**Mark current issues with a “C” and past issues with a “P”.**

**Include the date(s) of occurrence and diagnosing practitioner.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Integumentary** |  | **Head**  |  | **Gastrointestinal** |
|  | 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  |  | **Ears**  |  | 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  |
|  | **Eyes**  |  | Tubes  |  | Hernia  |
|  | Near-sighted  |  |  |  | Ulcer |
|  | Far-sighted  |  | **Upper Respiratory**  |  | 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  |
|  | **Mouth/Throat**  |  | Spitting up blood  |  |  |
|  | Frequent sore throat  |  | Shortness of breath  |  | **Blood/Lymph**  |
|  | 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  |  |  |  |  |

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|  | **Cardiovascular**  |  | **Musculoskeletal**  |  | **Males**  |
|  | Rapid heartbeat  |  | Joint pain |  | Prostate problems |
|  | Heart disease  |  | Joint stiffness  |  | Prostate surgery  |
|  | Angina  |  | Joint swelling  |  | Hernia  |
|  | High blood pressure  |  | Osteoarthritis  |  | Testicular mass  |
|  | High cholesterol  |  | Rheumatoid arthritis  |  | Testicular pain |
|  | Heart murmur  |  | Muscle cramps |  | Discharge or sores  |
|  | Rheumatic fever  |  | Backache  |  | Venereal disease  |
|  | Chest pain |  | Neck pain/stiffness  |  | Genital warts  |
|  | Palpitation/fluttering  |  | Flat feet/pain |  | Sexually active  |
|  | Swollen ankles  |  | Weakness  |  | Impotence  |
|  | Abnormal heart tests  |  | Sprained joints  |  | Premature ejaculation  |
|  |  |  | Broken bones  |  | Other sexual difficulties:  |
|  | **Peripheral Vascular**  |  |  |  |  |
|  | Extremity swelling  |  | **Emotional**  |  |  |
|  | Varicose veins  |  | Angry  |  |  |
|  | Extremity numbness  |  | Anxiety  |  | **Women**  |
|  | Deep leg pain  |  | Argumentative  |  | Hysterectomy  |
|  | Extremity coldness |  | Bad temper  |  | Hormonal contraceptive  |
|  | Extremity ulcers  |  | Depression |  | Irregular cycles  |
|  |  |  | Fear |  | Bleeding between periods  |
|  | **Neurological**  |  | Grief |  | Painful menses/cramps  |
|  | Fainting |  | Insomnia  |  | Excessive flow  |
|  | Seizures/convulsions  |  | Irritable  |  | Fibroids  |
|  | Tingling/numbness  |  | Low patience  |  | Ovarian cysts  |
|  | Involuntary movement  |  | Low self-image  |  | Cervical dysplasia  |
|  | Loss of balance  |  | Mood swings  |  | Cervical/uterine cancer  |
|  | Speech problems  |  | Nervousness |  | Vaginal discharge  |
|  | Loss of memory  |  | Panic attacks  |  | Vaginal itching  |
|  | Paralysis  |  | Pessimism  |  | Vaginal dryness |
|  |  |  | Phobias  |  | Hot flashes  |
|  | **Endocrine** |  | Suicidal thoughts  |  | Night sweats  |
|  | Thyroid disorder |  | Worrier  |  | Difficulty conceiving  |
|  | Heat/cold intolerance  |  |  |  | Miscarriage(s) \_\_\_\_\_ |
|  | Excess sweating  |  | **Urinary**  |  | Birth(s) \_\_\_\_\_ |
|  | Hypoglycemia  |  | Frequent infections  |  | Regular PAP smears  |
|  | Chronic fatigue  |  | Pain on urination  |  | Painful intercourse  |
|  | Hormone therapy  |  | Burning on urination  |  | Venereal disease  |
|  | Diabetes  |  | Increased urination  |  | Genital warts  |
|  | Seasonal depression |  | Urination at night  |  | Sexually active  |
|  | Shift work disorder  |  | Increased urgency  |  | Other sexual difficulties: |
|  |  |  | Incontinence/dribbling  |  |  |
|  | **Breasts**  |  | Hesitancy  |  |  |
|  | Lumps  |  | Strong urine odor  |  |  |
|  | Pain or tenderness |  | Cloudy urine  |  | **Other Concerns:**  |
|  | Nipple discharge  |  | Blood in urine  |  |  |
|  | Breast implants  |  | Bed wetting |  |  |
|  | Regular self-exam  |  | Kidney stones  |  |  |
|  |  |  |  |  |  |