

Patient Name _____ Date of Birth _____

Please check any symptoms you have had.

General

- Fatigue
- Weight loss
- Change in weight
- Sleeping too much
- Change in appetite
- Headache
- Memory loss
- Tension
- Sensitivity to scent
- Change in sleep
- Intolerance to heat or cold
- Hair loss
- Fear
- Dry mouth
- Sweating
- Night sweats
- Bruising
- Insomnia
- Shakiness

Gastrointestinal

- Abdominal distension
- Abdominal pain
- Blood in the stool
- Constipation
- Nausea
- Foul smelling/black stool
- Difficulty swallowing
- Jaundice
- Painful swallowing
- Vomiting
- Vomiting blood
- Diarrhea
- Heartburn
- Hepatitis

Cardiovascular

- Chest pain
- Palpitations
- High blood pressure

- Anemia
- Heart attack
- Fainting
- Blood clots
- Ankle swelling

Respiratory

- Cough
- Coughing up blood
- Shortness of breath
- Chest pain
- Wheezing

Endocrine

- Excessive hair growth

Urinary

- Flank pain
- Pain on urination
- Blood in the urine
- Frequent urination
- Kidney stones

Neurologic

- Paralysis
- Loss of sensation
- Dizziness
- Seizure
- Stroke
- Tremor

Gynecologic

- Pelvic pain
- Heavy menses
- Irregular menses
- Pain with intercourse
- Pre-menstrual symptoms

Musculoskeletal

- Gout
- Back pain
- Weakness
- Leg pain
- Muscle weakness
- Abnormal movement
- Joint pain
- Stiffness

Skin

- Rash
- Dry skin

Eyes, Ears, Nose, Throat

- Change in vision
- Ringing in ears
- Hoarseness
- Deafness
- Head trauma
- Blurry vision
- Nosebleed

Mental Health

- Loss of interest in work
- Depressed mood
- Difficulty concentrating
- Guilty feelings
- Loss of sexual desire
- Anxiety
- Feeling of hopelessness
- Hearing voices
- Visual hallucinations
- Nervousness
- Thoughts of suicide
- Social withdrawal