

SYSTEM REVIEW (Please Circle if you have or have had any of the following)

General

Recent weight change
Fever/Chills
Fatigue
Night Sweats

Skin and Hair

Rashes/Scars
Skin Cancers or Melanomas
Hair Loss
Unusual lumps under Skin

Endocrine

Diabetes
Thyroid Disease
High Blood Pressure

Ears, Nose & Throat

Glass/Contacts
Double Vision
Hearing Loss
Persistent ringing in the ears
Difficulty Swallowing
Pain or Stiffness in the neck
Fullness in the neck or Throat
Hoarseness or voice change

Lungs

Shortness of breath
Emphysema or chronic bronchitis
Asthma or wheezing
Congestive heart failure
Persistent Cough
Pneumonia

Heart and Blood Vessels

Heart Attacks
Chest pain
Heart murmur
Heart Surgery
Irregular heart beat (Palpitations)
Swelling in feet
Phlebitis or blood clots
High Blood Pressure

Gastrointestinal

Difficulty Swallowing
Heartburn
Hiatal Hernia
Ulcer Disease
Jaundice
Hepatitis or other liver disorders
Colitis
Irritable bowel syndrome
Crohn's disease
Constipation
Diarrhea
Hemorrhoids/Rectal Disorders
Blood in Stool
Abdominal Pain

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN

Musculoskeletal

Arthritis
Joint Pain, Stiffness or Swelling
Decreased muscle strength
Previous bone disease
Osteoporosis
Any broken bones
Back pain/Back Surgery

Neurological

Headaches
Dizziness/Fainting
Weakness or Tingling or Arms or Legs
History of any head injury

Blood

Anemia
Blood Transfusions
If yes, When, How much and Why _____

Infections

Any serious infection
Childhood illness: _____ Measles ___ Mumps
_____ Chicken pox
Last tetanus shot _____ Last flu shot _____

For Women only:

Abnormal bleeding or discharge
Any gynecological surgery
Pain during intercourse
Kidney stones
Urinary Tract Infections
Sexually transmitted diseases (gonorrhea, syphilis, herpes, venereal warts, AIDS, etc.)

Age at time of First menstrual period _____

Number of pregnancies _____

Number of live births _____

Did you breast feed your children? _____

Average, how long? _____

Last menstrual period _____

Breasts

Breast pain
Nipple discharge
Breast lumps
Previous breast surgery
Changes in breast size

For Men Only:

Kidney stones
Prostate Disease
Difficulty urinating
Urinary tract infections
Vasectomy
Sexually transmitted diseases (gonorrhea, syphilis, herpes, venereal warts, AIDS, etc.)