

## Review of Symptoms

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please circle "yes" or "no" to indicate whether you have had the symptoms listed below in the last month.

<b>Constitutional</b>			<b>Eyes</b>			<b>Gastrointestinal</b>			<b>Endocrine/Heme/Allergy</b>		
Fever	Yes	No	Blurry vision	Yes	No	Heartburn	Yes	No	Easy bruising/bleeding	Yes	No
Chills	Yes	No	Double vision	Yes	No	Nausea	Yes	No	Environmental allergies	Yes	No
Weight loss	Yes	No	Light sensitivity	Yes	No	Vomiting	Yes	No	Excessive thirst	Yes	No
Malaise/Fatigue	Yes	No	Eye pain	Yes	No	Abdominal Pain	Yes	No			
Excessive Sweat	Yes	No	Eye discharge	Yes	No	Diarrhea	Yes	No	<b>Neurological</b>		
			Eye redness	Yes	No	Constipation	Yes	No	Dizziness	Yes	No
						Blood in stool	Yes	No	Headaches	Yes	No
<b>Skin</b>			<b>Cardiovascular</b>			Black tarry stools	Yes	No	Tingling	Yes	No
Rash	Yes	No	Chest pain	Yes	No				Tremor	Yes	No
Itching	Yes	No	Irregular heart beats	Yes	No	<b>Gyn/Urinary</b>			Sensory change	Yes	No
			Short of breath lying down	Yes	No	Pain when urinating	Yes	No	Speech change	Yes	No
			Leg pain when walking	Yes	No	Urinary urgency	Yes	No	Weakness of any limb	Yes	No
<b>HEENT</b>			Leg swelling	Yes	No	Increased urinary frequency	Yes	No	Global weakness	Yes	No
Hearing loss	Yes	No	Waking up short of breath	Yes	No	Blood in urine	Yes	No	Seizures	Yes	No
Tinnitus	Yes	No				Flank/side pain	Yes	No	Loss of consciousness	Yes	No
Ear pain	Yes	No									
Ear discharge	Yes	No	<b>Respiratory</b>			<b>Musculoskeletal</b>			<b>Psychiatric</b>		
Nosebleeds	Yes	No	Cough	Yes	No	Muscle pain	Yes	No	Depression	Yes	No
Congestion	Yes	No	Cough with BLOOD	Yes	No	Neck pain	Yes	No	Suicidal ideas	Yes	No
Sinus pain	Yes	No	Sputum production	Yes	No	Lower back pain	Yes	No	Drug use/abuse	Yes	No
Severe wheezing	Yes	No	Shortness of Breath	Yes	No	Joint pain	Yes	No	Hallucinations	Yes	No
Sore throat	Yes	No	Wheezing	Yes	No	FALLS	Yes	No	Anxiety/nervousness	Yes	No
									Insomnia	Yes	No
									Memory loss	Yes	No
<b>(Please turn over and complete)</b>											

