

Name: \_\_\_\_\_ / Date: \_\_\_\_\_

**Cardiovascular**

Aneurysm: Aortic/Abdomen	Yes	No
Angina	Yes	No
Atrial Fibrillation	Yes	No
By-Pass Surgery- Year _____	Yes	No
Valvular Surgery – Year _____	Yes	No
CHF	Yes	No
Defibrillator	Yes	No
Heart Attack – Year _____	Yes	No
High Blood Pressure	Yes	No
Murmur	Yes	No
Mitral Valve Prolapse	Yes	No
Pacemaker / Defibrillator	Yes	No
Peripheral Vascular Disease	Yes	No
Rheumatic Fever	Yes	No
Shortness of Breath while walking	Yes	No
Palpitations	Yes	No
Chest Pain	Yes	No
Fainting	Yes	No
Leg pain while walking	Yes	No
Shortness of Breath while lying	Yes	No

**Gastrointestinal**

Vomiting	Yes	No
Ulcer	Yes	No
Crohn’s Disease	Yes	No
GERD/Reflux	Yes	No
<u>Hepatitis</u>	Yes	No
Abdominal Pain	Yes	No
Blood in stool	Yes	No
Diarrhea	Yes	No
Heart Burn	Yes	No
Nausea	Yes	No

**Hematologic/Lymphatic**

HIV / AIDS	Yes	No
Anemia	Yes	No
Cancer: (Type) _____	Yes	No
<u>Leukemia</u>	Yes	No
Bleeding	Yes	No
Bruising	Yes	No

**Musculoskeletal**

Rheumatoid Arthritis	Yes	No
Arthritis	Yes	No
<u>Gout</u>	Yes	No
Muscle Tenderness	Yes	No
Back/Hip/Knee Pain	Yes	No
Joint Pain	Yes	No
Leg Swelling	Yes	No

**Constitutional**

Weight loss/gain	Yes	No
Fever	Yes	No
Night Sweats	Yes	No

**Respiratory**

Asthma	Yes	No
Bronchitis	Yes	No
COPD	Yes	No
Emphysema	Yes	No
Tuberculosis	Yes	No
Pulmonary Embolus	Yes	No
Sarcoidosis	Yes	No
<u>Sleep Apnea</u>	Yes	No
Wheezing	Yes	No
Bloody Sputum/Hemoptysis	Yes	No
Cough	Yes	No
Snoring	Yes	No

**Endocrine**

Diabetes	Yes	No
High Cholesterol	Yes	No
Hyperthyroidism	Yes	No
<u>Hypothyroidism</u>	Yes	No
Cold Tolerance	Yes	No
Extreme Thirst	Yes	No

**Genitourinary**

Dialysis	Yes	No
Kidney Disease	Yes	No
<u>Prostate Problems</u>	Yes	No
Blood in Urine	Yes	No
Impotence	Yes	No
Bladder incontinence	Yes	No

**Psychiatric**

Anxiety	Yes	No
Dementia	Yes	No
Depression	Yes	No
<u>Schizophrenia</u>	Yes	No
Claustrophobia	Yes	No
Memory Loss	Yes	No
Panic Attacks	Yes	No

**Neurology**

Alzheimer’s	Yes	No
Brain Aneurysm	Yes	No
Migraines	Yes	No
Multiple Sclerosis	Yes	No
Parkinson’s	Yes	No
Seizures	Yes	No
Stroke/TIA	Yes	No
<u>Vertigo</u>	Yes	No
Dizziness	Yes	No
Headaches	Yes	No
Weakness in Arms and/or Legs	Yes	No
Slurred speech	Yes	No