



Please check (✓) **Y** if you have the symptom now and **P** if the symptom was in the past.

Name: _____

Date: _____

GENERAL HEALTH

Current weight: _____

Current height: _____

Weight changes (>5 lbs) **Y** **P**

SKIN/HAIR/NAILS	Y	P
Rashes		
Hives		
Acne		
Boils		
Eczema		
Psoriasis		
Dry Skin		
Itching		
Lumps		
Night sweats		
Changes in moles		
Skin cancer		
Nail changes		
Hair loss or thinning		
Change in hair texture		
Excessive hair growth		
Other		

HEAD	Y	P
Tension headaches		
Migraine headaches		
Head injury		
Dizziness/Lightheadedness		
Surgery		
Other		

EYE	Y	P
Impaired vision		
Use of contact lenses		
Eye pain		
Tearing		
Dryness		
Double vision		
Glaucoma		
Cataracts		
Blurring		
Blind spot		
Itching		
Redness		
Discharge		
Light sensitive		
Other		

EARS	Y	P
Impaired hearing		
Earache		
Dizziness		
Discharge		
Infections		
Ringing		
Excessive wax		
Other		

NOSE & SINUSES	Y	P
Frequent colds		
Nose bleeds		
Stiffness		
Hayfever/Allergies		
Infections		
Nasal discharge		
Loss of smell		
Other		

MOUTH & THROAT	Y	P
Frequent sore throat		
Hoarseness/Voice change		
Difficulty swallowing		
Dental problems		
Gum problems/bleeding		
Sores (canker/cold)		
Dryness		
Loss of taste		
Other		

NECK	Y	P
Lumps		
Swollen glands		
Goiter		
Pain or stiffness		
Other		

RESPIRATORY	Y	P
Chronic cough		
Sputum/Discharge		
Spitting up blood		
Wheezing		
Asthma		
Bronchitis		
Pneumonia		
Pleurisy		
Emphysema		
Difficulty breathing		
Pain on breathing		
Shortness of breath		
Shortness of breath at night		
Shortness of breath when lying		
Positive tuberculin test		
Last Chest X-ray		
Other		

CARDIOVASCULAR	Y	P
Chest pain		
Irregular heart beat		
Palpitation, fluttering		
Angina		
Murmurs		
Shortness of breath at rest		
Shortness of breath on exertion		
Sleep on more than one pillow		
Heart disease		
Heart attack		
High blood pressure		
Stroke		
Transient ischemic attacks		
Swelling in ankles		
Other		

GASTROINTESTINAL	Y	P
Change in appetite		
Change in thirst		
Trouble swallowing		
Nausea		
Vomiting		
Vomiting blood		
Diarrhea		
Constipation		
Abdominal bloating		
Belching		
Passing Gas		
Abdominal pain		
Indigestion		
Blood in stool		
Black, tarry stool		
Rectal bleeding		
Hemorrhoids		
Number of bowel movements per day?		
Irritable bowel syndrome		
Crohn's disease		
Ulcerative colitis		
Celiac disease		
Ulcers		
Diverticulitis		
Food allergies		
Appendicitis		
Appendix removed		
Jaundice (yellow skin)		
Liver disease		
Hepatitis		
Enlarged liver		
Fatty liver disease		
Gall bladder disease		
Gall stones		
Last colonoscopy		
Other		

URINARY	Y	P
Pain/burn on urination		
Increased urge to urinate		
Increased frequency at night		
Inability to hold urine (cough/sneeze)		
Trouble starting urine flow		
Reduced urine flow		
Blood in urine		
Kidney stones		
Kidney infections		
Recurrent bladder infections		
Other		

BLOOD/LYMPATIC/IMMUNE	Y	P
Anaemia		
Easy bleeding/bruising		
Past blood transfusions		
Lymph node swelling		
Frequent infections		
Use of antibiotics		
Fungal infections		
Slow wound healing		
History of Autoimmune disease		
Other		

MALE REPRODUCTIVE	Y	P
Hernia		
Testicular pain		
Testicular masses/lumps		
Discharge from the penis		
Discharge from sores		
Problems with fertility		
Change in sex drive		
Problems with erections		
Premature ejaculation		
Veneral disease		
Sexually active		
Check sexual preference:		
Heterosexual		
Homosexual		
Bisexual		
Last prostate exam		
Last PSA test		
Other		

FEMALE REPRODUCTIVE	Y	P
Age of first menses		
Last menstrual period		
# days of menses		
# days between periods		
Heavy periods		
Abnormally light flow		
Bleeding between cycle		
Irregular cycle		
Painful menses		
PMS symptoms		
Yeast infections		
Vaginal discharge		
Vaginal itching		
Cysts		
Uterine fibroids		
Endometriosis		
Cancer of reproductive organs		
Pelvic surgery		
Using birth control		
Number of pregnancies		
Number of life births		
Number of miscarriages		
Number of abortions		
Difficult pregnancies		
Difficulty conceiving		
Postpartum problems		
Sexual difficulties		
Pain during intercourse		
Sexually transmitted diseases		
Change in sex drive		
Sexually active		
Check sexual preference:		
Heterosexual		
Homosexual		
Bisexual		
Menopause		
Age of onset		
Hormone therapy		
Last gynecological exam		
Last pap smear		
Other		

BREASTS	Y	P
Do you do self exams?		
Pain or tenderness		
Rashes on the breast		
Nipple discharge		
Lumps		
Cystic or fibrous breasts		
Abnormal mammogram or breast biopsy		
Breast cancer		
Breast surgery		
Breast implants		
Last mammogram		
Last Thermogram		
Other		

MUSKULOSKELETAL	Y	P
Arthritis		
Joint pain or stiffness		
Joint deformity		
Joint swelling		
Muscle spasms/cramps		
Muscle pain		
Muscle weakness		
Disc disease		
Osteopenia or osteoporosis		
Bone fractures		
Bone spurs		
Backache		
Other		

PERIPHERAL VASCULAR	Y	P
Deep leg pain		
Cold hands/feet		
Varicose veins		
Thrombophlebitis		
Blood clots in legs		
Leg cramps		
Extremity numbness		
Extremity coldness		
Extremity swelling		
Extremity ulcers		
Tingling		
Other		



ENDOCRINE	Y	P
Heat/cold intolerance		
Excessive fatigue		
Excessive energy		
Trouble losing weight		
Restless		
Change in skin pigment		
Change in skin texture		
Increased skin tags		
Excessive thirst		
Excessive hunger		
Excessive urination		
Excessive sweating		
Thyroid conditions		
Diabetes		
Hypoglycemia/Low blood sugar		
Hormone therapy		
High cholesterol		
High triglycerides		
Other		

NEUROLOGIC	Y	P
Fainting/Blackouts		
Seizure/Convulsions		
Muscle weakness		
One sided weakness		
Paralysis		
Numbness or tingling		
Involuntary movements		
Decreased sensation		
Loss of balance		
Coordination problems		
Problems concentrating		
Learning disabilities		
Speech problems (slowed/slurred)		
Other		

EMOTIONAL	Y	P
Depression		
Panic attacks		
Anxiety		
Nervousness		
Mood swings		
Tension		
Phobias		
Insomnia		
Trouble falling asleep		
Trouble staying asleep		
Not rested after sleep		
High stress occupation		
Financial problems		
Relationship problems		
Family problems		
Sexual difficulties		
Drug abuse		
Alcohol abuse		
Psychiatric care		
Psychological counselling		
Other		