

GENERAL SYMPTOMS Check (✓) symptoms you currently have or have had in the past year.**GENERAL**

- ☐ Bruise easily
- ☐ Chills
- ☐ Dental problems
- ☐ Depression
- ☐ Difficulty sleeping
- ☐ Dizziness
- ☐ Fainting
- ☐ Fever
- ☐ Forgetfulness
- ☐ Headache
- ☐ Loss of sleep
- ☐ Loss of weight
- ☐ Nervousness
- ☐ Numbness
- ☐ Sweats
- ☐ Tiredness
- ☐ Weight gain

GENITO-URINARY

- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Lack of bladder control
- ☐ Painful urination

GASTROINTESTINAL

- ☐ Appetite poor
- ☐ Bloating
- ☐ Bowel changes
- ☐ Constipation
- ☐ Diarrhea
- ☐ Excessive hunger
- ☐ Excessive thirst
- ☐ Gas
- ☐ Hemorrhoids
- ☐ Indigestion
- ☐ Nausea
- ☐ Rectal bleeding
- ☐ Stomach pain
- ☐ Vomiting
- ☐ Vomiting blood

CARDIOVASCULAR

- ☐ Chest pain
- ☐ High blood pressure
- ☐ Irregular heart beat
- ☐ Low blood pressure
- ☐ Poor circulation
- ☐ Rapid heart beat
- ☐ Swelling of ankles
- ☐ Varicose veins

EYE, EAR, NOSE, THROAT

- ☐ Bleeding gums
- ☐ Blurred vision
- ☐ Crossed eyes
- ☐ Difficulty swallowing
- ☐ Double vision
- ☐ Earache
- ☐ Ear discharge
- ☐ Hay fever
- ☐ Hoarseness
- ☐ Loss of hearing
- ☐ Nosebleeds
- ☐ Persistent cough
- ☐ Ringing in ears
- ☐ Sinus problems
- ☐ Vision - flashes
- ☐ Vision - halos

SKIN

- ☐ Bruise easily
- ☐ Hives
- ☐ Itching
- ☐ Change in moles
- ☐ Rash
- ☐ Scars
- ☐ Sore that won't heal

MEN only

- ☐ Breast lump
- ☐ Erection difficulties
- ☐ Lump in testicles
- ☐ Penis discharge
- ☐ Sore on penis
- ☐ Other

WOMEN only

- ☐ Abnormal pap smear
- ☐ Bleeding between periods
- ☐ Breast lump
- ☐ Extreme menstrual pain
- ☐ Hot flashes
- ☐ Nipple discharge
- ☐ Painful intercourse
- ☐ Vaginal discharge
- ☐ Other

Date of last menstrual period _____

Date of last Pap Smear _____

Have you had a mammogram? _____

Are you pregnant? _____

Number of children _____

NECK, BACK, EXTREMITIES Check (✓) symptoms you currently have or have had in the past year.**NECK**

- ☐ Pain in neck
- ☐ Neck stiffness
- ☐ Neck weakness
- ☐ Pinched nerve in neck
- ☐ Neck feels out of place
- ☐ Muscle spasms in neck
- ☐ Grinding/popping sounds in neck

SHOULDERS

- | | | |
|--|----------------------------|----------------------------|
| | Right | Left |
| <input type="checkbox"/> Pain in shoulder joint | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain across shoulders | | |
| <input type="checkbox"/> Can't raise arm | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Above shoulder level | | |
| <input type="checkbox"/> Over head | | |
| <input type="checkbox"/> Tension in shoulders | | |
| <input type="checkbox"/> Pinched nerve in shoulder | <input type="checkbox"/> R | <input type="checkbox"/> L |

MID-BACK

- ☐ Mid-back pain
- ☐ Mid-back stiffness
- ☐ Pain between shoulder blades

- ☐ Pain from front to back
- ☐ Muscle spasms in mid-back

ARMS & HANDS

- | | | |
|--|----------------------------|----------------------------|
| | Right | Left |
| <input type="checkbox"/> Pain in upper arm | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in elbow | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in forearm | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in hand | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in fingers | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pins & needles in arm | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pins & needles in fingers | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Numbness in arm | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Numbness in fingers | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Weakness of arm | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Weakness of hand | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Hands cold | <input type="checkbox"/> R | <input type="checkbox"/> L |

LOW BACK

- ☐ Low back pain
- ☐ Low back stiffness
- ☐ Low back weakness
- ☐ Pinched nerve in low back

- ☐ Low back feels out of place
- ☐ Muscle spasms in low back

HIPS, LEGS & FEET

- | | | |
|--|----------------------------|----------------------------|
| | Right | Left |
| <input type="checkbox"/> Pain in buttocks | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in hip joint | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain down leg | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in knee | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in ankle | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pain in foot | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Weakness of leg | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Weakness of knee | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Leg cramps | <input type="checkbox"/> R | <input type="checkbox"/> L |

OTHER SYMPTOMS

Patient Signature

Date

Reviewed by

Doctor

Date