

Constitutional:

If **YES**, explain: _____

Have you had a change in your appetite?

NO YES

Have you had any weakness?

NO YES

Cardiovascular:

Are you having any new chest pain?

NO YES

Are you getting short of breath when you lay down?

NO YES

Are you getting short of breath when you exercise?

NO YES

Extremities:

Are your feet or legs swollen?

NO YES

Do you have any open sores on your feet or legs?

NO YES

Gastrointestinal:

Do you have bloating of your stomach?

NO YES

Are you constipated?

NO YES

Are you having diarrhea?

NO YES

Are you having nausea or pain?

NO YES

Are you having heartburn or reflux?

NO YES

Urological:

Have you had a change in urination?

NO YES

Do you have pain when you urinate?

NO YES

Do you have blood in your urine?

NO YES

Neurological:

Have you been getting dizzy?

NO YES

Have you had weakness in one arm or leg?

NO YES

Have you had a change in sensation in your arms or legs?

NO YES

Skin:

Do you have acne?

NO YES

Do you have a skin infection?

NO YES

Do you have a rash?

NO YES

Have you had a change in your hair?

NO YES

Muscular-Skeletal:

Are you having back or joint pains?

NO YES

Are you having muscle pains or cramps?

NO YES

Hematological:

Have you been bleeding easily?

NO YES

Have you been bruising easily?

NO YES

Exercise: Days per week: _____ Minutes per day: _____ Type of exercise: _____

Alcohol: Drinks weekly: _____ Type of drinks: _____ **Cigarette Smoking:** Packs per day: _____

Cell: _____ **Email:** _____ **Insurance:** _____

Have you had a change in Address, Home Phone, or Primary Care Physician?