

PLEASE CIRCLE ALL THAT REGULARLY PERTAIN TO YOU

DATE: _____

Constitutional Symptoms	
Normal activity and energy	No Yes
Change in appetite	No Yes
Weight loss or gain	No Yes
Malaise (depression)	No Yes
Chills	No Yes
Fever	No Yes
Diaphoresis (sweating)	No Yes
Eyes	
Vision changes	No Yes
Diplopia (double vision)	No Yes
Ears, Nose & Throat	
Tinnitus (ringing in ears)	No Yes
Hearing Loss	No Yes
Gum Bleeding	No Yes
Epistaxis (nose bleed)	No Yes
Hoarseness	No Yes
Dysphagia (hard to swallow)	No Yes
Sinus congestion or pain	No Yes
Respiratory	
Recent respiratory infections	No Yes
Dyspnea (shortness of breath)	No Yes
Cough	No Yes
Hemoptysis (blood in sputum)	No Yes
Wheezing	No Yes
Cardiovascular	
Chest pain	No Yes
Palpitations	No Yes
Tachycardia (fast heart rate)	No Yes
Arrhythmia	No Yes
Tacharrhythmia	No Yes
Shortness of Breath (reclining)	No Yes
Shortness of Breath (exertion)	No Yes
Shortness of breath (night)	No Yes
Gastrointestinal	
Food Intolerance	No Yes
Abdominal pain	No Yes
Nausea	No Yes
Vomiting	No Yes
Bloating	No Yes
Diarrhea (chronic)	No Yes
Constipation (chronic)	No Yes
Melena (black stool)	No Yes
Hematochezia (blood in stool)	No Yes
"Normal" stool	No Yes
Loss of appetite	No Yes

Musculoskeletal	
Joint pain/stiffness	No Yes
Weakness	No Yes
Swelling	No Yes
Inflammation	No Yes
Restriction of motion	No Yes
Atrophy	No Yes
Backache	No Yes
Neurologic	
Weakness	No Yes
Dizziness	No Yes
Problems with:	No Yes
Vision	No Yes
Speech	No Yes
Touch sensation	No Yes
Gait	No Yes
Balance	No Yes
Fine motor control	No Yes
Memory	No Yes
Loss of consciousness	No Yes
Transient ischemic symptoms	No Yes
Seizures	No Yes
Integument (skin & breast)	
Rashes	No Yes
Non-healing lesions	No Yes
Breast masses	No Yes
Psychiatric	
Increase nervousness	No Yes
Mood changes	No Yes
Depression	No Yes
Coping well	No Yes
Endocrine	
Thyroid trouble	No Yes
Heat or cold intolerance	No Yes
Diabetes	No Yes
Excessive thirst	No Yes
Hunger	No Yes
Excessive urination	No Yes
Blood Disorders	
Anemia	No Yes
Easy bruising	No Yes
Easy bleeder	No Yes
Swollen nodes	No Yes