**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 |  |  |
|  |  |  |  |  |  |