

Hernia

General/Constitutional

Fever Yes No

Respiratory

Cough Yes No

Cardiovascular

Shortness of breath Yes No

Palpitations Yes No

Gastrointestinal

Change in bowel habits Yes No

Blood in stool Yes No

Heartburn Yes No

Genitourinary

Painful urination Yes No

Blood in urine Yes No

Neurologic

Headache Yes No

Musculoskeletal

Painful joints Yes No

Weakness Yes No

Hematology

Easy bruising Yes No

ENT

Difficulty swallowing Yes No

Men Only

Lump in groin Yes No

Women Only

Missed periods Yes No

Irregular menses Yes No

Breast lump Yes No

Name: _____ Date: _____