

## Review of Symptoms

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please review and mark any current symptoms or problems you have experienced in the last six months.

### General:

- Loss of appetite
- Fever/chills
- Night sweats
- Weakness
- Fatigue

### Hematologic:

- Abnormal bleeding
- Abnormal bruising
- Swollen glands

### Allergies/immunologic:

- Seasonal allergies
- Food allergy \_\_\_\_\_
- Sinus Problems
- Frequent infections

### Skin:

- Slow healing
- Rash
- Nail change
- Change in skin or mole
- Other \_\_\_\_\_

### Breasts:

- Discharge/bleeding
- Lump
- Pain

### Eyes:

- Change in vision
- Eye infection
- Eye pain

### Ears/Nose/Throat:

- Hearing loss
- Ringing in ears
- Bleeding gums
- Hoarseness
- Neck swelling/lumps
- Nose bleeds
- Dental Issues

### Cardiovascular:

- Chest discomfort/pain
- Irregular heart beat
- Swollen hands or feet
- Racing heart

### Respiratory:

- Shortness of breath
- Cough
- Wheezing
- Cough up blood
- Difficulty breathing

### Gastrointestinal:

- Bloody or black stools
- Constipation
- Difficulty swallowing
- Heartburn/esophageal reflux
- Diarrhea
- Nausea
- Vomiting
- Abdominal Pain
- Pain with bowel movements
- Jaundice

### Urinary:

- Blood in urine
- Frequency
- Difficulty urinating
- Pain or burning with urination
- Incontinence

### Musculoskeletal:

- Back or neck pain
- Painful or stiff joints
- Bone pain, Site: \_\_\_\_\_
- Arthritis

### Mental Health:

- Depressed or sad
- Anxiety
- Sleep issues
- Suicidal thoughts

### Neurological:

- Headaches
- Dizziness
- Fainting
- Loss of balance
- Difficulty speaking
- Loss of sensation
- Memory Issues
- Seizures

### Endocrine:

- Weight loss
- Weight gain
- Excessive thirst
- Heat/cold intolerance

### FOR WOMEN

### Gynecological:

- Irregular menstrual periods
- Hot flashes
- Menopause
- Heavy menstrual bleeding