NAME_____

Review of Symptoms – please check any symptoms you are currently experiencing:

GENERAL
- □ Fatigue
- □ Fever
- □ Chills
- □ Weight Loss
- □ Weight Gain
- □ Other: _____

EYES
- □ White Spots
- □ Floaters
- □ Double Vision
- □ Blurry Vision
- □ Watery Discharge
- □ Mucus Discharge
- □ Pus Discharge
- □ Itching
- □ Other: _____

ENT/MOUTH
- □ Loss of Hearing
- □ Earache
- □ Ringing in the Ears
- □ Nosebleeds
- □ Hoarseness
- □ Sore Throat
- □ Bleeding Gums
- □ Difficulty Swallowing
- □ Snoring
- □ Other: _____

CARDIOVASCULAR
- □ Chest Pain
- □ Palpitations
- □ Swelling in feet
- □ Swelling ankles
- □ Leg pain w/work
- □ Varicose Vein
- □ Poor Circulation
- □ Other: _____

RESPIRATORY
- □ Chest Tightness
- □ Shortness of Breath
- □ Cough
- □ Coughing up blood
- □ Wheezing
- □ Other: _____

GASTROINTESTINAL
- □ Diarrhea
- □ Constipation
- □ Blood in Stool
- □ Heartburn / Reflux
- □ Nausea / Vomiting
- □ Abdominal Pain
- □ Hemorrhoids
- □ Decreased Appetite
- □ Increased Appetite
- □ Other: _____

GENITOURINARY
- □ Painful Urination
- □ Blood in Urine
- □ Frequency of Urination
- □ Lack of bladder control
- □ Frequent night-time urination
- □ Urinary urgency
- □ Hesitancy
- □ Dribbling
- □ Other: _____

MUSCULOSKELETAL
- □ Neck Pain
- □ Back Pain
- □ Joint Pain
- □ Joint Swelling
- □ Muscle aches
- □ Pain in the lower extremities
- □ Other: _____

BREAST
- □ Breast Pain
- □ Nipple discharge
- □ Breast lump
- □ Other: _____

SKIN
- □ Rash
- □ Sore that won't heal
- □ Itching
- □ Change in mole
- □ Other: _____

NEUROLOGICAL
- □ Headache
- □ Lightheadedness
- □ Dizziness
- □ Memory lapses or loss
- □ Lost periods of time
- □ Numbness
- □ Other: _____

PYSCHIATRIC
- □ Difficulty falling asleep
- □ Early awakening from sleep
- □ Nervous or anxious
- □ Suicidal
- □ Crying for no reason
- □ Emotionally hypersensitive
- □ Feeling depressed
- □ Other: _____

ENDOCRINE
- □ Excessive Thirst
- □ Excess Sweating
- □ Hot Flashes
- □ Night Sweats
- □ Weakness
- □ Other: _____

HEMATOLOGIC/LYMPHATIC
- □ Tendency for easy bleeding
- □ Tendency for easy bruising
- □ Other: _____

ALLERGIC/IMMUNOLOGIC
- □ Allergies to foods
- □ Allergy to pollen
- □ Allergy to dust
- □ Allergy to animals
- □ Allergy to molds
- □ Other: _____

Men only
- □ Penile sores
- □ Testicular swelling
- □ Premature ejaculation
- □ Inadequacy of penile erection
- □ Penile discharge
- □ Enlarged prostate
- □ Decreased interest in sex
- □ Other: _____

Women only
- □ Severe menstrual pain
- □ Vaginal discharge
- □ Irregular menses cycle
- □ Bleeding after sexual intercourse
- □ Pain during intercourse
- □ Decreased interest in sex
- □ Other: _____

Women's GYN History

Last Period: _____

Last PAP Smear: _____

# of pregnancies: _____

# of living children: _____

# of abortions: _____

# of miscarriages: _____

Birth Control Method: _____

MEDICAL CONDITIONS (Check the conditions you currently have or have had in the past):

- □ Acne
- □ AIDS / HIV
- □ Alcoholism
- □ Allergies
- □ Anemia
- □ Anorexia
- □ Anxiety
- □ Arthritis
- □ Asthma
- □ Bipolar Depression
- □ Blindness
- □ Blood clots
- □ Bulimia
- □ Cancer [type]:_____
- □ Carpal Tunnel Syndrome
- □ Cataracts
- □ Chicken Pox
- □ Chlamydia
- □ Chronic Bronchitis
- □ Deafness
- □ Depression
- □ Diabetes
- □ Diverticulosis
- □ Eczema
- □ Emphysema
- □ Epilepsy
- □ Fibromyalgia
- □ Fractures [broken bones]
- □ Gallbladder Disease
- □ Genital Warts
- □ Glaucoma
- □ Goiter
- □ Gonorrhea
- □ Gout
- □ Heart Murmur
- □ Heart Disease
- □ Heart Failure
- □ Hepatitis: [A B C]
- □ Hernia
- □ Herpes
- □ High Cholesterol
- □ High Blood Pressure
- □ Irritable Bowel Syndrome
- □ Kidney Disease
- □ Kidney Stones
- □ Liver Disease
- □ Lupus
- □ Menopause
- □ Meningitis
- □ Migraines
- □ Mononucleosis
- □ Multiple Sclerosis
- □ Obesity
- □ Osteoporosis
- □ Pacemaker
- □ Pancreatitis
- □ Prostate problems
- □ Psoriasis
- □ Rheumatoid Arthritis
- □ Schizophrenia
- □ Stomach Ulcers
- □ Scoliosis
- □ Sickle Cell Disease
- □ Sickle Cell Trait
- □ Skin Cancer
- □ Stroke
- □ Suicide Attempt
- □ Syphilis
- □ Thyroid Disease
- □ Tuberculosis
- □ Other: _____
- □ Other: _____