Please check all that apply.

**Constitution**

❑Activity change

❑Appetite change

❑Chills

❑Diaphoresis

❑Fatigue

❑Fever

❑Unexpected wt change

**HENT**

❑Congestion

❑Dental problem

❑Drooling

❑Ear discharge

❑Ear pain

❑Facial swelling

❑Hearing loss

❑Nosebleeds

❑Postnasal drip

❑Rhinorrhea

❑Sinus pain

❑Sinus pressure

❑Sneezing

❑Sore throat

❑Tinnitus

❑Trouble swallowing

❑Voice change

**Patient Signature:**

**Eyes**

❑Eye discharge

❑Eye itching

❑Eye pain

❑Eye redness

❑Photophobia

❑Visual disturbance

**Respiratory**

❑Unexpected wt change

❑Chest tightness

❑Choking

❑Cough

❑Shortness of breath

❑Stridor

❑Wheezing

**Cardiovascular**

❑Chest pain

❑Leg swelling

❑Palpitations

**GI**

❑Abd distention

❑Abdominal pain

❑Anal bleeding

❑Constipation

❑Diarrhea

❑Nausea

❑Rectal pain

❑Vomiting

**Endocrine**

❑Cold intolerance

❑Heat intolerance

❑Polydipsia

❑Polyphagia

❑Polyuria

**GU**

❑Difficulty urinating

❑Dysuria

❑Enuresis

❑Flank pain

❑Frequency

❑Genital sore

❑Hematuria

❑Penile discharge

❑Penile pain

❑Penile swelling

❑Scrotal swelling

❑Testicular pain

❑Urgency

❑Urine decreased

**Musc**

❑Arthralgias

❑Back pain

❑Gait problem

❑Joint swelling

❑Myalgias

❑Neck pain

❑Neck stiffness

**Allerg/Immuno**

❑Env allergies

❑Food allergies

❑Immunocompromised

**Neurological**

❑Dizziness

❑Facial asymmetry

❑Headaches

❑Light-headedness

❑Numbness

❑Seizures

❑Speech difficulty

❑Synocope

❑Tremors

❑Weakness

**Hematologic**

❑Adenopathy

❑Bruises/blds easily

**Psychiatric**

❑Agitation

❑Behavior problem

❑Confusion

❑Decr concentration

❑Dysphoric mood

❑Hallucinations

❑Hyperactive

❑Nervous/anxious

❑Self-injury

❑Sleep disturbance

**Today’s Date:\_\_\_\_\_\_\_\_\_\_**