

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		

Cardiovascular

_____ Rapid heartbeat
_____ Heart disease
_____ Angina
_____ High blood pressure
_____ High cholesterol
_____ Heart murmur
_____ Rheumatic fever
_____ Chest pain
_____ Palpitation/fluttering
_____ Swollen ankles
_____ Abnormal heart tests

Peripheral Vascular

_____ Extremity swelling
_____ Varicose veins
_____ Extremity numbness
_____ Deep leg pain
_____ Extremity coldness
_____ Extremity ulcers

Neurological

_____ Fainting
_____ Seizures/convulsions
_____ Tingling/numbness
_____ Involuntary movement
_____ Loss of balance
_____ Speech problems
_____ Loss of memory
_____ Paralysis

Endocrine

_____ Thyroid disorder
_____ Heat/cold intolerance
_____ Excess sweating
_____ Hypoglycemia
_____ Chronic fatigue
_____ Hormone therapy
_____ Diabetes
_____ Seasonal depression
_____ Shift work disorder

Breasts

_____ Lumps
_____ Pain or tenderness
_____ Nipple discharge
_____ Breast implants
_____ Regular self-exam

Musculoskeletal

_____ Joint pain
_____ Joint stiffness
_____ Joint swelling
_____ Osteoarthritis
_____ Rheumatoid arthritis
_____ Muscle cramps
_____ Backache
_____ Neck pain/stiffness
_____ Flat feet/pain
_____ Weakness
_____ Sprained joints
_____ Broken bones

Emotional

_____ Angry
_____ Anxiety
_____ Argumentative
_____ Bad temper
_____ Depression
_____ Fear
_____ Grief
_____ Insomnia
_____ Irritable
_____ Low patience
_____ Low self-image
_____ Mood swings
_____ Nervousness
_____ Panic attacks
_____ Pessimism
_____ Phobias
_____ Suicidal thoughts
_____ Worrier

Urinary

_____ Frequent infections
_____ Pain on urination
_____ Burning on urination
_____ Increased urination
_____ Urination at night
_____ Increased urgency
_____ Incontinence/dribbling
_____ Hesitancy
_____ Strong urine odor
_____ Cloudy urine
_____ Blood in urine
_____ Bed wetting
_____ Kidney stones

Males

_____ Prostate problems
_____ Prostate surgery
_____ Hernia
_____ Testicular mass
_____ Testicular pain
_____ Discharge or sores
_____ Venereal disease
_____ Genital warts
_____ Sexually active
_____ Impotence
_____ Premature ejaculation
_____ Other sexual difficulties:

Women

_____ Hysterectomy
_____ Hormonal contraceptive
_____ Irregular cycles
_____ Bleeding between periods
_____ Painful menses/cramps
_____ Excessive flow
_____ Fibroids
_____ Ovarian cysts
_____ Cervical dysplasia
_____ Cervical/uterine cancer
_____ Vaginal discharge
_____ Vaginal itching
_____ Vaginal dryness
_____ Hot flashes
_____ Night sweats
_____ Difficulty conceiving
_____ Miscarriage(s) _____
_____ Birth(s) _____
_____ Regular PAP smears
_____ Painful intercourse
_____ Venereal disease
_____ Genital warts
_____ Sexually active
_____ Other sexual difficulties:

Other Concerns:

