

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: _____