



Do you or have you had any problems related to the following? Please circle Yes or No.

**PLEASE EXPLAIN ALL YES ANSWERS**

**Constitutional Symptoms**

Fever Yes No \_\_\_\_\_  
Weight gain or loss Yes No \_\_\_\_\_

**Eyes**

Blurred or double vision Yes No \_\_\_\_\_  
Cataracs Yes No \_\_\_\_\_  
Glucoma Yes No \_\_\_\_\_

**Respiratory**

Wheezing Yes No \_\_\_\_\_  
Frequent Cough Yes No \_\_\_\_\_  
Shortness of breath Yes No \_\_\_\_\_  
Asthma/Bronchitis/  
Emphysema/Pneumonia Yes No \_\_\_\_\_  
Tuberculosis Yes No \_\_\_\_\_

**Genitourinary**

Frequent urination Yes No \_\_\_\_\_  
Painful urination Yes No \_\_\_\_\_  
Nocturia (getting up at  
night to urinate) Yes No \_\_\_\_\_  
Blood in urine Yes No \_\_\_\_\_  
Incontinence (leakage) Yes No \_\_\_\_\_  
Slow Stream Yes No \_\_\_\_\_  
UTI's Yes No \_\_\_\_\_

**Integumentary**

Skin rash Yes No \_\_\_\_\_

**Hematologic/Lymphatic**

Enlarged lymph nodes Yes No \_\_\_\_\_  
Bleeding problems Yes No \_\_\_\_\_  
History of cancer Yes No \_\_\_\_\_

**Cardiovascular**

Chest pain Yes No \_\_\_\_\_  
Rheumatic fever Yes No \_\_\_\_\_  
Rapid heart beat Yes No \_\_\_\_\_  
High blood pressure Yes No \_\_\_\_\_  
Pain in calves with walking Yes No \_\_\_\_\_

**Gastrointestinal**

Abdominal pain Yes No \_\_\_\_\_  
Nausea and or vomiting Yes No \_\_\_\_\_  
Rectal bleeding Yes No \_\_\_\_\_  
Diarrhea/Constipation Yes No \_\_\_\_\_  
Hepatitis Yes No \_\_\_\_\_

**Musculoskeletal**

Joint pain Yes No \_\_\_\_\_  
Back pain Yes No \_\_\_\_\_  
Arthritis Yes No \_\_\_\_\_

**Neurologic**

Seizures Yes No \_\_\_\_\_  
Paralysis Yes No \_\_\_\_\_  
Tingling Yes No \_\_\_\_\_

**Endocrine**

Thyroid problems Yes No \_\_\_\_\_  
Diabetes mellitus Yes No \_\_\_\_\_  
Increase thirst Yes No \_\_\_\_\_  
Heat or cold intolerance Yes No \_\_\_\_\_  
Excessive urination Yes No \_\_\_\_\_

Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_