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/burnig (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