

Name: _____ male/female DOB: _____ Date: _____

Please circle any current conditions

Dermatology

- Rash
- Moles
- Hives
- Itching
- Hair loss
- Lumps
- Keloid formation
- Skin cancer

Endocrinology

- Excessive sweating
- Polydipsia
- Plyuria
- Cold intolerance
- Heat intolerance

Neurology

- Headache
- Tingling
- Numbness
- Seizures
- Insomnia
- Memory loss
- Dizziness
- Gait abnormality
- History of TIA
- History of stroke

Ophthalmology

- Diminished vision
- Blurring of vision
- Loss of vision unilateral
- Loss of vision bilateral

Hematology

- Easy bruising
- Swollen glands
- Fatigue
- Anemia

Constitutional

- Weight loss
- Weight gain
- Loss of appetite
- Fever
- Weakness
- Bleeding problems
- Claustrophobia

ENT

- Nose bleed
- Hearing loss
- Change in voice
- Sore throat
- Ringing in ears
- Sinus pain

Cardiology

- Shortness of breath
- Palpitations
- Blue finger tips
- Dizziness
- Chest pain
- Swelling

Gastroenterology

- Nausea
- Heartburn
- Vomiting
- Difficulty swallowing
- Abdominal pain
- Diarrhea
- Change in bowel habits
- Blood in stool
- Constipation

Musculoskeletal

- Joint stiffness
- Leg cramps
- Joint pain
- Joint swelling back pain
- Neck pain
- Muscle aches
- Metal in body

Psychology

- Depression
- Anxiety
- Tension/stress
- Sleep disturbances
- Eating disorder

Genitourinary male

- Difficulty urinating
- Hernia
- Undescended testicle
- Kidney disease
- Urinary tract infection

Genitourinary female

- Heavy periods
- Difficulty urinating
- Increased urinary frequency
- Pelvic pain
- Dysmenorrheal
- Vaginal discharge
- Hot flashes
- Hematuria
- Urinary urgency
- Irregular periods