

PATIENTS NAME: _____

DOB: _____

PATIENT STATES **NO** TO ALL ___

YES	CONSTITUTION	NO	YES	EYES	NO	YES	ENDOCRINE	NO	YES	ALLERG / IMMUNO	NO
	Activity Change			Eye discharge			Cold intolerance			Environmental allergies	
	Appetite Change			Eye itching			Heat Intolerance			Food allergies	
	Chills			Eye pain			Polydipsia (<i>Thirsty</i>)			Immunocompromised	
	Diaphoresis			Photophobia			Polyphagia (<i>Hungry</i>)			NEUROLOGICAL	
	Fatigue			(<i>Light Sensative</i>)			Polyuria (<i>Lots of urine</i>)			Dizziness	
	Fever			Visual disturbances			GU			Facial asymmetry	
	Unexpected			RESPIRATORY			Difficulty urinating			Headaches	
	weight change			Apnea			Dyspareunia (<i>Intercourse pain</i>)			Light-headedness	
	HENT			Chest tightness			Dysuria (<i>Urination pain</i>)			Numbness	
	Facial swelling			Choking			Enuresis (<i>Involuntary urination</i>)			Seizures	
	Neck pain			Cough			Flank pain			Speech difficulty	
	neck stiffness			Shortness of breath			Frequency			Syncope	
	Ear discharge			Stridor (<i>Vibrations</i>)			Genital sore			Tremors	
	Hearing Loss			Wheezing			Hematuria (<i>Blood in urine</i>)			Weakness	
	Ear Pain						Incontinence (<i>Bladder</i>)			HEMATOLOGIC	
	Tinnitus (<i>Ringing</i>)			CARDIOVASCULAR			Menstrual problem			Adenopathy	
	Nosebleeds			Chest pain			Nocturia (<i>Night Urination</i>)			(<i>Inflammation of glands</i>)	
	Congestion			Leg swelling			Pelvic pain			Bruises/bleeds easily	
	Rhinorrhea (<i>Nose</i>)			Palpitations			Urgency			PSYCHIATRIC	
	Postnasal drip						Urine decreased			Agitation	
	Sneezing			GI			Vaginal bleeding			Behavior problem	
	Sinus pressure			Abd distention			Vaginal discharge			Confusion	
	Dental problem			Abdominal pain			Vaginal pain			Decreased concentration	
	Drooling			Anal bleeding			MUSC			Dysphoric mood (<i>Uneasy</i>)	
	Mouth Sores			Blood in stool			Arthralgias (<i>Joint pain</i>)			Hallucinations	
	Sore Throat			Constipation			Back pain			Hyperactive	
	Trouble swallowing			Diarrhea			Gait problem (<i>Walking</i>)			Nervous / anxious	
	Voice change			Heartburn			Joint swelling			Self-injury	
				Nausea			Myalgias (<i>Muscle pain</i>)			Sleep disturbance	
				Rectal pain			SKIN			Suicidal ideas	
				Vomiting			Color change				
							Pallor (<i>Pale color</i>)				
							Rash				
							Wound				

PLEASE ONLY MARK **YES'S** - THANK YOU!