

Patient Name: \_\_\_\_\_

**Respiratory**

- Pneumonia
- Shortness of breath
- Cough Color of phlegm: \_\_\_\_\_
- Difficulty breathing when lying down
- Tight chest Wet or dry? \_\_\_\_\_
- Asthma/wheezing Thick or thin? \_\_\_\_\_
- Coughing blood

**Cardiovascular**

- High blood pressure
- Fainting
- Tachycardia
- Irregular heartbeat
- Low blood pressure
- Chest pain
- Heart palpitations
- Blood clots
- Difficulty breathing
- Phlebitis

**Gastrointestinal**

- Nausea
- Bad breath
- Intestinal pain or cramping Bowel movements:
- Vomiting
- Diarrhea
- Itchy anus Frequency: \_\_\_\_\_
- Acid regurgitation
- Constipation
- Burning anus Color: \_\_\_\_\_
- Gas
- Laxative use
- Rectal pain Odor: \_\_\_\_\_
- Hiccups
- Black stools
- Hemorrhoids Texture/form: \_\_\_\_\_
- Bloating
- Mucous stools
- Anal fissures \_\_\_\_\_

**Musculoskeletal**

- Neck/shoulder pain
- Lower back pain
- Limited range of motion
- Other (describe): \_\_\_\_\_
- Muscle pain
- Joint pain
- Limited use
- Upper back pain
- Rib pain

**Skin and Hair**

- Rashes
- Psoriasis
- Hair loss
- Other hair/skin \_\_\_\_\_
- Hives
- Acne
- Change in hair/skin texture \_\_\_\_\_
- Ulceration
- Dandruff
- Fungal infection \_\_\_\_\_
- Eczema
- Itching \_\_\_\_\_

**Neuropsychological**

- Seizures
- Depression
- Abuse survivor
- Numbness
- Anxiety
- Considered/attempted suicide
- Tics
- Irritability
- Seeing therapist
- Poor memory
- Easily stressed
- Other (specify): \_\_\_\_\_

**Genitourinary**

- Pain on urination
- Incontinent
- Wake to urinate
- Impotence
- Frequent urination
- Incomplete urination
- Increased libido
- Premature ejaculation
- Urgent urination
- Venereal disease
- Decreased libido
- Nocturnal emission
- Blood in urine
- Bedwetting
- Kidney stones
- Other: \_\_\_\_\_

**Gynecological**

- Age menses began: \_\_\_\_\_
- Irregular periods
- Date of last PAP: \_\_\_\_\_
- # of pregnancies: \_\_\_\_\_
- Length of cycle (day 1 to day 1)
- Painful period
- # of live births: \_\_\_\_\_
- Vaginal odor
- Clots
- # of premature births: \_\_\_\_\_
- Duration of flow: \_\_\_\_\_
- Vaginal sores
- Age at menopause: \_\_\_\_\_
- Date last period began: \_\_\_\_\_
- Vaginal discharge
- PMS
- Breast lumps
- \_\_\_\_\_
- Color: \_\_\_\_\_

Are there any other health concerns we have not addressed that you would like to add?

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