

Do You or Have You Had?

Date _____

Name _____ Birth Date _____

Head, Eye, Ear, Nose	Y	N	Gastro-Intestinal	Y	N
Headaches			Nausea or Vomiting		
Dizziness			Food sticking after swallowing (choking on food)		
Fainting or Seizures			Painful Swallowing		
Glaucoma			Heartburn		
Hay Fever or Sinus Problems			Abdominal Pain		
			Stomach or Duodenal Ulcer		
Chest, Lung, Heart	Y	N	Jaundice		
Rheumatic Fever/Heart Murmur			Hepatitis		
Cough			Gallstones		
Asthma			Pancreatitis		
Shortness of Breath			Diarrhea		
Chest Pain			Constipation		
Irregular Heart Beat or Palpitations			Loss of Control of Bowel Movements		
Swelling of Feet or Ankles			Black Tar-Like Stool		
Pain in Legs While Walking			Blood in the Stool		
High Blood Pressure			Colon Polyps or Cancer		
			Weight Loss (More than 10 pounds)		
Genito-Urinary	Y	N			
Pain or Burning with Urination			General	Y	N
Leaking of Urine			Diabetes		
Blood in the Urine			Cancer		
Kidney Stones			Blood Transfusions		
Trouble Starting Urinary Stream			Sexually Transmitted (Venereal) Disease		
Urination Twice or More at Night					
Musculoskeletal	Y	N	Feelings and Emotions	Y	N
Back Pain			Do You Have Trouble Sleeping?		
Pain, Swelling or Stiffness in Joints			Do You Feel Tense, Nervous or Anxious?		
Pain or Discoloration of Hand/Fingers when Cold			Do You Feel Depressed, Blue or Sad?		
			Have You Ever Been Exposed to the Following in the Past Three Years?	Y	N
Men Only	Y	N	Well Water		
Discharge from the Penis			Poorly Cooked Meat/Raw Seafood		
Problems with Erections (Impotence)			Foreign Travel		
			Camping, Fishing, Hunting, Ticks		
Women Only	Y	N	Toxic Chemicals		
Irregular or Excessive Menstrual Bleeding			Hepatitis		
Painful Menstrual Periods					
Chronic Vaginal Discharge					
Skin	Y	N			
Chronic Skin Condition or Rash					
Itching					
Flushing or Skin					
Enlarged Lymph Nodes					
Easy or Prolonged Bleeding or Bruising					