

**Check if you have any of the following recently:**

**General:** Weight gain \_\_\_\_\_lbs. Weight loss \_\_\_\_\_lbs.

**Skin:** Rash Night sweats Itching (explain)\_\_\_\_\_

**Head:** Persistent headaches Injury Dizziness (explain)\_\_\_\_\_

**Neuro:** Seizures/Convulsions Numbness (explain)\_\_\_\_\_

**Nose:** Frequent nosebleeds Sinus trouble (explain)\_\_\_\_\_

**Mouth & Throat:** Bleeding gums Frequent sore throat Difficulty swallowing

**Neck:** Lumps (location) \_\_\_\_\_ Goiter

**Lungs/Chest:** Bloody sputum Pneumonia Asthma Emphysema Blood clots to lungs

Chronic cough Injury Shortness of Breath (date of last chest x-ray)\_\_\_\_\_

**Breasts:**

Lumps(indicate location)\_\_\_\_\_ Nipple discharge (describe)\_\_\_\_\_

Tenderness(location and if related to cycle)\_\_\_\_\_

**Heart:** Heart Attack Chest or Arm pain Shortness of breath Swelling of feet or legs

High Cholesterol Date of last electrocardiogram\_\_\_\_\_

**Intestinal Tract:** Loss of appetite Nausea Vomiting Vomiting blood Ulcers

Bleeding from rectum Diarrhea Constipation Change in bowel habits Hemorrhoids

Gallbladder disease Heartburn Tumor Colitis Abdominal pain

(Explain any of the above)\_\_\_\_\_

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**Urinary Tract:** Infection Bleeding Burning/Pain on urination Night urination

Stones Difficulty starting stream Loss of urine with coughing

**Female System:** Pain with periods Age when periods began \_\_\_\_\_ Date of last PAP smear\_\_\_\_\_

Starting date of last period\_\_\_\_\_ Length between periods\_\_\_\_\_ # Miscarriages/abortions\_\_\_\_\_

# of Pregnancies\_\_\_\_\_ (dates of delivery)\_\_\_\_\_

**Male System:** Discharge Pain or Swelling of scrotum/testes

**Extremities:** Phlebitis or blood clots in lets Swelling (describe) \_\_\_\_\_