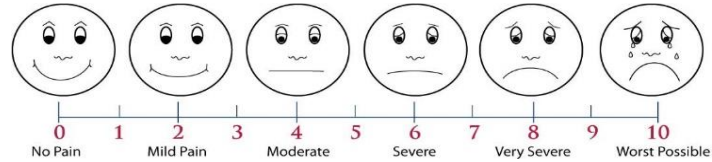


Reason for visit: _____

Work Related: YES or NO

Please rate your pain level:
(if applicable)



Are you or is there a possibility that you can be pregnant? YES or NO

Are you currently having or have had problems with: (check all that apply)

General well-being

- Fever
- Weight loss (> 10#)
- Excess Fatigue
- Recurrent Nausea/vomit
- Night sweats

Eyes

- Wear glasses
- Date of last exam: _____
- Infections
- Injuries
- Glaucoma
- Cataracts
- Blurred vision
- Trouble focusing
- Recent change in vision

Ears, Nose, Mouth, and Throat

- Wear hearing aids
- Date of last exam: _____
- Hearing loss
- Ear infection
- Pressure in ears
- Ringing in ears
- Pain in ears
- Balance disturbance
- Itching in ears
- Dizziness
- Nasal congestion
- Nasal drainage
- Nosebleeds
- Sinus problems
- Sinus infections
- Sinus headaches
- Throat infections
- Difficulty swallowing
- Lip or mouth sores
- Sore throats

Respiratory

- Chronic cough
- Emphysema
- Bronchitis
- Asthma
- Chronic obstruction
- Pulmonary disease
- Shortness of breath
- Oxygen use at home
- Pneumonia
- Lung cancer
- Tuberculosis
- Blood in saliva
- Date of last chest X-ray: _____

Cardiovascular

- Chest pain
- Date of last EKG: _____
- Heart attack
- High blood pressure
- Low blood pressure
- Irregular heartbeat
- Heart murmur
- Arm and leg swelling
- High cholesterol

Gastrointestinal

- Blood in vomit
- Indigestion
- Nausea/vomiting
- Jaundice
- Abdominal pain
- Change in bowel habits
- Ulcers or Gastritis
- Colon, stomach cancer
- Hepatitis

Hematologic

- Anemia
- Hemophilia

Genitourinary

- Urinary tract infection
- Painful urination
- Blood in urine
- Difficulty urinating
- Incontinence
- Kidney stones
- Prostate cancer
- Endometriosis
- Uterine, ovarian or cervical cancer

Neurological

- Disorientation
- Fainting/blacking out
- Light headedness
- Seizures
- Stroke
- Mini-stroke
- Memory problems
- Concentration issues
- Speech issues
- Facial weakness/spasms
- Muscle weakness
- Coordination issues
- Uncontrolled shaking
- Headache
- Migraine

Endocrine

- Diabetes
- Hormone problems
- Low blood sugar
- Thyroid disease
- Increased appetite
- Excessive thirst
- Excessive urination
- Temperature intolerance
- Pituitary gland issues
- Bleeding tendencies

Immunologic

- Environmental allergies
- Hay fever
- Food allergies
- Immune system issues
- Tissue disease
- Frequent colds

Skin

- Eczema/Psoriasis
- Dermatitis
- Dry/Scaling scalp
- Rashes
- Changes in color
- Changes in moles
- Skin Cancer
- Breast pain/swelling
- Date of last Mammogram: _____

Musculoskeletal

- Broken bones
- Arm or leg weakness
- Joint pain/swelling
- Back pain
- Arthritis

Psychiatric

- Anxiety
- Depression
- Manic/Depression
- Schizophrenia
- Considering suicide
- Panic attacks
- Sudden mood swings
- Insomnia
- Under psychiatric care
- Desiring psychiatric care