HEAD, EYES, EARS, NOSE, THROAT

- ☐ Dizziness
- ☐ Glasses
- ☐ Eye pain
- ☐ Color blindness
- ☐ Eyestrain
- ☐ Poor hearing
- ☐ Dry throat
- ☐ Sinus problems
- ☐ Grinding teeth
- ☐ Teeth problems
- ☐ Concussions
- ☐ Spots in front of eyes
- ☐ Poor vision
- ☐ Cataracts
- ☐ Spots in eyes
- ☐ Earaches
- ☐ Dry mouth
- ☐ Recurrent sore throats
- ☐ Sores on lips or tongue
- ☐ Gum problems
- ☐ Migraines
- ☐ Headaches (where? when?)
- ☐ Night blindness
- ☐ Blurry vision
- ☐ Ringing in ears
- ☐ Mucus
- ☐ Copious saliva
- ☐ Nose bleeds
- ☐ Facial pain
- ☐ Jaw clicks

☐ Any other head or neck problems Text

CARDIOVASCULAR

- ☐ Dizziness
- ☐ Irregular heartbeat
- ☐ Cold hands or feet
- ☐ Blood clots
- ☐ Low blood pressure
- ☐ High blood pressure
- ☐ Swelling of hands
- ☐ Difficulty in breathing
- ☐ Chest pain
- ☐ Fainting
- ☐ Swelling of feet
- ☐ Phlebitis

☐ Any other heart or blood vessel problems Text

RESPIRATORY

- ☐ Cough
- ☐ Bronchitis
- ☐ Coughing up blood
- ☐ Pain with deep inhalation
- ☐ Asthma Text
- ☐ Pneumonia Text

☐ Difficulty breathing when lying down Text ☐ Production of phlegm (color?) Text

☐ Any other lung problems Text

GASTROINTESTINAL

- ☐ Nausea
- ☐ Constipation
- ☐ Black stools
- ☐ Bad breath
- ☐ Abdominal pain or cramps
- ☐ Vomiting
- ☐ Gas
- ☐ Blood in stools
- ☐ Rectal pain
- ☐ Chronic laxative use
- ☐ Diarrhea
- ☐ Belching
- ☐ Indigestion
- ☐ Hemorrhoids
- ☐ Sensitive abdomen

☐ Any other GI problems Text

GENITOURINARY

- ☐ Pain on urination
- ☐ Urgency to urinate
- ☐ Decrease in flow
- ☐ Waking at night to urinate
- ☐ Frequent urination
- ☐ Unable to hold urine`
- ☐ Impotence
- ☐ Any particular color to urine t
- ☐ Blood in urine
- ☐ Kidney stones
- ☐ Sores on genitals

☐ Any other problems with genitourinary function Text

REPRODUCTIVE AND GYNECOLOGIC

Age at menarche Text
Number of live births Text
☐ Menstrual clots
Length of cycle Text
☐ Strong menstrual odor
☐ Vaginal discharge
Birth control method (since Text)

Age at menopause Text
Premature births Text
☐ Painful menses
Duration of menses Text
☐ Other menstrual problems Text
☐ Vaginal odor
☐ Other problems Text

Number of pregnancies Text
Miscarriages/abortions Text
☐ Irregular menses
☐ Premenstrual changes
☐ Breast lumps or swellings

MUSCULOSKELETAL

- ☐ Neck pain
- ☐ Back pain
- ☐ Hand/wrist pains
- ☐ Muscle pains
- ☐ Muscle weakness
- ☐ Shoulder pains
- ☐ Knee pain
- ☐ Foot/ankle pains
- ☐ Hip pain

Any other joint or bone problems Text