

General	No	Yes	Notes	Gastrointestinal	No	Yes
Fatigue				Chronic Diarrhea		
Fever/Chills				Bloating		
Insomnia				Excessive Gas		
Poor Appetite				Hemorrhoids		
Recent Illness				Nausea/Vomiting		
Weakness				Reflux		
Weight Gain >10LBS				Female Genitourinary/Urology	No	Yes
Weight Loss >10LBS				Abnormal Periods		
Skin	No	Yes		Painful Periods		
Acne				Painful Intercourse		
Change in moles/warts				Decreased Libido		
Itching				Pelvic Pain		
Rash				Hot Flashes/Night Sweats		
Sores				PMS		
HEENT	No	Yes		Vaginal Discharge		
Glaucoma				Blood in Urine		
Sensitivity to light				Painful Urination		
Vision change				Urine Leakage		
Visual Disturbance				Musculoskeletal	No	Yes
Difficulty Hearing				Back Pain		
Ringing in ears				Joint Pain/Swelling		
Nasal Discharge				Leg Pain		
Sinus Problems				Muscle Pain		
Sore Throat				Neurologic	No	Yes
Hoarsness				Dizziness		
Sleep Apnea				Fainting		
Jaw-Pain				Headache		
Neck	No	Yes		Numbness		
Neck Mass				Seizures		
Neck Pain				Weakness		
Respiratory	No	Yes		Psychiatric	No	Yes
Asthma				Abuse (past/present)		
Cough				Anxiety		
Difficulty Breathing				Assault		
Wheezing				Depression		
Chest Tightness				Drug/Alcohol (past/present)		
Breast	No	Yes		Eating Disorder		
Nipple Discharge				Suicidal Thoughts		
Breast Mass				Endocrinology	No	Yes
Breast Pain				Elevated Cholesterol		
Cardiovascular	No	Yes		Hair Changes		
Chest Pain				Heat/Cold Intolerance		
Heart Murmur				Increased Thirst		
Heart Palpations				Thyroid Problems		
Irregular Heartbeat				Hematologic	No	Yes
Legpain and/or swelling				Abnormal Bleeding		
Gastrointestinal	No	Yes		Anemia		
Abdominal Pain				Bruising		
Anal Itching				Lymph Node Enlargement		
Blood in Stool				Venous Blood Clots		
Constipation				Allergies	No	Yes
				Anaphylactic		