

Date: \_\_\_\_\_



Building  
Better  
Care

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Main Symptom and Area of Body of Concern \_\_\_\_\_

Please circle any problems below that you are currently experiencing.  
If they do not apply, please circle none.

Constitutional:

None  
Fever  
Chills

Malaise  
Fatigue

Anorexia

Head and Face:

None  
Facial Pain

Facial Pressure

Eyes:

None  
Eye Pain

Watery Discharge  
Discharge of Pus

Itchy Eyes  
Blurred Vision

ENT:

None  
Earache  
Loss of Hearing  
Sneezing

Nasal Congestion  
Nasal Discharge  
Hoarseness  
White Patches in Mouth

Sore Throat  
Scratchy Throat

Cardiovascular:

None  
Chest Pain  
Palpitations

Racing Heart  
Lightheadness

Lower Extremity Swelling

Respiratory:

None  
Shortness of Breath  
Wheezing  
Sleeping Upright

Cough  
Dry Cough  
Productive Cough

Clear Sputum  
Colored Sputum  
Vomiting blood

Gastrointestinal:

None  
Abdominal Pain  
Abdominal Bloating  
Abdominal Cramps  
Unable to pass gas

Nausea  
Vomiting  
Diarrhea

Constipation  
Blood from Rectum  
Black, Tarry Stools

Genitourinary:

None		
Painful Urination	Urinary Incontinence	Blood in Urine
Urinary Frequency	Hesitancy	Pelvic Pain
Urinary Urgency	Nocturia	Testicular Pain
Urinary Incontinence		

Musculoskeletal:

None		
Joint Pain	Joint Swelling	
Muscle Aches	Joint Stiffness	Limping
Back Pain	Back Muscle Spasm	

Skin and Breasts

None		
Rash	Skin Redness	Nodule
Lesions	Swelling	Plaque
Wound	Scaling	Papule
Itching	Blister	Pustule
Painful without Rash or Sore	Ulcer	Breast Pain
Mouth Sores	Patch	Breast Lump

Neurological:

None		
Headache	Numbness	Leg Weakness
Confusion	Saddle Numbness	Tingling
Dizziness	Leg Numbness	Difficulty Walking
Fainting		

Psychiatric:

None		
Insomnia	Anxiety	Suicidal
Irritable	Depression	

Endocrine:

None		
Hot Flashes	Muscle Weakness	Generalized Weakness
Night Sweats		

Hematologic and Lymphatic:

None		
Swollen Glands	Easy Bleeding	Yellowing of Skin
Swollen Glands, Neck	Easy Bruising	