

Name: _____ Date of Birth: _____

Please circle the following informaton prior to your medication appointment and turn in to the medical assistant.

Note any changes in any information since previous appointment.

Constitutional

Genitourinary

Musculoskeletal

Chills / Fever	Yes	No	Painful urination	Yes	No	Back pain	Yes	No
Fatigue / uneasiness	Yes	No	Blood in urine	Yes	No	Joint pain	Yes	No
Night sweats	Yes	No	Large passage of urine	Yes	No	Joint swelling	Yes	No
Weight gain	Yes	No	Urinary frequency	Yes	No	Muscle weakness	Yes	No
Weight loss	Yes	No	Urinary Retention	Yes	No	Neck pain	Yes	No

HEENT

Gastrointestinal

Integumentary

Ear drainage	Yes	No	Abdominal pain	Yes	No	Brittle hair	Yes	No
Ear pain	Yes	No	Blood in stools	Yes	No	Brittle nails	Yes	No
Eye discharge	Yes	No	Loss of appetite	Yes	No	Hair loss	Yes	No
Eye pain	Yes	No	Constipation	Yes	No	Skin lesions	Yes	No
Hearing loss	Yes	No	Diarrhea	Yes	No	Hives	Yes	No
Visual changes	Yes	No	Heartburn	Yes	No	Severe itching of the skin	Yes	No
Sinus pressure	Yes	No	Vomiting	Yes	No	Mole changes	Yes	No
Sore throat	Yes	No	Nausea	Yes	No	Rash	Yes	No

Respiratory

Neurological

Psychiatric (Today's symptoms)

Chronic cough	Yes	No	Dizziness	Yes	No	Anxiety	Yes	No
Cough	Yes	No	Headache	Yes	No	Depression	Yes	No
Known TB exposure	Yes	No	Memory loss	Yes	No	Insomnia	Yes	No
Shortness of breath	Yes	No	Seizurs	Yes	No	Difficulty concentrating	Yes	No
Wheezing	Yes	No	Tremors	Yes	No	Behavioral changes	Yes	No

Metabolic / Endocrine

Hematologic / Lymphatic

Immunologic

Cold intolerance	Yes	No	Easy bleeding	Yes	No	Contact allergy	Yes	No
Heat intolerance	Yes	No	Easy bruising	Yes	No	Environmental allergy	Yes	No
Excessive thirst	Yes	No	Swollen lymf nodes	Yes	No	Food allergy	Yes	No
Excessive hunger	Yes	No	Bleeding gums	Yes	No	Seasonal allergies	Yes	No

Cardiovascular

Male Reproductive

Female Reproductive

Chest pain	Yes	No	Erectile dysfunction	Yes	No	Abnormal pap	Yes	No
Limping / cramping	Yes	No	Penile discharge	Yes	No	Hot flashes	Yes	No
Swelling from fluid	Yes	No	Sexual dysfunction	Yes	No	Irregular menses	Yes	No
Irregular heartbeat	Yes	No	Testicular pain	Yes	No	Vaginal discharge	Yes	No

