

General/Constitutional

Weight loss Yes No
Night sweats Yes No
Fever Yes No

Respiratory

Cough Yes No

Cardiovascular

Shortness of breath Yes No
Palpitations Yes No
Chest pain with exertion Yes No

Gastrointestinal

Abdominal pain Yes No
Change in bowel habits Yes No

Genitourinary

Painful urination Yes No
Blood in urine Yes No

Neurologic

Headache Yes No

Musculoskeletal

Painful joints Yes No

Hematology

Easy bruising Yes No

Women Only

Irregular menses Yes No

Name: _____ Date: _____