



Please Circle any of the following items that you have experienced in the last three months:

CONSTITUTIONAL: Normal

Unintentional weight gain Unintentional weight loss Fever Chills

EYES: Normal

Vision change Blurred vision

ENT:

Ears: Normal

Difficulty hearing Earache

Nose: Normal

Nasal passage blockage (stiffness) Nosebleeds Nasal discharge

Throat: Normal

Hoarseness Sore throat, sudden onset

CARDIOVASCULAR: Normal

Palpitations Known heart murmur Chest pain Fainting (syncope)

RESPIRATORY: Normal

Cough Wheezing Shortness of breath

GASTROINTESTINAL: Normal

Abdominal pain Vomiting Nausea Frequent diarrhea Constipation

GENITOURINARY: Normal

Pain during urination (dysuria) Hematuria Pain in the flank Urinary loss of control

MUSCULOSKELETAL: Normal

Muscle Weakness Arthralgias/joint pain Stiffness Swelling

INTEGUMENTARY:

SKIN: Normal

Rash Wound Growths/lesions Slow to heal

NEUROLOGIC: Normal

Dizziness Tingling Abnormality of walk Gait Change

PSYCHIATRIC: Normal

Sleep disturbances Depression Nervousness Anxiety

ENDOCRINE: Normal

Excessive thirst/water consumption (polydipsia) Temperature intolerance

HEMATOLOGIC/LYMPHATIC: Normal

Easy bruising Excessive bleeding

ALLERGIC/IMMUNOLOGIC: Normal

Complaint of allergic reaction