NP

Name:	DOB:	MR #:

Yes	No	Systems
		General
		Fever
		Chills
		Sweats
		Headaches
		Fatigue (low energy)
		Hot Flashes
		Weight Change
		EYE/ENT
		Visual Difficulties
		Eye Discharge
		Yellow Color of Eyes
		Hearing Difficulties
		Ear Pain
		Runny or Stuffy Nose
		Sore Throat
		Difficulty Swallowing
		RESP/CV
		Shortness of Breath
		Cough
		Wheezing
		Chest Pain
		Heart Palpitations or Racing
		Leg Swelling
		Passing Out
		GI/GU
		Nausea or Vomiting
		Diarrhea
		Constipation
		Indigestion or Heartburn
		Abdominal Pains
		Black or Bloody Stools
		Frequent, Painful or Bloody Urination
		Leaking or Incontinence of Urine or Stool
		Sexual Difficulties

Yes	No	Systems
		HEME/ENDOCRINE
		Swollen Glands
		Feeling Hot or Cold Usually
		Large or Small Appetite or Thirst
		MS/SKIN
		Muscle Cramps
		Frequent Joint or Back Pain
		Numbness or Weakness
		Change in Skin, Rash, or Moles
		NEURO/ STRESS SIGNS
		Headache
		Dizziness or Abnormal Balance
		Confusion
		Sleeping Problem
		Depressed Mood or Crying Spells
		Anxiety or Worry
		***MEN ONLY ***
		Dribbling after Urination
		Incomplete Emptying of Bladder
		Sores or Discharge of the Penis
		Testicle Lump or Pain
		WOMEN ONLY
		Breast Lump
		Breast Dimpling
		Nipple Discharge
		Irregular or Difficult Menstrual Periods
		Date of Last Menses:
		Number of Pregnancies:
		Number of Live Births
		Number of Miscarriages or Abortions
		History or Breast Biopsy
		History of Breast Cancer:

Comments about Symptoms: