

REVIEW OF SYMPTOMS

PLEASE TICK **Y** IF YOU PRESENTLY HAVE THE CONDITION, AND **P** IF YOU HAVE PREVIOUSLY HAD THE CONDITION. LEAVE IT BLANK IF YOU HAVE NEVER HAD THE CONDITION.

NAME _____

DATE _____

GENERAL		Y	P
CURRENT WEIGHT:	FATIGUE, WEAKNESS FEVER, CHILLS		
CURRENT HEIGHT:			
WEIGHT 1 YEAR AGO:			
MAXIMUM WEIGHT (EXCLUDING PREGNANCY). WHEN?			
COMMENTS:			

HEAD	Y	P	MOUTH & THROAT	Y	P
HEAD INJURY			HOARSENESS		
HEADACHE			GUM/DENTAL PROBLEMS		
DIZZINESS			SORE MOUTH/THROAT		
OTHER			DIFFICULTY SWALLOWING		
			LOSS OF TASTE		
EYES	Y	P	OTHER		
EYE PAIN					
IMPAIRED VISION/BLURRING			NECK	Y	P
GLASSES/CONTACT LENSES			LUMPS		
EXCESSIVE TEARING			GOITER		
DRYNESS			STIFFNESS/PAIN		
ITCHING			SWOLLEN GLANDS		
REDNESS			OTHER		
DISCHARGE					
BLIND SPOT			EAR	Y	P
DOUBLE VISION			IMPAIRED HEARING		
GLAUCOMA			EAR PAIN		
CATARACTS			DISCHARGE		
LIGHT SENSITIVITY			EXCESSIVE WAX		
OTHER			REDNESS/ITCHING		
			DIZZINESS		
NOSE & SINUSES	Y	P	INFECTIONS		
FREQUENT COLDS			OTHER		
NOSEBLEEDS					
ALLERGIES			ALLERGIC HISTORY	Y	P
SINUSITIS			VACCINE REACTION		
POST-NASAL DRIP			DRUG SENSITIVITY		
OTHER			OTHER ALLERGIES - LIST		
			OTHER		

BREASTS	Y	P	RESPIRATORY	Y	P
BREAST SELF EXAMS			COUGH		
SORE NIPPLES			WHEEZING		
NIPPLE DISCHARGE			SPUTUM (COLOUR?)		
LUMP(S)			SHORTNESS OF BREATH (SOB)		
LAST MAMMOGRAM (DATE)			SOB AT NIGHT		
FEMALE REPRODUCTIVE	Y	P	RESPIRATORY	Y	P
AGE OF FIRST MENSES			DIFFICULTY BREATHING		
LENGTH OF CYCLE (DAYS)			PAIN ON BREATHING		
DURATION OF PERIOD			PNEUMONIA		
PAIN DURING MENSES			EMPHYSEMA		
IRREGULAR CYCLES			BRONCHITIS (CHRONIC/ACUTE)		
PMS			ASTHMA		
EXCESSIVE FLOW			SPITTING UP BLOOD		
BLEEDING BETWEEN PERIODS			PLEURISY		
FIBROIDS/CYSTS			TUBERCULOSIS		
ENDOMETRIOSIS			TUBERCULIN TEST (DATE & RESULT)		
VAGINAL DISCHARGE			LAST CHEST X-RAY (DATE & RESULT)		
VAGINAL ITCHING			OTHER		
SEXUALLY ACTIVE			CARDIOVASCULAR	Y	P
PAIN ON INTERCOURSE			CHEST PAIN		
DECREASED LIBIDO			ANGINA		
DIFFICULTY CONCEIVING			ANKLE SWELLING		
VENEREAL DISEASE			MURMUR(S)		
# OF PREGNANCIES			PALPITATIONS/FLUTTERING		
# OF MISCARRIAGES			LOW BLOOD PRESSURE		
# OF ABORTIONS			HIGH BLOOD PRESSURE		
ECTOPIC PREGNANCY			HEART DISEASE		
MENOPAUSE (AGE)			RHEUMATIC FEVER		
LAST PAP (DATE & RESULT)			CYANOSIS		
BIRTH CONTROL (DURATION)			LAST ECG (DATE & RESULT)		
OTHER			OTHER		
MALE REPRODUCTIVE	Y	P	URINARY	Y	P
TESTICULAR SELF EXAMS			INCREASED FREQUENCY		
TESTICULAR LUMPS/PAIN			DECREASED FREQUENCY		
HERNIA			FREQUENCY AT NIGHT		
SEXUALLY ACTIVE			PAIN ON URINATION		
LOW LIBIDO			INABILITY TO HOLD URINE		
VENEREAL DISEASE			KIDNEY STONES		
PENILE DISCHARGE			BLOOD IN URINE		
PREMATURE EJACULATION			URINARY TRACT INFECTIONS (UTI)		
IMPOTENCE			# OF UTI'S PER YEAR		
LAST PSA (DATE & RESULT)			HESITANCY		
LAST DRE (DATE & RESULT)			URGENCY		
OTHER			OTHER		

