

BELLEVUE PODIATRIC PHYSICIANS

Review of Symptoms

Name: _____ Date: _____

Please circle any symptoms you currently have or check below:

I don't have any of these symptoms

Constitutional

Fever, night sweats, significant weight gain, significant weight loss, exercise intolerance

ENMT

Ears: difficulty hearing, ear pain

Nose: frequent nosebleeds, nose/sinus problems

Mouth/Throat: sore throat, bleeding gums, dry mouth, oral abnormalities, mouth ulcer, teeth abnormalities, mouth breathing

Eyes

Dry eyes, irritation, vision change

Cardiovascular

Chest pain, chest pain on exertion, arm pain on exertion, shortness of breath when walking, shortness of breath when lying down, palpitations, known heart murmur, light-headed on standing

Respiratory

Cough, wheezing, shortness of breath, coughing up blood, sleep apnea

Gastrointestinal

Diarrhea, vomiting blood, abdominal pain, vomiting, change in appetite, black or tarry stools

Genitourinary

Incontinence, difficulty urinating, hematuria, increased frequency, urinary loss of control, incomplete emptying

Musculoskeletal

Muscle aches, muscle weakness, arthralgias/joint pain, back pain, swelling in the extremities

Integumentary

Abnormal mole, jaundice, rash, itching, dry skin, growths/lesions

Neurologic

Loss of consciousness, weakness, numbness, seizures, dizziness, frequent or severe headaches, migraines, restless legs

Psychiatric

Depression, sleep disturbances, restless sleep, feeling unsafe in a relationship, alcohol abuse

Endocrine

Fatigue, increased thirst, hair loss, increased hair growth, cold intolerance

Hematologic/Lymphatic

Swollen glands, easy bruising, excessive bleeding

Allergic/Immunologic

Runny nose, sinus pressure, itching, hives, frequent sneezing