General/Constitutional

Fatigue	O Yes	O No
Weight gain	O Yes	O No
Weight loss	O Yes	O No
Change in appetite	O Yes	O No
Lightheadedness	O Yes	O No
Heat Intolerance	O Yes	O No
Cold Intolerance	O Yes	O No
Sleep disturbance	O Yes	O No

Head and Neck

Goiter or Thyroid problems	O Yes	O No
Hoarseness of voice	O Yes	O No
Head Injury	O Yes	O No
Fainting Spell, Loss of consciousness	O Yes	O No
Double vision	O Yes	O No
Sinus Trouble	O Yes	O No
Decreased hearing	O Yes	O No
Difficulty swallowing	O Yes	O No
Dry mouth	O Yes	O No
Nosebleed	O Yes	O No
Swollen glands	O Yes	O No

Cardiovascular and Respiratory

Chest pain	O Yes	O No
History of Heart trouble	O Yes	O No
High Blood Pressure	O Yes	O No
Emphysema, Chronic Bronchitis	O Yes	O No
Leg Pain	O Yes	O No
Difficulty lying flat	O Yes	O No
Swelling of the legs	O Yes	O No
Irregular heartbeat/Palpitations	O Yes	O No
Shortness of breath	O Yes	O No

Name: ______________________

Date of Birth: _____________

Gastrointestinal		
Abdominal pain	O Yes	O No
Constipation	O Yes	O No
Decreased appetite	O Yes	O No
Diarrhea	O Yes	O No
Exposure to hepatitis/Liver Problems	O Yes	O No
Nausea/Heartburn	O Yes	O No
Rectal bleeding	O Yes	O No
~~Blood in stool~~	~~O Yes~~	~~O No~~
Change in bowel habits	O Yes	O No

Genitourinary		
Blood in urine	O Yes	O No
Difficulty urinating	O Yes	O No
Frequent urination	O Yes	O No
Pain in lower back	O Yes	O No
Painful urination	O Yes	O No
Sexual issues	O Yes	O No
Prostate problem if male	O Yes	O No
Other Kidney and Bladder disease	O Yes	O No

Neurologic and Psychiatric		
Depression	O Yes	O No
Anxiety	O Yes	O No
Balance difficulty	O Yes	O No
Difficulty speaking	O Yes	O No
Loss of use of extremity	O Yes	O No
Memory impairment	O Yes	O No
Transient loss of vision/Visual Issues	O Yes	O No
Seizures and Convulsion	O Yes	O No
Tremors	O Yes	O No

Miscellaneous		
Excessive Bruising/Bleeding	O Yes	O No
Anemia/Low blood count	O Yes	O No
Blood disease	O Yes	O No
Stiffness of the joints/Arthritis	O Yes	O No
Muscle Ache	O Yes	O No
History of cancer	O Yes	O No

(Please list other diagnosis and surgical history on seperate intake form provided)