

Patient's Name _____ Today's Date _____

Please complete the following: Mark (x) for current problems.

CONSTITUTIONAL

- Recent weight changes
- Fever
- Fatigue
- Loss of appetite

EYES

- Change in vision
- Blurred/double vision

CARDIOVASCULAR

- Chest pain/tightness
- Palpitations

RESPIRATORY

- Shortness of breath
- Wheezing
- Cough

GASTROINTESTINAL

- Trouble swallowing
- Nausea/vomiting
- Heartburn

SKIN

- Rash
- Itching
- Changing/bleeding moles
- Hives

ENDOCRINE

- Heat or cold intolerance
- Excessive thirst/urination

HEMATOLOGIC/IMMUNOLOGIC

- Swollen nodes
- Anemia
- Fever/chills

NEUROLOGICAL

- Headaches
- Seizures
- Numbness

MUSCULOSKELETAL

- Joint/muscle pain

EARS

- Ear pain
- Ear discharge
- Ear bleeding
- Ear itching
- Q-tip use
- Hearing loss
- Ringing in ears
- Vertigo/dizziness

NOSE

- Nasal congestion
- Itchy nose
- Sneezing
- Nasal pain
- Facial tenderness
- Nose bleeding
- Nasal discharge
- Decreased smell

MOUTH/THROAT

- Hoarseness
- Non-healing mouth lesion
- Mouth bleeding
- Mouth pain
- Throat swelling
- Mouth odor
- Difficulty speaking
- Snoring
- Voice change
- Throat clearing
- Lump in the throat