

Glasses, contact or dentures

Patient Name: _____

DOB: _____

Today's Date: _____

Yes

No

HEMATOLOGY

Easy bruising or bleeding

Anemia

Nose bleeds

Gum bleeds

Lumps or swelling in neck, armpit, groin

SKIN

Rashes or skin problems

Changes in moles

Sores that do not heal

CENTRAL NERVOUS SYSTEM

Room spinning/you spinning

Ringing in ears

Fainting

Headaches (more than 1 per week)

Blurred or double vision

Temporarily blind in one eye

Unable to move arm/leg

Abnormal sensations (tingling, numbness)

Slurred speech

Drooling

Drooping face

Difficulty walking

Memory loss

Change in handwriting/tremor

RESPIRATORY

Sinus trouble (stuffy nose, postnasal drip, sneezing spells,
watery eyes, or itchy throat)

Coughing blood

Cough daily

Sputum (phlegm) production

Shortness of breath

Wheezing or asthma

ENDOCRINE

Heat or cold intolerance

Change in voice

Change in hair/skin

Constant hunger, thirst, urination

BREASTS (male and female)

Lumps

Tenderness