

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

Circulation

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

Respiratory

Cough	Low blood pressure	Asthma	Bronchitis
Pneumonia	Difficulty in breathing when lying down		Tight chest
Production of phlegm _____ what color _____			Other lung problems

Gastrointestinal

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

Genito-Urinary

Pain on urination	Frequent urination	Blood in urine	Urgency to urinate
Unable to hold urine	Kidney stones	Venereal disease	Impotency
Wake up to urinate	How often _____ /night; time _____		Other G/U problems

Pregnancy and Gynecology

Number pregnancies	Number births	Premature births	Miscarriages
Age at first menses	Period (days)	Duration	Irregular periods
Flow (describe)	Clots	Last PAP _____	Last menses _____
Vaginal discharge	Vaginal sores	Breast lumps	Menopause _____
Birth control Type and duration _____		Changes in body/psyche prior to menstruation	

Musculoskeletal

Neck pain

Muscle pains

Back pain (where)

Joint pain (where)

Other joint or bone problems?

Neuropsychological

Seizures

Areas of numbness

Poor memory

Concussion

Depression

Anxiety

Bad temper

Easily stressed

Treated for emotional problems

Considered/attempted suicide

Comments
