

**Mark current issues with a "C" and past issues with a "P".  
Include the date(s) of occurrence and diagnosing practitioner.**

<b>Integumentary</b>	<b>Head</b>	<b>Gastrointestinal</b>
_____ Rashes	_____ Headaches	_____ Indigestion
_____ Eczema	_____ Migraines	_____ Decrease in appetite
_____ Psoriasis	_____ Dizziness	_____ Increase in appetite
_____ Hives	_____ Trauma to head	_____ Increase in thirst
_____ Acne	_____ Dandruff	_____ Food Allergies
_____ Itching		_____ Heart burn
_____ Night sweats	<b>Ears</b>	_____ Nausea
_____ Dryness	_____ Ringing	_____ Vomiting
_____ Change in moles	_____ Impaired hearing	_____ Excessive belching
_____ Change in color/texture	_____ Earache/infections	_____ Excessive flatulence
_____ Hair loss	_____ Dizziness	_____ Bloating
_____ Skin cancer	_____ Discharge	_____ Jaundice
_____ Warts	_____ Wax build up	_____ Liver Disease
	_____ Itching	_____ Gallbladder issues
<b>Eyes</b>	_____ Tubes	_____ Hernia
_____ Near-sighted		_____ Ulcer
_____ Far-sighted	<b>Upper Respiratory</b>	_____ Irritable bowel syndrome
_____ Night/color blindness	_____ Frequent colds	_____ Crohn's disease
_____ Eye pain	_____ Wheezing	_____ Colitis
_____ Glasses/contacts	_____ Tonsillitis	_____ Loose stools
_____ Double vision	_____ Swollen neck glands	_____ Hard stools
_____ Blind spot	_____ Sinus problems/infections	_____ Mucus in stool
_____ Cataracts	_____ Nasal discharge	_____ Blood in stool
_____ Glaucoma	_____ Post nasal drip	_____ Black tarry stool
_____ Blurry vision	_____ Seasonal allergies	_____ Yellow/pale stool
_____ Dry eyes	_____ Nose bleeds	_____ Greenish stool
_____ Itchy eyes	_____ Coughing	_____ Rectal bleeding
_____ Tearing	_____ Sputum	_____ Hemorrhoids
_____ Red eyes	_____ Hoarseness	_____ Rectal fissures
_____ Discharge	_____ Wheezing	_____ Diverticulitis
	_____ Asthma	_____ Abdominal pain
<b>Mouth/Throat</b>	_____ Spitting up blood	
_____ Frequent sore throat	_____ Shortness of breath	<b>Blood/Lymph</b>
_____ Sore tongue/mouth	_____ Pain on breathing	_____ Anemia
_____ Gum problems	_____ Difficulty breathing	_____ Easy bruising
_____ Grinding of teeth	_____ Bronchitis	_____ Easy bleeding
_____ Hoarseness	_____ Pneumonia	_____ Past transfusion
_____ Dental fillings	_____ Tuberculosis	_____ Lymph node swelling
_____ Loss of taste		_____ Blood disease
_____ Trouble swallowing		_____ Blood type: _____
_____ Cold sores		

**Cardiovascular**

- \_\_\_\_\_ Rapid heartbeat
- \_\_\_\_\_ Heart disease
- \_\_\_\_\_ Angina
- \_\_\_\_\_ High blood pressure
- \_\_\_\_\_ High cholesterol
- \_\_\_\_\_ Heart murmur
- \_\_\_\_\_ Rheumatic fever
- \_\_\_\_\_ Chest pain
- \_\_\_\_\_ Palpitation/fluttering
- \_\_\_\_\_ Swollen ankles
- \_\_\_\_\_ Abnormal heart tests

**Peripheral Vascular**

- \_\_\_\_\_ Extremity swelling
- \_\_\_\_\_ Varicose veins
- \_\_\_\_\_ Extremity numbness
- \_\_\_\_\_ Deep leg pain
- \_\_\_\_\_ Extremity coldness
- \_\_\_\_\_ Extremity ulcers

**Neurological**

- \_\_\_\_\_ Fainting
- \_\_\_\_\_ Seizures/convulsions
- \_\_\_\_\_ Tingling/numbness
- \_\_\_\_\_ Involuntary movement
- \_\_\_\_\_ Loss of balance
- \_\_\_\_\_ Speech problems
- \_\_\_\_\_ Loss of memory
- \_\_\_\_\_ Paralysis

