

General New Patient

General/Constitutional

Weight loss Yes No
Fever Yes No
Night Sweats Yes No

Respiratory

Cough Yes No
Wheezing Yes No

Cardiovascular

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

Gastrointestinal

Abdominal pain Yes No
Change in bowel habits Yes No
Heartburn Yes No
Blood in stool Yes No
Nausea Yes No
Vomiting Yes No

Name _____ Date: _____

General New Patient

Genitourinary

Painful urination Yes No

Frequent urination Yes No

Blood in Urine Yes No

Neurologic

Headache Yes No

Seizures Yes No

Musculoskeletal

Painful joints Yes No

Weakness Yes No

Swollen joints Yes No

Men Only

Lump in groin Yes No

Women Only

Missed periods Yes No

Irregular menses Yes No

Breast Lump Yes No

Hematology

Easy bruising Yes No

ENT

Difficulty swallowing Yes No

Name _____ Date: _____