



PLEASE MARK ALL THAT APPLY

Add Additional Information If Needed

CONSTITUTIONAL

High School Weight _____ lbs

- Weight loss
- Fatigue
- Fever
- Night sweats

EYES

- Eye Pain
- Eye Swelling
- Double Vision
- Cataracts

EAR - NOSE - THROAT

- Difficulty Hearing
- Ringing in Ears
- Vertigo
- Sinus Trouble

CARDIOVASCULAR

- Heart Murmur
- Chest Pain
- Palpitations
- Dizziness
- Fainting Spells
- Shortness of Breath
- Difficulty Lying Flat
- Swelling in Ankles

RESPIRATORY

- Cough
- Coughing Blood
- Wheezing
- Chills
- History of Tuberculosis

URINARY

- Burning
- Frequent Urination
- Blood in Urine
- Leaking Urine

GASTROINTESTINAL

- Trouble Swallowing
- Food Sticking
- Heartburn
- Nausea
- Vomiting
- Constipation
- Change in Bowel Movements
- Diarrhea
- Abdominal pain
- Black or bloody stools
- Jaundice
- Gallbladder Problems

PSYCHIATRIC

- Anxiety
- Depression
- Trouble Sleeping
- Psychiatric Hospitalization

BLOOD DISORDERS

- Anemia
- Gums Bleed Easily

MUSCULOSKELETAL

- Joint Pain
- Muscle Pain
- Back Pain
- Stiffness

SKIN

- Rash
- Sores
- Painful Red Nodules
- Red Palms

ALLERGIES

- Hay Fever
- Eczema
- Seasonal Allergies

NEUROLOGICAL

- Headaches
- Seizures
- Memory Loss
- Weakness

FEMALES

- # of Pregnancies _____
- # of Live Births _____
- Infertility
 - Heavy Menstrual Cycle