	
Headaches	
Dizziness	
Numbness/tingling	
Tremor	
Weakness	
Fainting	
Psychiatric	
Depression symptoms	
Anxiety symptoms	
Sleep issues	
Suicidal ideas	