

GENERAL (continued)

- Sudden energy drop at _____ (time)
- Strong thirst (cold/hot drinks) _____
- Peculiar tastes/smells _____
- Bleed or bruise easily (where) _____

SKIN AND HAIR

- Rashes
- Eczema
- Change in hair/skin texture
- Ulcerations
- Pimples
- Purpura
- Hives
- Dandruff
- Other hair or skin problems _____
- Itching
- Loss of hair

HEAD, EYES, EARS, NOSE, AND THROAT

- Dizziness
- Eye pain
- Blurry vision
- Sinus problems
- Teeth problems
- Spots in eyes
- Headaches (where and when) _____
- Other head or neck problems _____
- Concussions
- Poor vision
- Earaches
- Mucus
- Jaw clicks
- Recurrent sore throats _____/month
- Migraines
- Night blindness
- Ringing in ears
- Dry throat
- Grinding teeth
- Glasses
- Color blindness
- Poor hearing
- Dry mouth
- Facial pain
- Sores on lips or tongue.
- Eye strain
- Cataracts
- Nose bleeds
- Copious saliva
- Gum problems

CARDIOVASCULAR

- High blood pressure
- Dizziness
- Blood clots
- Low blood pressure
- Fainting
- Phlebitis
- Chest pain
- Cold hands/feet
- Difficulty breathing
- Irregular heartbeat
- Swelling in hands/feet
- Other

RESPIRATORY

- Cough
- Pneumonia
- Production of phlegm _____ what color? _____
- Coughing blood
- Difficulty in breathing when lying down
- Asthma
- Bronchitis
- Tight chest

GASTROINTESTINAL

- Nausea
- Gas
- Bad breath
- Constipation
- Pain or cramps
- Vomiting
- Belching
- Rectal pain
- Bloody stools
- Laxative use: _____/week; type _____
- Diarrhea
- Black stools
- Hemorrhoids
- Sensitive abdomen
- Bowel Movement**
 _____ Frequency
 _____ Color
 _____ Odor
 _____ Texture/form

GENITO-URINARY

- Pain on urination
- Unable to hold urine
- Wake up to urinate
- Frequent urination
- Kidney stones
- Blood in urine
- Venereal disease
- Urgency to urinate
- Impotency
- How often? _____/night; time: _____

PREGNANCY AND GYNECOLOGY

- Number pregnancies
- Age at first menses
- Flow (describe)
- Vaginal discharge
- Birth control
- Number births
- Period (days)
- Clots
- Vaginal sores
- Type and duration _____
- Premature births
- Duration
- Last PAP _____
- Breast lumps
- Miscarriages
- Irregular periods
- Last Menses _____
- Menopause _____

MUSCULOSKELETAL

- Neck pain
- Other joint or bone problems?
- Muscle pain
- Back pain (where) _____
- Joint pains (where) _____

NEUROPSYCHOLOGICAL

- Seizures
- Depression
- Treated for emotional problems
- Areas of numbness
- Anxiety
- Considered/attempted suicide
- Poor memory
- Bad temper
- Concussion
- Easily stressed
- Other _____

Patient Signature: _____

Date completed: _____