Date _____

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Please review the list of symptoms below.

Check "yes" box if you suffer from the symptoms or have any of the health issues listed in the past 6 months check "No" box if you do not.

GENERAL		SKIN		MUSCULAR SKELETAL	
Anorexia	☐Yes ☐No	Skin Changes	☐Yes ☐No	Neck Pain	☐Yes ☐No
Chills	☐Yes ☐No	Skin Lesions	☐Yes ☐No	Gout	☐Yes ☐No
Fatigue	☐Yes ☐No	Skin itching	☐Yes ☐No	Injury to limbs	☐Yes ☐No
Fevers	☐Yes ☐No	Rashes	☐Yes ☐No	Joint Pain	☐Yes ☐No
Hiccups	☐Yes ☐No	Dry Skin	☐Yes ☐No	Joint Stiffness	☐Yes ☐No
Hypertension	☐Yes ☐No	**GASTROINTESTINAL**		Locking Joints	☐Yes ☐No
Lethargy	☐Yes ☐No	Blood in Stool	☐Yes ☐No	Back Pain	☐Yes ☐No
Malaise	☐Yes ☐No	Change in Movements	☐Yes ☐No	Red or Swollen in Joints	☐Yes ☐No
Masses	☐Yes ☐No	Constipation	☐Yes ☐No	**HEMATOLOGY/ONCOLOGY**	
Trauma	☐Yes ☐No	Diarrhea	☐Yes ☐No	Anemia or Low Blood	☐Yes ☐No
Weakness	☐Yes ☐No	Difficulty Swallowing	☐Yes ☐No	Easily Bruise	☐Yes ☐No
Weight Gain	☐Yes ☐No	Heart Burn	☐Yes ☐No	Swollen Lymph Nodes	☐Yes ☐No
Weight Loss	☐Yes ☐No	Hemorrhoids	☐Yes ☐No	Cancers	☐Yes ☐No
EYES		Black Tarry Stool	☐Yes ☐No	**PSYCHIATRIC**	
Blurred Vision	☐Yes ☐No	Nausea or Vomiting	☐Yes ☐No	Depression or Sadness	☐Yes ☐No
Vision Impaired	☐Yes ☐No	Stomach Ulcers	☐Yes ☐No	Feel like hurting someone	☐Yes ☐No
Oculodynia	☐Yes ☐No	**GENITOURINARY**		Feel like hurting yourself	☐Yes ☐No
Photophobia	☐Yes ☐No	Problems Urinating	☐Yes ☐No	☐Yes ☐No	
Pain	☐Yes ☐No	Blood in Urine	☐Yes ☐No	☐Yes ☐No	
Drainage	☐Yes ☐No	Hernias	☐Yes ☐No	☐Yes ☐No	
Glasses	☐Yes ☐No	Incontinence	☐Yes ☐No	☐Yes ☐No	
Contacts	☐Yes ☐No	Urination at Night	☐Yes ☐No	☐Yes ☐No	
		Sexual Transmitted Dz.	☐Yes ☐No		
Heart Problems	☐Yes ☐No	Urinary Urgency	☐Yes ☐No		
Chest Pain	☐Yes ☐No	**WOMEN ONLY**			
Leg Pain with Walking	☐Yes ☐No	Problems with period	☐Yes ☐No		
Problems with Exercise	☐Yes ☐No	Vaginal dryness	☐Yes ☐No		
Swelling in Legs	☐Yes ☐No	Problems with Sex	☐Yes ☐No		
Problems Lying Flat	☐Yes ☐No	Vaginal Discharge	☐Yes ☐No		
Skipping Heart Beats	☐Yes ☐No	Pain in Breast	☐Yes ☐No		
Short of breath at night	☐Yes ☐No	Lumps in Breast	☐Yes ☐No		
RESPIRATORY		Breast Discharge	☐Yes ☐No		
Bronchitis	☐Yes ☐No	**MEN ONLY**			
Cough	☐Yes ☐No	Problems with Erections	☐Yes ☐No		
Coughing up Blood	☐Yes ☐No	Dribbling of Urine	☐Yes ☐No		
Shortness of Breath	☐Yes ☐No	Weak Urine Stream	☐Yes ☐No		
Wheezing	☐Yes ☐No	Pain in Testicles	☐Yes ☐No		
☐Yes ☐No					