Patient

REVIEW OF SYMPTOMS

The following is a list of symptoms. Please check the symptoms which you experience on a frequent basis or have experienced at least once in the past three (3) months.

Neurologic ☐*None*

☐ Anxiety
☐ Appetite changes
☐ Blurred vision
☐ Chills/fever
☐ Chronic fatigue
☐ Cold feet
☐ Dehydration
☐ Depression
☐ Difficulty chewing
☐ Difficulty hearing
☐ Difficulty sleeping
☐ Difficulty swallow
☐ Dischargefromears
☐ Dizziness
☐ Drowsiness
☐ Dryness of eyes
☐ Excessive thirst
☐ Fainting
☐ Falling frequently
☐ Fatigue
☐ Headache
☐ History of abuse
☐ Intolerance to temp changes
☐ Legally blind
☐ Loss of balance
☐ Lossofcoordination
☐ Manic episodes
☐ Memory loss
☐ Muscle weakness
☐ Numb face/mouth
☐ Numbness/burn (feet/hands)
☐ Panic attacks
☐ Ringing of ears
☐ Seizure
☐ Weight change

Heart/Lungs ☐*None*

☐ Blacking out or fainting after standing quickly
☐ Bruising of skin very easily
☐ Chest pain
☐ Chronic cough
☐ Chronic sinusitis/allergies
☐ Chronic swelling of legs/feet
☐ Difficulty breathing only a night
☐ Frequent cough
☐ Increase heart rate
☐ Pain with breathing
☐ Pain/numbness in arm(s)
☐ Palpitations (feeling like your heart is pounding very hard)
☐ Shortness of breath
☐ Sleep apnea
☐ Swelling of feet/legs
☐ Tightness of chest
☐ Varicose veins
☐ Wheezing

Abdomen ☐*None*

☐ Blood in stool
☐ Burning of stomach
☐ Chronic gas
☐ Chronic hunger
☐ Constipation
☐ Diarrhea
☐ Difficulty swallowing
☐ Hemorrhoids
☐ Intolerance to foods
☐ Irritable bowel syndrome
☐ Pain in abdomen
☐ Rectal bleeding
☐ Vomiting
☐ Vomiting of blood
☐ Yellow discoloration of fingernails/skin/eyes
☐ Difficulty or pain urinating
☐ Urinary retention
☐ Urinary urgency (always feeling like you have to urinate)
☐ Urinating excessively

Orthopedic ☐*None*

☐ Ankle pain
☐ Back pain
☐ Cramping in calf with walking
☐ Difficulty in keeping up with similar age peers
☐ Difficulty walking > 20min
☐ Frequent ankle sprains
☐ Hip pain
☐ Jaw pain
☐ Knee pain
☐ Neck pain
☐ Pain in feet/legs when I first get out of bed
☐ Pain in fingers/hands
☐ Pain with bending of back
☐ Pain with sitting
☐ Scoliosis
☐ Shoulder pain

Integument ☐*None*

☐ Acne
☐ Blisters/boils
☐ Cracking of skin
☐ Color changes-skin
☐ Dandruff
☐ Dry skin/eczema
☐ Excessive sweating
☐ Hair loss
☐ Hypertrophic scar
☐ Itching of skin
☐ Moles
☐ Odor
☐ Rash
☐ Sores/ulcer

Hematologic ☐*None*

☐ anemia
☐ bleeding tendency
☐ bruise easily
☐ calf pain
☐ chills
☐ fever
☐ night sweats
☐ nose bleeds
☐ recent sickle cell crisis
☐ recent transfusion
☐ severe menstrual cramps
☐ swelling of hands or face
☐ swollen groin lymph nodes
☐ swollen neck lymph nodes
☐ water retention