

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check "No complaints" or check all that apply

**CONSTITUTIONAL**

- No complaints
- Fever
- Fatigue
- Weight loss \_\_\_lbs.
- Weight gain \_\_\_lbs.

**EYES**

- No complaints
- Loss of vision
- Glaucoma
- Blurred vision
- Double vision

**ENMT**

- No complaints
- Hearing Loss
- Sinusitis
- Vertigo/Dizziness
- Difficulty swallowing

**CARDIOVASCULAR**

- No complaints
- Chest Pain
- Palpitations
- Heart failure
- Heart attack
- Irregular heartbeat
- Leg swelling

**RESPIRATORY**

- No complaints
- Chronic cough
- Coughing blood
- Wheezing
- Shortness of breath

**GASTROINTESTINAL**

- No complaints
- Nausea/Vomiting
- Diarrhea
- Constipation
- Bloody stool

**GENITOURINARY**

- No complaints
- Frequent urination
- Kidney stones
- Abnormal bladder control
- Sexual dysfunction

**MUSCULOSKELETAL**

- No complaints
- Joint pain
- Muscle pain
- Muscle cramps
- Neck pain
- Middle back pain
- Lower back pain

**SKIN/IMMUNOLOGIC**

- No complaints
- Rash
- Easy bruising
- History of frequent infections
- History of frequent allergies

**NEUROLOGICAL**

- No complaints
- Headache
- Confusion
- Lost balance
- Weakness
- Memory loss
- Tremor
- Difficulty with speech
- Passing out
- Convulsions
- Numbness/Tingling
- Falls
- Muscle stiffness

**PSYCHOLOGICAL**

- No complaints
- Depression
- Anxiety
- Visual hallucinations
- Auditory hallucinations
- Manic attacks
- Panic attacks
- Suicidal thoughts/attempts
- Personality changes

**SLEEP**

- No complaints
- Insomnia
- Loud snores
- Excessive sleepiness
- Sleep attacks

**ENDOCRINE**

- No complaints
- Fatigue
- Increased thirst
- Hair loss
- Increased hair growth
- Cold intolerance

**HEMATOLOGIC/LYMPHATIC**

- No complaints
- Swollen glands
- Excessive bleeding

**ALLERGIC/IMMUNOLOGIC**

- No complaints
- Runny nose
- Sinus pressure
- Itching
- Hives
- Frequent sneezing

**SPIRITUAL (Faith in Practice)**

- No complaints
- Religious beliefs
- Spiritual concerns
- Spiritual support system

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_