NORTH COUNTRY HealthCare
creating healthier communities

REVIEW OF SYMPTOMS: (Circle if present, X-out if absent, blank if not asked)

Constitutional: fever chills sweats weakness fatigue weight ↑ weight ↓
Eyes: diplopia blurry vision eye pain
ENT: sore throat coryza vision Δ postnasal drip ear pain hearing loss
Cardiac: chest pain / pressure palpitations orthopnea DOE PND Δ Exercise tolerance pedal edema
Respiratory: short of breath cough wheezing
GI: nausea vomiting fatty-food intolerance reflux heart burn dysphagia melena
diarrhea constipation Δ bowel or bladder abd pain
GU: frequency urgency dysuria hesitancy nocturia dribbling ED hematuria
irregular menses heavy menses discharge menopausal symptoms
Musculoskeletal: myalgias joint pain focal weakness back pain
Skin: bruising rashes atypical / changing moles hives hair loss
Neuro: syncope seizures numbness / tingling / weakness falling headache vertigo light-headed
Psych: Δ in sleep appetite energy concentration mood ideation
anxiety depression
Endocrine: hot / cold intolerance skin / hair changes polyuria polydipsia polyphagia
Hematologic / Lymphatic: swollen glands night sweats easy bruising
Rheum: joint pain myalgias joint swelling Raynauds

Family History: CAD DM Sudden Death HTN Cholesterol Thyroid Asthma Breast / Ovarian CA other:

Social History: married single partner separated divorced widowed children:
retired occupation exercise? living will?
Surgeries: choly TAH BSO appy tonsils hernia
Additional Notes:

Signature: **Date:**

- revised 7/08