

## Symptom Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please Circle All Symptoms That Apply To You

### SKIN

Hives Rashes  
Eczema Dermatitis  
Pallor Lumps  
Bruising Brittle Nails  
Ridging of Nails Acne  
Fungal Infection of Nails  
Frequent Itching

### HEAD

Headaches Migraines  
Dizziness Convulsions  
Sleepiness after meals  
Feeling of fullness in head  
Tendency of hair loss  
Fainting

### EYES

Dry eyes Watery eyes  
Double vision Itchy eyes  
Blurred vision Discharge  
Glaucoma Cataracts  
Date of last exam \_\_\_\_\_  
Surgeries \_\_\_\_\_

### EARS

Frequent aches Itchy ears  
Ear drainage Hearing loss  
Recurrent infections  
Feeling of fullness in ear  
Surgeries \_\_\_\_\_

### NOSE

Runny nose Nosebleeds  
Recurrent Sinusitis  
Nasal stuffiness  
Postnasal drip  
Nasal polyps  
Surgeries \_\_\_\_\_

### THROAT & MOUTH

Frequent sore throats  
Gagging Sore tongue  
Canker sores Hoarseness  
Gum disease  
Voice changes  
Itching roof of mouth  
Extensive dental work

### Respiratory

Difficulty in breathing  
-lying down  
Wheezing Shortness of breath  
Persistent cough Sputum  
Coughing up blood  
Bronchial Asthma

### CARDIOVASCULAR

Palpitations Irregular rhythm  
Chest pain High Blood Pressure  
Rapid heart beat Heart Murmur  
Date/Results of last EKG

\_\_\_\_\_   
Date/Results of other Cardiac  
Tests \_\_\_\_\_

### GASTROINTESTINAL

Appetite Low Excessive  
Change in weight \_\_\_+ \_\_\_- lb  
Yellow jaundice Constipation  
Diarrhea Rectal Bleeding  
Flatulence Hemorrhoids

Bloating after meals  
Rectal polyps Hepatitis \_\_\_\_\_

Abdominal cramps Colitis

Nausea/Vomiting

Vomiting blood

Difficulty Swallowing

Date of last GI series \_\_\_\_\_

Date of last colonoscopy \_\_\_\_\_

Date of last sigmoidoscopy \_\_\_\_\_

Date of last sonogram \_\_\_\_\_

Any other GI exams \_\_\_\_\_

### GENITOURINARY

Urinary frequency  
Inability to hold urine

Hesitancy during urination  
Burning pain upon urination  
Frequent night urination  
Blood in urine  
Frequent urinary tract infection  
Repeated bladder infections  
Kidney Stones Infections  
Yeast infections  
Syphilis /Gonorrhea /Herpes  
Trichomonas  
*Women* - vaginal discharge  
*Men* - penile discharge  
Impotence

### MUSCULAR/SKELLETAL

Chronic fatigue  
Muscle pains aches weakness  
Joint pains aches swelling  
Leg cramps when walking  
Leg cramps at night  
Osteoporosis  
Osteoarthritis  
Rheumatoid arthritis  
Color change in:  
Hands OR feet OR fingers  
Numbness or tingling in:  
Hands OR feet OR fingers

### SLEEP PATTERNS

Difficulty falling asleep  
Difficulty staying asleep  
Frequent awakenings  
Night sweats Nightmares

### OTHER SYMPTOMS OR Complaints

\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
\_\_\_\_\_