Birth date/Name:_____

Heritage Family Medicine.com

Review of Symptoms

Please ✓ following symptoms you have experienced within the last **SIX WEEKS**.

Date of **1st visit**:_____
Date of **2nd visit**:_____
Date of **3rd visit**:_____
Date of **4th visit**:_____

1	2	3	4	
				General
				Fatigue, tire easily
				Marked weight gain or loss
				Restlessness, being "hyper"
				Night sweats
				Persistent fever
				Eyes
				Trouble seeing
				Eye pain
				Inflamed eyes
				Double vision
				Wear glasses or contacts
				ENT
				Loss of hearing
				Ringing in ears
				Discharge from an ear
				Nasal obstruction
				Sore gums
				Sore tongue
				Dental problems
				Jaw pain
				Hoarseness
				Sinus symptoms
				Endocrine
				Excess thirst
				Intolerance to cold
				Intolerance to heat
				Suffering "hot flashes"
				Breast / Chest
				Lump, pain, or discharge
				Cardiovascular
				Chest pain
				Swelling ankles
				Bluish fingers or lips
				High blood pressure
				Palpitations or irregularity
				Vein trouble
				Leg clots
				Lower leg pain when walking
				Respiratory
				Shortness of breath
				Wheezing
				Persistent cough
				Bloody sputum
				GI
				Change in appetite
				Difficulty swallowing
				Heartburn
				Abdominal pain
				Swelling of / in abdomen
				Belching or excessive gas
				Nausea or vomiting
				Rectal bleeding or dark stools

1	2	3	4	
				GI cont.
				Constipation
				Diarrhea
				Hemorrhoids
				Any food intolerance
				Use of laxatives
				Purging or induced vomiting
				Binge eating or drinking
				Following special diet
				Genitourinary
				Unable to hold urine
				Pain or burning on urination
				Night time urination
				Blood in urine
				Vaginal discharge or malodor
				Pain or lump in testis
				Poor quality erections
				Pain with intercourse
				Disappointing sex life
				Problems with periods
				Musculoskeletal
				Back pain
				Neck pain
				Muscle cramps or weakness
				Joint pain, swelling or stiffness
				Foot pain
				Skin
				Rash, hives
				Dry skin
				Itching
				Change in hair or nails
				Easy bruising
				Non-healing sore
				New or changed dark spot
				Neuro
				Headaches
				Dizziness or loss of balance
				Fainting
				Memory loss, poor concentration
				Change in sensation
				Weakness or numbness
				Poor coordination
				Psychiatric
				Mood swings
				Sleeplessness
				Nervousness, anxiety, fear
				Depression, grief or sadness
				Hard to find pleasure
				Family problems
				Occupational concerns
				Hematologic / Infectious
				Lymph node swelling or pain
				Engaged in risky sex or drugs
				Allergy
				Allergy symptoms

Any other concerns:_____