**Neurological**

\_\_\_seizures

\_\_\_tremors

\_\_\_numbness or tingling

\_\_\_paralysis

\_\_\_poor coordination

\_\_\_concussion

\_\_\_lack of coordination

\_\_\_loss of balance

\_\_\_anxiety

**Genitourinary**

\_\_\_pain on urination

\_\_\_frequent urination

\_\_\_urgent urination

\_\_\_unable to hold urine

\_\_\_incomplete urination

\_\_\_blood in urine

\_\_\_wake to urinate

\_\_\_increased libido

\_\_\_decreased libido

\_\_\_kidney stones

\_\_\_impotence

\_\_\_premature ejaculation

\_\_\_pain/itching of genitalia

\_\_\_lumps in testicles

**Gynecological**

\_\_\_irregular periods

\_\_\_painful periods

\_\_\_tender breasts

\_\_\_lumps in breast

\_\_\_pass clots in menstrual

flow

\_\_\_spotting

\_\_\_ovarian cysts

\_\_\_fibroids

\_\_\_yeast infections

\_\_\_vaginal discharge

\_\_\_pain during intercourse

\_\_\_fertility issues

\_\_\_irregular pap smear

**Infection**

\_\_\_HPV

\_\_\_HIV

\_\_\_Tuberculosis

\_\_\_hepatitis

\_\_\_Gonorrhea

\_\_\_Chlamydia

\_\_\_Syphilis

\_\_\_genital warts

\_\_\_genital herpes

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Please list anything not previously mentioned that you believe is important for Kathy to know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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Date  
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