

SYMPTOM QUESTIONNAIRE

NAME: _____ DATE: _____

Please CHECK all CURRENT symptoms or complaints which apply to

SKIN

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

HEAD

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

EYES

Dry Eyes
Watery eyes
Double vision
Itchy eyes
Burred vision
Discharge
Glaucoma
Cataracts
Date of last eye exam:
Surgeries:

EARS

Frequent earaches
Itchy ears
Ear drainage
Hearing loss
Frequent infections
Feeling of fullness in ears
Surgeries:

NOSE

Postnasal Drip
Nasal polyps
Chronic sinusitis
Nosebleeds
Nasal Stuffiness
Runny nose
Surgeries:

THROAT & MOUTH

Frequent sore throats
Gagging
Sore tongue
Enlarged nodes
Hoarseness
Canker sores
Gum disease
Voice changes
Itching – roof of mouth
Extensive Dental Work

RESPIRATORY

Difficulty in breathing
Difficulty breathing – lying down
Shortness of breath
Coughing up blood
Chronic cough
Bronchial Asthma
Sputum Production
Wheezing

CARDIOVASCULAR

Irregular rhythm
Heart murmur
High blood pressure
Chest pain
Rapid heart beat
Palpitations
Date/result of last EKG:
Date/result of other Cardiac tests:

GASTROINTESTINAL

Low appetite
Excessive appetite
Change in wt: + _____ / - _____ lbs.
Yellow jaundice
Constipation
Hemorrhoids
Rectal bleeding
Flatulence
Bloating after meals
Colitis
Vomiting blood
Abdominal cramps
Diarrhea
Nausea/Vomiting
Rectal polyps
Difficulty Swallowing
Hepatitis: Type
Date of last GI series:
Date of last colonoscopy:
Date of last sigmoidoscopy:
Date of last endoscopy:
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
Repeated urinary tract infections
Repeated bladder infections
Kidney stones / Kidney infections
Yeast infections
Syphilis / Gonorrhea / Herpes
Trichomonas
Women: Vaginal discharge
Men: Penile discharge/Impotence

MUSCULAR / SKELETAL

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

SLEEP PATTERN

Difficulty falling asleep
Difficulty staying asleep
Frequent awakenings
Night Sweats
Nightmares

ANY OTHER SYMPTOMS AND/OR CONCERNS: