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**Patient name:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEW OF SYMPTOMS**

*(Please place a check mark next to symptoms you are currently having)*

**Constitution** **Eyes** **Endocrine** **Allergy/Immuno**

\_\_\_Activity change \_\_\_Eye discharge \_\_\_Cold intolerance \_\_\_Environ allergies

\_\_\_Appetite change \_\_\_Eye itching \_\_\_Heat intolerance \_\_\_Food allergies

\_\_\_Chills \_\_\_Eye pain \_\_\_Excessive Thirst \_\_\_Immunocompromised

\_\_\_Increased Sweating \_\_\_Eye redness \_\_\_Increased Appetite

\_\_\_Fatigue \_\_\_Sensitivity to Light \_\_\_ Frequent Urination **Neurological**

\_\_\_Fever \_\_\_Visual disturbance **­Genitourinary**  \_\_\_Dizziness

\_\_\_Unexpected weight change \_\_\_Difficulty urinating \_\_\_Facial drooping

 \_\_\_Pain w/ Intercourse \_\_\_Headaches

**HEENT** **Respiratory**  \_\_\_Pain w/ Urination \_\_\_Light-headedness

\_\_\_Facial swelling \_\_\_Wheezing \_\_\_Incontinence \_\_\_Numbness

\_\_\_Neck pain \_\_\_Chest tightness ­\_\_\_Flank pain \_\_\_Seizures

\_\_\_Neck stiffness \_\_\_Choking \_\_\_Frequency \_\_\_Speech difficulty

\_\_\_Ear discharge \_\_\_Cough \_\_\_Genital sore \_\_\_Syncope (Fainting)

\_\_\_Hearing loss \_\_\_Shortness of breath \_\_\_Blood in Urine \_\_\_Tremors

\_\_\_Ear pain \_\_\_Menstrual problem \_\_\_Weakness

\_\_\_Ringing in ears \_\_\_Pelvic pain

\_\_\_Nosebleeds \_\_\_Urgency **Hematologic**

\_\_\_Congestion **Cardiovascular­** \_\_\_Urine decreased \_\_\_Swollen Lymph Nodes

\_\_\_Runny Nose \_\_\_Chest pain \_\_\_Vaginal bleeding \_\_\_Bruises/bleeds easily

\_\_\_Postnasal drip \_\_\_Leg swelling \_\_\_Vaginal discharge **Psychiatric**

\_\_\_Sneezing \_\_\_Palpitations \_\_\_Vaginal pain \_\_\_Agitation

\_\_\_Sinus pressure \_\_\_Behavior problem

\_\_\_Dental problem **Gastrointestinal­** **­Muscle**s \_\_\_Confusion

\_\_\_Drooling \_\_\_Abdominal distention ­\_\_\_Joint Pain \_\_\_Decr concentration

\_\_\_Mouth sores \_\_\_Abdominal pain \_\_\_Back pain \_\_\_Depressed mood

\_\_\_Sore throat \_\_\_Anal bleeding \_\_\_Difficulty Walking \_\_\_Hallucinations

\_\_\_Trouble swallowing \_\_\_Blood in stool \_\_\_Joint swelling \_\_\_Hyperactive

\_\_\_Voice change \_\_\_Constipation \_\_\_Muscle Pain \_\_\_Nervous/anxious

 \_\_\_Diarrhea **Skin** \_\_\_Self-injury

 \_\_\_Nausea \_\_\_Color change \_\_\_Sleep disturbance

 \_\_\_Rectal pain \_\_\_Pallor \_\_\_Suicidal ideas

 \_\_\_Vomiting \_\_\_Rash

 \_\_\_Wound