



CLINICAL REVIEW OF SYMPTOMS

Please check all that apply within the last 30 days.

Today's Date: _____

Patient Initials: _____

Constitutional

- Fatigue
- Fever
- Weight Gain
- Weight Loss

HEENT

- Mouth Sores
- Recent Change in Vision
- Sore Throat

Gastrointestinal

- Abdominal Pain
- Belching
- Black Tarry Stools
- Bloating
- Gas
- Change in Bowel Habits
- Constipation
- Diarrhea
- Difficulty Swallowing
- Heartburn/Reflux
- Nausea
- Poor Appetite
- Vomiting
- Rectal Bleeding

Cardiovascular

- Chest Pain
- Heart Valve
- I.C.D./Defibrillator
- Pacemaker
- Palpitations

Integumentary

- Rash

Musculoskeletal

- Joint Pain or Swelling
- Muscle Pain

Neurological

- Seizures

Psychiatric

- Anxiety
- Depression

Respiratory

- Chronic Cough
- Shortness of Breath