REASON FOR YOUR APPOINTMENT: _____

HOW DID YOU HEAR ABOUT OUR CLINIC: _____

ARE YOU PRESENTLY OR FREQUENTLY BOTHERED BY ANY OF THE FOLLOWING SYMPTOMS? PLEASE CHECK ANY THAT APPLY. MARK WITH A? IF YOU ARE UNSURE AND THE MEDICAL ASSISTANT OR PROVIDER WILL GO OVER WITH YOU.

EARS

- ☐PAIN
- ☐DRAINAGE
- ☐HEARING CHANGE/LOSS
- ☐RINGING/ HEAD NOISE
- ☐DIZZINESS
- ☐INFECTION
- ☐OTHER

CARDIOVASCULAR

- ☐CHEST PAIN
- ☐RAPID HEART BEAT
- ☐IRREGULAR HEART BEAT
- ☐OTHER

CONSTITUTIONAL

- ☐FATIGUE
- ☐FEVER
- ☐NIGHT SWEATS
- ☐WEIGHT GAIN/LOSS
- ☐OTHER

ENDOCRINE

- ☐CHANGE IN GROWTH
- ☐CHANGE IN HAIR
- ☐HEAT INTOLERANCE
- ☐COLD INTOLERANCE
- ☐EXCESSIVE THIRST
- ☐OTHER

EYES

- ☐BLURRED VISION
- ☐DOUBLE VISION
- ☐OTHER

NOSE

- ☐RUNNY
- ☐STUFFY
- ☐BLOODY
- ☐NASAL OBSTRUCTION
- ☐SINUSITIS
- ☐TONSILLITIS
- ☐OTHER

GASTROINTESTINAL

- ☐CHANGE IN APPETITE
- ☐CHANGE IN WEIGHT
- ☐BLOOD IN STOOL
- ☐BOWEL PROBLEMS
- ☐CANKER SORES
- ☐DIARRHEA
- ☐HEARTBURN
- ☐OTHER

GENITOURINARY

- ☐DIFFICULTY URINATING
- ☐FREQUENT URINATION
- ☐OTHER

HEMATOLOGIC

- ☐ANEMIA
- ☐BLEED EASILY
- ☐BRUISE EASILY
- ☐JOINT PAIN
- ☐SWOLLEN LYMPH NODE
- ☐OTHER

THROAT

- ☐HOARSE
- ☐SORE
- ☐SNORING
- ☐DIFFICULTY SWALLOWING
- ☐VOICE CHANGE
- ☐POST NASAL DRAINAGE
- ☐PRODUCTIVE COUGH
- ☐OTHER

MUSC/SKELETAL

- ☐BROKEN NOSE
- ☐HEAD INJURY
- ☐INJURIES
- ☐JAW PAIN
- ☐MUSCLE PAIN
- ☐NECK INJURY
- ☐NECK PAIN
- ☐OTHER

NEUROLOGIC

- ☐CLUMSINESS
- ☐CONVULSIONS
- ☐HEADACHE
- ☐MEMORY PROBLEMS
- ☐MIGRAINE
- ☐NUMBNESS
- ☐SEIZURES
- ☐OTHER

ALLERGY

- ☐HIVES
- ☐ITCHING
- ☐RED ITCHY EYES
- ☐SNEEZING
- ☐OTHER

PSYCHIATRIC

- ☐DEPRESSION
- ☐HALLUCINATIONS
- ☐MOOD CHANGES
- ☐SLEEP DISTURBANCES
- ☐STRESS
- ☐OTHER

RESPIRATORY

- ☐COUGHING BLOOD
- ☐PAIN W/BREATHING
- ☐SHORTNESS OF BREATH
- ☐WHEEZING
- ☐OTHER

SKIN

- ☐SKIN GROWTH/MOLES
- ☐SKIN ULCERS/BLEMISHES
- ☐SLOW HEALING WOUNDS
- ☐VERY DRY SKIN
- ☐OTHER