GASTROINTESTINAL	Y	P	MUSCULOSKELETAL	Y	P
CHANGE IN APPETITE			BROKEN BONES		
CHANGE IN THIRST			MUSCLE SPASM/CRAMPS		
DIFFICULTY SWALLOWING			MUSCLE WEAKNESS		
HEARTBURN			JOINT SWELLING/PAIN		
ABDOMINAL PAIN			BACKACHE		
BELCHING OR PASSING GAS			ARTHRITIS (OSTEO/RHEUM ARTHRITIS)		
VOMITING			OTHER		
VOMITING BLOOD			ENDOCRINE	Y	P
INDIGESTION			INCREASED HUNGER		
HIATAL HERNIA			INCREASED THIRST		
NAUSEA			HEAT/COLD INTOLERANCE		
ULCER			THYROID PROBLEMS		
# OF BOWEL MOVEMENTS (PER DAY)			INCREASED PERSPIRATION		
DIARRHEA			DIABETES		
CONSTIPATION			HYPOGLYCEMIA		
BLOOD IN STOOL			EXCESSIVE URINATION		
HEMORRHOIDS			HORMONE THERAPY		
BLACK TARRY STOOL			OTHER		
JAUNDICE			EMOTIONAL	Y	P
GALLBLADDER DISEASE			DEPRESSION		
LIVER DISEASE			ANGER		
OTHER			ANXIETY/NERVOUSNESS		
LAST COLONOSCOPY			TENSION		
SKIN	Y	P	MOOD SWINGS		
RASHES/HIVES			PHOBIAS: LIST		
ACNE			PSYCHIATRIC CARE (WHEN & DURATION)		
BOILS			INSOMNIA		
ECZEMA			MANIA		
PSORIASIS			ADDICTION(S): LIST		
DRY SKIN			OTHER		
ITCHY SKIN			PERIPHERAL VASCULAR	Y	P
COLOUR CHANGES			VARICOSE VEINS		
CHANGE IN MOLE(S)			DEEP LEG PAIN		
SKIN CANCER			EXTREMITY NUMBNESS		
NAIL CHANGES			EXTREMITY COLDNESS		
LUMPS			EXTREMITY ULCERS		
OTHER			EXTREMITY SWELLING		
NEUROLOGICAL	Y	P	LEG CRAMPS		
FAINTING			RAYNAUD'S DISEASE / SYNDROME		
SEIZURES/CONVULSIONS			THROMBOPHLEBITIS		
PARALYSIS			OTHER		
INVOLUNTARY MOVEMENTS			BLOOD & LYMPH	Y	P
LOSS OF BALANCE			ANEMIA		
SPEECH PROBLEMS			BRUISE/BLEED EASILY		
MEMORY LOSS			PAST TRANSFUSION(S)		
NERVE PAIN			LYMPH NODE SWELLING		
OTHER			OTHER		