

Current Symptoms

In order to make sure nothing important is overlooked, we ask that at each visit you take a moment to circle any of the symptoms you are currently experience.

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|------------------------------|--------------------------------|---------------------------------|--------------------|
| General: | Fever | Chills | Excessive Sweating |
| | Recent Weight Change | Decrease Appetite | |
| HEENT: | Itching Eyes | Hoarseness | Weak Voice |
| | Earache | Nosebleeds | Nasal Congestion |
| | Nasal Discharge | Sinus Pain | |
| Respiratory: | Choking | Cough | Chest Congestion |
| | Coughing up Blood | Difficulty Breathing | |
| | Sore Throat | Wheezing | |
| Cardiovascular: | Chest Pain/Discomfort | Palpitations | Limb Swelling |
| Gastrointestinal: | Nausea | Vomiting | Abdominal Pain |
| | Heartburn | Black or Tarry Stools | |
| Musculoskeletal/Skin: | Rash | Join Swelling | Joint Pain |
| Endocrine: | Excessive Thirst/Fluid Intake | Temperature Intolerance to Heat | |
| | Temperance Intolerance to Cold | | |
| Neurological: | Headache | Fainting | Dizziness |
| | Feelings of Weakness | | |

Please Print Name: _____ Date: _____