REVIEW OF SYMPTOMS

Y = a condition you have now N = never had P = a condition you had in the past

For the following, please circle

EMOTIONAL
Treated for emotional problems? Y P N
Depression? Y P N
Mood swings? Y P N
Anxiety or nervousness? Y P N
Considered/ Attempted suicide? Y P N
Tension? Strange or unusual thoughts? Y P N

ENDOCRINE
Hypothyroid? Y P N
Heat or cold intolerant? Y P N
Hypoglycemia? Y P N
Diabetes? Y P N
Excessive thirst? Y P N
Fatigue? Y P N
Seasonal depression? Y P N

IMMUNE
Vaccinations? Y P N
Reactions to vaccinations? Y P N
Chronic Fatigue Syndrome? Y P N
Chronic indications? Y P N
Chronically swollen glands? Y P N
Slow wound healing? Y P N

NEUROLOGIC
Seizures? Y P N
Paralysis? Y P N
Muscle weakness? Y P N
Numbness or tingling? Y P N
Loss of memory? Y P N
Easily stressed? Y P N

SKIN
Rashes? Y P N
Eczema, Hives? Y P N
Acne, Boils? Y P N
Itching? Y P N
Color change? Y P N
Perpetual hair loss? Y P N
Lumps? Y P N
Night sweats? Y P N

HEAD
Headaches? Y P N
Head Injury? Y P N
Migraines? Y P N
Jawf TMJ problems? Y P N

NECK
Lumps? Y P N
Swollen glands? Y P N
Goiter? Y P N
Pain or stiflhess? Y P N

EYES
Spots in eyes? Y P N
Cataracts? Y P N
Impaired vision? Y P N
Glasses or contacts? Y P N
Blurriness? Y P N
Eye pain/ strain? Y P N
Color blindness? Y P N
Tearing or dryness? Y P N
Double vision? Y P N
Glaucoma? Y P N

NOSE AND SINUSES
Frequent colds? Y P N
Nose Bleeds? Y P N
Stuffiness? Y P N
Hayfever? Y P N
Sinus problems? Y P N
Loss of smell? Y P N

MOUTH AND
Frequent sore throat? Y P N
Copious Saliva? Y P N
Teeth Grinding? Y P N
Sore tongue/lips? Y P N
Gum problems? Y P N
Hoarseness? Y P N
Dental cavities? Y P N
Jaw clicks? Y P N

RESPIRATORY
Cough? Y P N
Sputum? Y P N
Spitting up blood? Y P N
Wheezing? Y P N
Asthma? Y P N
Bronchitis? Y P N
Pneumonia? Y P N
Pleurisy? Y P N
Emphysema? Y P N
Difficult breathing? Y P N
Pain on breathing? Y P N
Shortness of breath? Y P N
Shortness of breath at night? Y P N
Shortness of breath lying? Y P N
Tuberculosis? Y P N

CARDIOVASCULAR
Heart disease? Y P N
Angina? Y P N
High Blood Pressure? Y P N
Low Blood Pressure? Y P N
Murmurs? Y P N
Blood clots? Y P N
Fainting? Y P N
Phlebitis? Y P N
Rheumatic fever? Y P N
Palpations/Fluttering? Y P N
Chest pain? Y P N
Swelling in ankles? Y P N

GASTROINTESTINAL
Trouble swallowing? Y P N
Heartburn? Y P N
Change of thirst? Y P N
Change of appetite? Y P N
Nausea? Y P N
Vomiting? Y P N
Vomiting blood? Y P N
Bowel Movements: How often? _____
Is this a change? Yes No
Blood in stool? Y P N
Pain or cramps? Y P N
Constipation? Y P N
Black stools? Y P N
Diarrhea? Y P N
Gall Bladder disease? Y P N
Jaundice (yellow skin) Y P N
Ulcer? Y P N
Belching or passing gas? Y P N
Hemorrhoids? Y P N
Stomach bloating? Y P N
Liver disease? Y P N

URINARY
Pain on urination? Y P N
Increased frequency? Y P N
Frequent at night? Y P N
Inability to hold urine? Y P N
Frequent infections? Y P N
Kidney stones? Y P N
Blood in urine? Y P N

MALE REPRODUCTION
Hernias? Y P N
Testicular masses? Y P N
Testicular pain? Y P N
Prostate disease? Y P N
Venereal disease? Y P N
Discharge or sores? Y P N
Are you sexually active? Y P N
Impotent? Y P N
Chlamydia/Gonorrhea? Y P N
Condyloma? Y P N
Herpes? Y P N
Syphilis? Y P N
Premature ejaculation? Y P N
Sexual orientation? _____
Birth control? Y P N
Type? _____

FEMALE REPRODUCTION/BREASTS
Age of first menses? _____ y'ears old
Are cycles regular? Y P N
Length of cycle? Days
Bleeding between cycles? Y P N
Duration of cycle? Days
Pain during intercourse? Y P N
Discharge? Y P N
Painful menses? Y P N
Clotting? Y P N
Heavy or excessive flow? Y P N
Pads per day? _____
Birth control? Y P N
Type? _____
PMS? Y P N
If yes, what are your symptoms?

Number of pregnancies? _____
Number of live births? _____
Number of miscarriages? _____
Number of Abortions? _____
Endometriosis? Y P N
Menopausal symptoms? Y P N
Ovarian cysts? Y P N
Abnormal PAP? Y P N
Difficulty conceiving? Y P N
Cervical displasia? Y P N
Are you sexually active? Y P N
Sexual orientation? _____
Sexual difficulties? Y P N
Chlamydia/Gonorrhea? Y P N
Condyloma? Y P N
Herpes? Y P N
Syphilis? Y P N
Do you do breast self exams? Y P N
Breast Lumps? Y P N
Breast pain/tenderness Y P N
Nipple discharge? Y P N

MUSCULSKELETAL
Joint pain or stiffness? Y P N
Arthirtis? Y P N
Broken bones? Y P N
Weakness? Y P N
Muscle spasm or cramps? Y P N
Sciatica? Y P N

BLOOD/PERIPHERAL VASCULAR
Easy bleeding or bruising? Y P N
Anemia? Y P N
Deep leg pain? Y P N
Cold hands/feet? Y P N
Varicose veins? Y P N
Thrombophlebitis? Y P N