

Name:

Date:

Endocrine	Yes	No
Thyroid disease		
Diabetes		
Gland/hormone problem		
Heat/cold intolerance		

Neurological	YES	NO
Frequent headaches		
Dizzy/light headed		
Convulsions/seizures		
Tremors		
Paralysis		
Stroke		
Head injury		
Spine injury		

Constitutional Symptoms	YES	NO
Good general health lately		
Recent-weight change		
Fever		
Fatigue		
Headaches		

Integumentary(Skin)	YES	NO
Rash or itching		
Change in skin color		

Genitourinary	YES	NO
Frequent urination		
Burning/painful urination		
Incontinence		
Male: testical pain		
Female: pelvic pain		
Female: # of prenanacias? # of miscarriages?		

Eyes	YES	NO
Eye disease/injury		
Glasses/ contacts		
Blurred/double vision		
Glaucoma		

Cardiovascular	YES	NO
Heart trouble		
Chest pain		
Shortness of breath		
Swelling of feet/hands		

Psychiatric	YES	NO	Hematological/ lymphatic	YES	NO
Memory loss/confusion			Anemia		
Depression			Bleeding/bruising often		
Insomnia			Enlarged glands		
Nervous/ anxious			Past blood transfusion		

Ear/nose/throat	YES	NO	Respiratory	YES	NO
Hearing loss/ringing			Chronic/frequent cough		
Earaches			Shortness of breath		
Chronic sinus problems			asthma/ wheezing		
Sore throat					

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Musculoskeletal	Yes	No
Joint pain		
Joint stiffness/swelling		
Weakness of muscle		
Muscle pain/cramps		
Back pain		
Cold extremities		
Difficulty walking		

Gastrointestinal	Yes	No
Loss of appetite		
Nausea/vomiting		
Change of bowel habit		
Frequent diarrhea		
Abdominal bleeding		
Ulcer		

Allergies

Medications:

1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17
9	18