



Name: _____ Date: _____ DOB: _____

General Information:

Who is completing this form? Yourself Spouse Other: _____

Primary Language: English Spanish Sign language Other: _____

What is the best way to contact you? Phone E-Mail Other: _____

Are you disabled? Yes No **If yes, what is the nature of your disability?** _____

Do you have a living will or advanced directive? Yes No **If yes, what type?** _____

If you experienced any of the following issues in the last 10 days, place a check mark next to the symptom.

GENERAL

- Recent Fever
- Excessive Fatigue
- Unexplained Weight Loss
- Unexplained Weight Gain

SKIN

- Change in Nails
- Lumps
- Recurrent Rashes
- Sore that will not heal or bleed
- Moles that are changing

NOSE & SINUSES

- Bleeding
- Nasal Congestion
- Sneezing
- Loss of Sense of Smell

NECK

- Lumps
- Pain

EYES

- Itching or Watering
- Discharge
- Blurred Vision
- Pain or Burning
- Loss of Sight

EARS

- Feeling of Ear Fullness
- Earache
- Hearing Loss
- Ringing

ENDOCRINE

- Excessive thirst
- Unusual intolerance of heat
- Unusual intolerance of cold
- Excessive hunger

MENTAL HEALTH

- Thought of suicide
- Marital problems
- Trouble sleeping
- Panic attacks
- Anxiety
- Thoughts of harming others

BREAST

- Pain
- Nipple discharge
- Lumps

MOUTH & THROAT

- Dry Mouth
- Mouth Ulcers
- Sore Throat
- Hoarseness
- Soreness / bleeding in mouth
- Dental Issues

CARDIOVASCULAR

- Swelling of Ankles
- Abnormal/Irregular heart beat
- Chest Pain
- Passing out
- Leg Pain/Resting
- Awaken with breathing problems
- Shortness of Breath
- Leg Pain/ Walking

NERVOUS SYSTEM

- Headaches
- Weakness
- Shakiness or tremor
- Fainting spells
- Seizures/Convulsions
- Loss of Sensation
- Numbness
- Feeling of Tingling in Limbs
- Speech difficulty

RESPIRATORY

- Snoring
- Wheezing
- Shortness of breath
- Cough
- Coughing up Blood

URINARY

- Frequent Urination
- Change in stream
- Trouble starting to Urinate
- Waking up to urinate
- Blood in Urine
- Pain/burning with Urination

GASTROINTESTINAL

- Vomiting blood
- Diarrhea
- Painful Swallowing
- Loss of appetite/weight
- Heartburn
- Vomiting
- Nausea

REPRODUCTIVE – WOMEN

- Pain/trouble during intercourse
- Leakage of urine
- Irregular Periods
- Unusually painful periods
- Spotting between periods
- Vaginal discharge/burning/itching

MUSCULOSKELETAL

- Abdominal Pain
- Muscle soreness
- Joint pain
- Joint stiffness
- Indigestion
- Food sticks in throat
- Stomach pain
- Blood in stool
- Unable to eat certain foods
- Constipation
- Change in bowel habit
- Black stools

REPRODUCTIVE – MEN

- Problem with Erection
- Discharge from penis
- Pain/trouble during intercourse
- Pain or swelling of testicles