

Patient Name _____ Date _____

Please Circle Problems That Are Bothering You.

General:

Unexplained weight loss	Intentional weight loss	Unexplained weight gain	Loss of appetite
Fatigue	Night sweats		

Eyes:

Do you see an eye doctor? Yes / No

Glasses/Contact	Glaucoma	Macular Degeneration	Other vision problems
Dry Eye	Cataracts		_____

Head and Neck:

Do you see a dentist regularly? Yes / No

Severe Headaches	ringing in ears	Nasal congestion	Dentures
Migraines	Decreased hearing	Nasal discharge	Mouth sores
Recent head injury	Nasal allergies	Nosebleeds	Dry mouth
Lightheadedness	Allergy shots	Sore Throat	Hoarseness
Dizziness/Vertigo	Sinus pain/fullness	Neck mass or swelling	Snoring
Ear pain	Sinus infections		

Breast:

Lumps	Nipple discharge	Tenderness	Skin change
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Heart and Vessels:

Chest Pain	High blood pressure	Black-out spells	Racing heart
Leg cramps with walking	High Cholesterol/lipids	Short of breath in bed	Varicose veins
Irregular heart beats	Heart murmur	Ankle/foot swelling	Clots in veins/lungs

Lungs:

Do you get flu shots? Yes / No

Cough	Asthma	Abnormal Sputum	Exposure to TB
Shortness of breath	Wheezing	Blood in Sputum	(tuberculosis)

Stomach and Bowels:

Have you had hepatitis shots? Yes / No

Trouble swallowing	Vomiting	Constipation	Hemorrhoids
Heartburn	Vomiting blood	Diarrhea	Stool leakage
Reflux of food or acid	Abdominal pain	Bloody or black stools	Colon polyps
Nausea	Bloating	Change in bowel habits	Hepatitis/liver disease

Urinary:

Burning with urination	Frequent urine infections	Urine urgency	Kidney stones
Blood in urine	Urine leakage	Kidney infections	Kidney disease

Skin:

Rash	Previous skin cancer	Psoriasis	Abnormal hair loss
Severe itching	New skin lesions	Acne	Pigmentation changes
Eczema	Changes to old lesions	Excessive hair	Nail changes

Neurologic:

Stroke	Seizures	Loss of balance	Muscle weakness
Temporary one-sided weakness/numbness	Tremors	Speech difficulties	Tingling/numbness
	Restless legs	Loss of coordination	Loss of memory

Bone and Joint:

Joint Pain: Which Joints? _____	Muscle pain	Back pain	Bunions
_____	Muscle cramps	Rheumatoid arthritis	Plantar fasciitis
	Nighttime leg cramps	Fibromyalgia	Other: _____

Endocrine:

Diabetes	Gestational diabetes	Metabolic syndrome	Thyroid disorder
Low sugar reactions	Polycystic ovaries	Prolonged use of steroids	High sugars

Mood:

Depression	Anxiety	Difficulty sleeping	Excessive anger
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Blood:

Easy bleeding/bruising	Anticoagulation	B-12 deficiency	Clotting disorder
Lymph nod enlargement	Anemia	Polycythemia	

Men:

Are you circumcised? Yes / No *Have you had a Vasectomy? Yes / No*

Penis sores or warts	Poor/No erections	Pain/lump in scrotum	Nighttime urination
Penis Discharge	Loss of interest in sex	Difficulty voiding	Slow stream/dribbling

Women:

Have you had your tubes tied? Yes / No

Genital Lesions/ulcers	Irregular periods	Abnormal lack of periods	Loss of interest in sex
Vaginal discharge	Heavy periods	Hot flashes	Painful intercourse
Vaginal spotting/bleeding	Painful periods	Possible pregnancy	Contraception? _____

Other:

Do you use sunscreen when outside? Yes / No	Do you wear a seatbelt? Yes / No
What Exercise do you do? _____	How Much? _____
Do you use tobacco? _____	How Much? _____
Do you use alcohol? _____	How Much? _____
Do you use drugs? _____	How Much? _____

Is there any change in your Family History?

Have you had any surgeries in the past year?

Have you had any procedures in the past year?
