



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*PLEASE MARK ONLY THOSE THAT APPLY\*\*\*

**EYES, EAR, NOSE & THROAT**

- Nosebleeds
- Bleeding Gums
- Sore Throat, Mouth or Tongue
- Persistent Hoarseness
- Ringing in Ears
- Hearing Loss

**LUNGS**

- Cough
- Productive Cough
- Coughing Blood
- Shortness of Breath
- Chest Pain When Breathing

**HEART & CIRCULATION**

- Chest pain when walking
- Heart racing/palpitations
- Leg pain when walking
- Ankle swelling
- Shortness of breath with exertion

**STOMACH & GASTROINTESTINAL**

- Trouble swallowing
- Nausea or vomiting
- Indigestion or heartburn
- Stomach pain
- Vomiting blood
- Bowel habit change
- Diarrhea
- Constipation
- Blood in bowel movements
- Black bowel movements
- Hemorrhoids (piles)
- Loss of appetite

**BONE, JOINTS & MUSCLES**

- Joint pains or swelling
- Leg weakness
- Back Pain
- Swelling of legs/arms

**URINARY**

- Frequent Urination
- Painful Urination
- Bloody Urine
- Trouble Urinating

**NERVOUS SYSTEMS**

- Double Vision
- Headaches
- Dizziness or faint spells
- Loss of balance
- Lack of energy
- Convulsions/seizures
- Tremors/shaking/trembling
- Paralysis
- Numbness/tingling
- Nervousness
- Trouble sleeping
- Trouble Concentrating
- Memory Trouble
- Depression/ feeling "blue"

**MALES**

- Sexual Trouble
- Swelling of Genitals
- Genital Discharge

**FEMALES**

- Sexual Trouble
- Breast Lump or Discharge
- Unusual Vaginal Bleeding
- Unusual Vaginal Discharge

**SKIN**

- Skin Rash or Itching
- Change in Nails

**PAIN**

- Uncontrolled Pain
- 1-10 scale (1 = best 10 = worst)

**GENERAL**

- Weight loss
- Unexplained Fever
- Chills/night sweat/hot flashes

Patient Being Seen by Dr. \_\_\_\_\_ M. D. Today