

Today's Date \_\_\_\_\_

Constitutional Symptoms

Recent Headaches..... No Yes  
 Recent Weight Change..... No Yes  
 Recent Fever..... No Yes  
 Recent Fatigue..... No Yes

Eyes

Eye Disease or Injury..... No Yes  
 Wear Glasses/Contacts..... No Yes  
 Blurred/Double Vision..... No Yes  
 Glaucoma..... No Yes  
 Recent Eye Exam..... No Yes

Ears/Nose/mouth/Throat

Hearing Loss/Ringing..... No Yes  
 Earaches or Drainage..... No Yes  
 Chronic Sinus Problems..... No Yes  
 Nose Bleeds..... No Yes  
 Mouth Sores..... No Yes  
 Bleeding Gums..... No Yes  
 Bad Breath or Taste..... No Yes  
 Sore Throat/Voice Change... No Yes  
 Swollen Glands in Neck..... No Yes  
 Recent Dental Care No Yes

Cardiovascular

Heart Trouble/Disease..... No Yes  
 Chest Pain..... No Yes  
 Palpitations..... No Yes  
 Shortness of Breath..... No Yes  
 Swelling of Feet/Ankles..... No Yes  
 High Blood Pressure..... No Yes

Respiratory

Chronic/Frequent Cough... No Yes  
 Spitting Up Blood..... No Yes  
 Asthma..... No Yes  
 Wheezing..... No Yes  
 Sleep Apnea..... No Yes

Gastrointestinal

Loss of appetite..... No Yes  
 Nausea/Vomiting..... No Yes  
 Rectal Bleeding..... No Yes  
 Abdominal Pain..... No Yes  
 Ulcer..... No Yes

Psychiatric

Nervousness..... No Yes  
 Depression..... No Yes  
 Insomnia..... No Yes

Genitourinary

Frequent Urination..... No Yes  
 Incontinence..... No Yes  
 Blood in Urine..... No Yes

SYSTEM REVIEW

Musculoskeletal

Joint Pain..... No Yes  
 Weakness of Muscles..... No Yes  
 Muscle Pain/Cramps..... No Yes  
 Difficulty Walking..... No Yes  
 Arthritis..... No Yes

Neurological

Frequent Headaches..... No Yes  
 Recurring Headaches..... No Yes  
 Seizures/Convulsions..... No Yes  
 Numbness/Tingling..... No Yes  
 Tremors..... No Yes  
 Paralysis..... No Yes  
 Stroke..... No Yes  
 Head Injury..... No Yes  
 Memory Loss..... No Yes

Endocrine

Glandular/Hormone..... No Yes  
 Thyroid Disease..... No Yes  
 Diabetes..... No Yes  
 Excessive Thirst..... No Yes  
 Heat/Cold Intolerance..... No Yes

Hematologic/Lymphatic

Slow to Heal..... No Yes  
 Easy Bruising/Bleeding..... No Yes  
 Anemia..... No Yes  
 Hepatitis..... No Yes  
 HIV..... No Yes

Allergic/Immunologic – Have you ever had a bad reaction to any of the following?

Antibiotics..... No Yes  
 Penicillin..... No Yes  
 Morphine/Demerol/Codeine..... No Yes  
 Aspirin..... No Yes  
 Tetanus or Other Serum..... No Yes  
 Iodine..... No Yes  
 Shell Fish..... No Yes  
 Narcotics..... No Yes  
 Anesthesia..... No Yes  
 Acute Infections..... No Yes  
 Latex..... No Yes

Other \_\_\_\_\_

Skin

Any History of Skin Cancer No Yes  
 Any New or Changing Lesions No Yes  
 Non-Healing Areas No Yes

Cancer/Other \_\_\_\_\_

Signature \_\_\_\_\_