

# Patient Visit Review of Symptoms

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Patient Sticker

Today's Date: \_\_\_\_\_

**Circle any of the following the patient is presently experiencing:**

## General:

Fatigue                      Sleeps a lot                      Sleeps poorly

Recent Fevers    Weight Loss                      Weight Gain

## Ears-Nose-Mouth-Throat

Hearing problems: loss    ringing

Hoarse Voice                      Onset? \_\_\_\_\_

Chokes on food/drink    Onset? \_\_\_\_\_

## Respiratory

Shortness of breath                      Onset? \_\_\_\_\_

Wheezing                      Onset? \_\_\_\_\_

Chronic Cough                      Onset? \_\_\_\_\_

## Genito-Urinary

Dark colored urine (like cola)

Wets self (toilet trained) at night    during day

Soils self (toilet trained) at night    during day

Menstrual periods                      Onset? \_\_\_\_\_

## Skin

Recurrent Rash of face / joints

Coffee spots                      How many? \_\_\_\_\_

White spots                      How many? \_\_\_\_\_

## Hematologic

Bruises easily

Bleeding takes long to stop

## Psych-Behav

Homocidal or Suicidal thoughts or attempts

Hallucinations                      Depressed

Perfectionistic                      Overly clean

Obsessive-Compulsive                      Lots of fears

Has many rituals

Anger problems                      Hurts others

Poor attention                      Is easily distracted

Hyperactive                      Acts without thinking

Is not very social                      Has no friends

Has poor eye contact                      Has been arrested

Dislikes seams / tags / tight clothes

## Eyes

Vision: poor    blind    wears contacts / glasses

Eye pain                      Onset? \_\_\_\_\_

Visual blackouts                      Onset? \_\_\_\_\_

Double vision                      Onset? \_\_\_\_\_

## Cardiovascular

Chest pains                      Onset? \_\_\_\_\_

Palpitations                      Onset? \_\_\_\_\_

Irregular heart beat                      Onset? \_\_\_\_\_

## Gastrointestinal

gags often                      Onset? \_\_\_\_\_

often nauseated                      Onset? \_\_\_\_\_

spits-up/vomits often                      Onset? \_\_\_\_\_

frequent diarrhea                      Onset? \_\_\_\_\_

chronic Constipation                      Onset? \_\_\_\_\_

## Musculo-Skeletal

muscle pains    muscle cramps

joint pain / swelling                      Onset? \_\_\_\_\_

reported curved spine

## Endocrine

Excessive thirst                      Frequent urination

Heat intolerance                      Cold intolerance

## Neuro (other than for reason for being here)

Headaches

Seizures

Staring spells

Tics

Involuntary movements

Learning Disability

Mental Retardation