

HEALTH SURVEY- please check all that CURRENTLY apply.

CONSTITUTIONAL SYMPTOMS:

- Good general health lately
- Recent weight change
- Fever
- Fatigue

EARS/NOSE/MOUTH/THROAT:

- Hearing loss or ringing
- Chronic sinus problem or rhinitis
- Swollen glands in neck

CARDIOVASCULAR:

- Heart trouble
- Chest pain
- Coronary Artery Disease
- Congestive Heart Failure
- Heart Attack
- High blood pressure
- High Cholesterol
- Pacemaker/Defibrillator

RESPIRATORY:

- Chronic coughs
- COPD
- Shortness of breath
- Asthma or wheezing
- Emphysema
- Sleep apnea
- Use CPAP/BPAP

GASTROINTESTINAL:

- Abdominal Pain
- Nausea or vomiting
- Frequent diarrhea
- Constipation
- Loss of Appetite
- Heartburn
- Peptic ulcer (stomach or duodenal)
- Irritable bowel syndrome
- History of diverticulitis

GENITOURINARY:

- Frequent, burning, or painful urination
- Blood in urine
- Kidney stones
- Male: Testicle pain
- Female: Menstruation problems

MUSCULOSKELETAL:

- Inflammatory Arthritis
- Back pain
- Cold extremities
- Difficulty in walking

INTEGUMENTARY (skin):

- Skin changes
- Varicose veins

BREAST:

- Breast pain
- Breast Lump
- Breast Discharge
- Inversion of Nipple(s)

NEUROLOGICAL:

- Migraine headaches
- Light headed or dizzy
- Seizures
- Numbness or tingling sensations
- Tremors
- Paralysis
- History of Stroke
- Head injury

PSYCHIATRIC:

- Memory loss or confusion
- Anxiety
- Depression
- Insomnia

ENDOCRINE:

- Diabetes
- Hormonal problems
- Thyroid disease
- Thyroid nodule(s)

HEMATOLOGIC/ LYMPHATIC:

- Anemia
- Blood or Clotting Disorder
- Blood transfusion
- Enlarged lymph nodes
- Slow to heal after cuts
- History of blood clot (DVT)
- History of chemotherapy
- History of radiation

I certify that the above information is correct to the best of my knowledge. I will not hold my doctor or any members of his staff responsible for any errors or omissions that I may have made in completion of this form.

Patient Signature

Date

Reviewed By

Date