

**Review of Symptoms:** Please check any that CURRENTLY apply to you:

**General:** nausea vomiting fever chills night sweats weakness fatigue

recent weight gain over 20lbs recent weight loss over 20lbs Was your weight loss intentional?

**Skin:** painful toenails toenail fungus athletes foot corns & calluses warts cracked heels

rashes lumps open sores itching dryness mole changing in size or color

**HEENT:** headache head injury loss of vision eye pain double vision blurred/double vision

glaucoma cataracts hearing loss hearing aids ringing in ears dizziness earache

hay fever nosebleeds head cold sinus pain sore throat

**Chest:** chest pain heart palpitations heart murmur artificial heart valve shortness of breath

difficulty breathing chronic cough wheezing coronary artery disease

**Gastrointestinal:** loss of appetite nausea vomiting diarrhea constipation acid reflux irritable bowel hepatitis jaundice heartburn abdominal pain

**Endocrine:** heat intolerance cold intolerance increased appetite excessive thirst frequent urination

**Vascular:** Blood clots in legs leg cramps at night leg cramps when walking varicose veins phlebitis poor circulation swollen legs or ankles

**Musculoskeletal:** Bunions hammertoes heel pain arch pain ankle pain arthritis gout joint pain back pain muscle pain

**Neurological:** numbness tingling burning seizures anxiety depression

Please add any additional information about your health \_\_\_\_\_

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_