

Name \_\_\_\_\_ Date \_\_\_\_\_

Please place a check (✓) in front of any of the following symptoms that you may be experiencing:

**GENERAL**

- Chronic fatigue(months)
- Trouble sleeping
- Allergies
- Weight gain over 10 lbs.  
(In past 6 months)
- Weight lose over 10 lbs.  
(In past 5 months)
- Prolonged illness (months)
- Permanent defects

**VASCULAR**

- Varicose veins
- Phlebitis
- Blood clots
- Elevated blood pressure
- Blue or purple extremities
- Ankle swelling
- Anemia

**ENDOCRINE**

- Diabetes
- Elevated blood sugar
- Sugar in urine
- Excessive thirst
- Rapid hair loss
- Cold or heat intolerance

**MUSCULOSKELETAL**

- Joint pain
- Joint swelling
- Frequent muscle cramps
- Bone fractures
- Recurrent back pain
- Sciatica
- Recurrent neck pain
- Persistent rash
- Changing moles
- Extreme dryness
- Nail changes

**EAR, NOSE & THROAT**

- Recurrent ear infections
- Lose of hearing
- Recurrent sinusitis
- Recurrent nose bleeds
- Recurrent sore throats
- Difficulty swallowing
- Persistent ear ringing

**GASTROINTESTINAL**

- Poor appetite
- Recurrent vomiting
- Recurrent constipation
- Recurrent gas
- Abdominal cramps/pain
- Heartburn
- Black, tar-like stool
- Pancreatitis
- Hepatitis
- Jaundice
- Ulcers
- Irritable bowel
- Colitis
- Diverticulitis
- Hemorrhoids
- Rectal bleeding

**GYNECOLOGICAL**

- Number of pregnancies
- Number of deliveries
- Number of miscarriages
- Menstrual problems
- Severe menstrual cramps
- Pelvic infections
- Vaginal infections
- Vaginal discharge
- Breast lumps
- Breast discharge
- \_\_\_\_\_  
Last menstrual period

\_\_\_\_\_  
Type of birth control

**NEUROLOGICAL**

- Recurrent headaches
- Loss of consciousness
- Dizziness
- Head injury/concussion
- Glasses/contact lenses
- Glaucoma
- Changes in vision
- Cataracts

**CARDIAC**

- Recurrent chest pain or pressure
- Recurrent palpitations
- Irregular heartbeats
- Rheumatic fever
- Difficulty breathing when exerted
- Nighttime urination

**UROLOGICAL**

- Kidney infections
- Stones
- Urinary tract/bladder infections
- Burning sensation when  
urinating
- Blood in urine
- Frequent urination
- Discharge
- Venereal disease
- Urinary incontinence
- Diminished sexual satisfaction

**RESPIRATORY**

- Persistent cough
- Wheezing
- Asthma
- Pneumonia
- Hoarseness
- Difficulty breathing
- Coughing up blood
- Tuberculosis
- Positive PPD/Tine test

Do you have a living will?

\_\_\_\_\_  
Yes                      No

Do you want information about living wills?

\_\_\_\_\_  
Yes                      No