Please check all conditions you currently have or previously had:

General Questions

- 0 Weight loss
- 0 Weight gain
- Change in sleep patterns
- 0 Change in activity capacity

Neurological and Psychiatric

- 0 Anxiety
- 0 Headaches
- 0 Depression
- 0 Meningitis
- 0 Paralysis
- 0 Seizure
- 0 Stroke
- 0 Tingling
- 0 Tremors
- 0 Memory Loss
- 0 Fainting spells, dizziness
- 0 Head injuries
- 0 Blackouts or near blackouts
- 0 Change in sensation anywhere on your body
- 0 Localized weakness or numbness

Ears, Eyes, Nose & Throat

- Hay fever
- 0 Glaucoma
- 0 Polyps
- 0 Allergy
- 0 Cataracts
- 0 Goiter
- 0 Hoarseness
- 0 Double vision
- 0 Gum problems
- 0 Eye problems
- 0 Ear Infections
- 0 Glasses/contacts
- 0 Hearing Loss
- o Ear discharge/pain
- 0 Frequent nosebleeds
- 0 Ringing in your ears
- 0 Sinus infections
- 0 Swollen glands

Cardiovascular

- 0 Angina
- 0 Chest pain
- 0 Leg cramps
- 0 Murmurs
- 0 Ankle swelling
- 0 Awakening at night short of breath & getting out of bed
- 0 Cardiac catheterization
- 0 Cold hands or feet
- 0 Congenital heart defects
- 0 Dizziness when standing up quickly
- 0 Heart attacks
- 0 Heart failure
- 0 High or low blood pressure
- 0 Irregular heart rate
- 0 Purple fingers or lips
- 0 Leg pain that resolves with rest
- 0 Heart palpitations
- 0 Varicose veins

Respiratory

- 0 Pleurisy
- 0 Wheezing
- 0 Asthma
- 0 Breathlessness when lying flat
- 0 Prolonged cough
- 0 Coughing up blood
- 0 Emphysema
- 0 Shortness of breath
- 0 Tuberculosis
- 0 Pneumonia
- 0 Frequent infections (bronchitis)

Skin

- 0 Abscess
- 0 Dandruff
- 0 Acne
- 0 Oily skin
- 0 Boils
- 0 Rashes
- 0 Hives
- 0 Dry skin
- 0 Lumps
- 0 Psoriasis
- o Jaundice
- 0 Athlete's foot
- 0 Excessive body odor
- 0 Excessive sweating
- 0 Fungal infections
- 0 Nail problems
- 0 Moles- irregular
- 0 Moles - change/new

Kidneys & Urinary Tract

- 0 Blood in urine
- 0 Brown urine
- 0 Dribbling after urination
- 0 Painful urination
- 0 Excessive thirst
- 0 Involuntary urination/incontinence
- 0 Urinating frequently (day)
- 0 Urinating frequently (night)
- 0 Urine hesitancy
- 0 Weak flow
- 0 Frequent bladder infections
- 0 Kidney disease
- 0 Kidney stone

Endocrine

- 0 Diabetes
- 0 Sickle cell
- 0 Abnormal body hair
- 0 Changes in skin texture
- 0 Cold intolerance
- 0 Heat intolerance
- 0 History of "borderline" diabetes
- 0 Increased loss of hair
- 0 Rheumatism
- 0 Thyroid disease

Male & Female

- 0 Painful sexual intercourse
- 0 Loss of sexual interest
- 0 Unprotected sex
- 0 Groin itching
- 0 Sexually transmitted diseases

Males Only

- 0 Hernia
- 0 Sterility
- 0 Bloody ejaculation
- 0 Inability to complete intercourse
- 0 Lump on testicle
- o Penile discharge
- 0 Premature ejaculation
- 0 Problems maintaining or keeping an erection
- 0 Prostate disease
- 0 Sores on penis or warts
- 0 Testicular pain
- 0 Testicular swelling

Musculoskeletal

- 0 Anemia
- 0 Arthritis
- 0 Back pain
- 0 Bursitis
- 0 Gout
- 0 Joint aches
- 0 Neck pain
- 0 Tendinitis
- 0 Abnormal Blood Counts
- 0 Blood clots in legs/lungs
- 0 Bone Marrow Biopsy
- 0 Easy Bleeding
- 0 Easy bruising
- 0 Joint swelling
- 0 Morning stiffness
- 0 Muscle aches

Gastrointestinal

- 0 Diarrhea
- 0 Gallstones
- 0 Reflux
- 0 Vomiting
- 0 Ulcers
- 0 Heartburn
- 0 Hepatitis
- 0 Indigestion
- 0 Abdominal pain
- 0 Anal fissures
- 0 Black tarry stools
- 0 Vomiting blood
- 0 Constipation
- 0 Nausea
- 0 Problems swallowing
- 0 Hiatal Hernia
- 0 Intestinal obstruction
- 0 Liver disease
- 0 Hemorrhoids
- 0 Red blood after bowel movements

Females Only

- 0 D + C
- 0 Hot flashes
- 0 Hernia
- 0 Fibroids
- 0 Abn. bleeding between cycles
- 0 Abnormal pap smear
- 0 Bleeding after intercourse
- o Complications w/ pregnancy
- 0 PMS
- 0 Endometriosis
- 0 Heavy bleeding during cycles
- 0 Discharge from breast
- 0 Ovarian cysts
- 0 Pelvic Inflammatory Disease
- 0 Postmenopausal symptoms
- 0 Vaginal discharge
- 0 Vaginal Dryness
- 0 Vaginal warts

Provider Notes

Provider Signature

Date