**Endocrine**

- \_\_\_\_\_ Thyroid disorder
- \_\_\_\_\_ Heat/cold intolerance
- \_\_\_\_\_ Excess sweating
- \_\_\_\_\_ Hypoglycemia
- \_\_\_\_\_ Chronic fatigue
- \_\_\_\_\_ Hormone therapy
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Seasonal depression
- \_\_\_\_\_ Shift work disorder

**Breasts**

- \_\_\_\_\_ Lumps
- \_\_\_\_\_ Pain or tenderness
- \_\_\_\_\_ Nipple discharge
- \_\_\_\_\_ Breast implants
- \_\_\_\_\_ Regular self-exam

**Musculoskeletal**

- \_\_\_\_\_ Joint pain
- \_\_\_\_\_ Joint stiffness
- \_\_\_\_\_ Joint swelling
- \_\_\_\_\_ Osteoarthritis
- \_\_\_\_\_ Rheumatoid arthritis
- \_\_\_\_\_ Muscle cramps
- \_\_\_\_\_ Backache
- \_\_\_\_\_ Neck pain/stiffness
- \_\_\_\_\_ Flat feet/pain
- \_\_\_\_\_ Weakness
- \_\_\_\_\_ Sprained joints
- \_\_\_\_\_ Broken bones

**Emotional**

- \_\_\_\_\_ Angry
- \_\_\_\_\_ Anxiety
- \_\_\_\_\_ Argumentative
- \_\_\_\_\_ Bad temper
- \_\_\_\_\_ Depression
- \_\_\_\_\_ Fear
- \_\_\_\_\_ Grief
- \_\_\_\_\_ Insomnia
- \_\_\_\_\_ Irritable
- \_\_\_\_\_ Low patience
- \_\_\_\_\_ Low self-image
- \_\_\_\_\_ Mood swings
- \_\_\_\_\_ Nervousness
- \_\_\_\_\_ Panic attacks
- \_\_\_\_\_ Pessimism
- \_\_\_\_\_ Phobias
- \_\_\_\_\_ Suicidal thoughts
- \_\_\_\_\_ Worrier

**Urinary**

- \_\_\_\_\_ Frequent infections
- \_\_\_\_\_ Pain on urination
- \_\_\_\_\_ Burning on urination
- \_\_\_\_\_ Increased urination
- \_\_\_\_\_ Urination at night
- \_\_\_\_\_ Increased urgency
- \_\_\_\_\_ Incontinence/dribbling
- \_\_\_\_\_ Hesitancy
- \_\_\_\_\_ Strong urine odor
- \_\_\_\_\_ Cloudy urine
- \_\_\_\_\_ Blood in urine
- \_\_\_\_\_ Bed wetting
- \_\_\_\_\_ Kidney stones

**Males**

- \_\_\_\_\_ Prostate problems
- \_\_\_\_\_ Prostate surgery
- \_\_\_\_\_ Hernia
- \_\_\_\_\_ Testicular mass
- \_\_\_\_\_ Testicular pain
- \_\_\_\_\_ Discharge or sores
- \_\_\_\_\_ Venereal disease
- \_\_\_\_\_ Genital warts
- \_\_\_\_\_ Sexually active
- \_\_\_\_\_ Impotence
- \_\_\_\_\_ Premature ejaculation
- \_\_\_\_\_ Other sexual difficulties:

**Women**

- \_\_\_\_\_ Hysterectomy
- \_\_\_\_\_ Hormonal contraceptive
- \_\_\_\_\_ Irregular cycles
- \_\_\_\_\_ Bleeding between periods
- \_\_\_\_\_ Painful menses/cramps
- \_\_\_\_\_ Excessive flow
- \_\_\_\_\_ Fibroids
- \_\_\_\_\_ Ovarian cysts
- \_\_\_\_\_ Cervical dysplasia
- \_\_\_\_\_ Cervical/uterine cancer
- \_\_\_\_\_ Vaginal discharge
- \_\_\_\_\_ Vaginal itching
- \_\_\_\_\_ Vaginal dryness
- \_\_\_\_\_ Hot flashes
- \_\_\_\_\_ Night sweats
- \_\_\_\_\_ Difficulty conceiving
- \_\_\_\_\_ Miscarriage(s) \_\_\_\_\_
- \_\_\_\_\_ Birth(s) \_\_\_\_\_
- \_\_\_\_\_ Regular PAP smears
- \_\_\_\_\_ Painful intercourse
- \_\_\_\_\_ Venereal disease
- \_\_\_\_\_ Genital warts
- \_\_\_\_\_ Sexually active
- \_\_\_\_\_ Other sexual difficulties:

**Other Concerns:**

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