

NAME _____

DATE OF BIRTH _____

PLEASE BRIEFLY DESCRIBE THE CONDITION THAT YOU ARE HERE FOR TODAY: _____

_____ DATE _____

IS CURRENT INJURY DUE TO AN AUTO ACCIDENT? YES NO IS CURRENT INJURY DUE TO A WORK RELATED ACCIDENT? YES NO

DO YOUR CURRENT INJURIES AFFECT THE NUMBER OF HOURS YOU CAN WORK? YES NO

ARE YOU CURRENTLY SUFFERING FROM ANY OF THE SYMPTOMS LISTED BELOW?

NONE OF THE SYMPTOMS LISTED BELOW

GENERAL SYMPTOMS

- FATIGUE
- WEAKNESS
- FEVER
- LOSS OF SLEEP
- CHILLS
- UNPLANNED WEIGHT CHANGE
- NIGHT SWEATS
- HEADACHES
- DIZZINESS
- FAINTING

MENTAL HEALTH

- CONVULSIONS
- NERVOUSNESS
- ANXIETY
- DEPRESSION
- PHOBIAS
- MEMORY LOSS
- MOOD SWINGS

SENSES

- HEARING TROUBLE
- RINGING IN EARS
- PAIN IN EARS
- EYE DISCHARGE
- VISION TROUBLE
- PAIN IN EYES
- EYE DISCHARGE
- NOSE OR SINUS PAIN

- EXCESSIVE SINUS DRAINAGE
- NOSEBLEEDS
- NASAL INFECTIONS
- ABSENCE OF SMELL
- MOUTH SORES
- BLEEDING GUMS
- ENLARGED GLANDS
- ABSENCE OF TASTE
- ABNORMAL TASTE SENSATION
- SORE THROAT
- DIFFICULTY SWALLOWING

METABOLISM & ENDOCRINE SYSTEM

- HEAT/COLD INTOLERANCE
- GOITER
- TREMOR/SHAKING
- SKIN RASH
- REDNESS OF SKIN
- SKIN DRYNESS
- ECZEMA
- HAIR LOSS
- CHANGES IN NAILS
- BRUISE EASILY

CARDIOPULMONARY

- CHRONIC COUGH
- CHRONIC WHEEZING
- SWOLLEN FEET/HANDS
- BLUE FINGERS/TOES
- DIFFICULTY BREATHING
- VARICOSE VEINS
- RAPID HEART BEAT

- CHEST PAINS
- HEART PALPITATIONS
- HEART MURMUR

DIGESTIVE

- DECREASED OR INCREASED APPETITE
- ABDOMINAL PAIN
- HEMORRHOIDS
- EXCESSIVE GAS
- VOMITING
- DIARRHEA
- CONSTIPATION
- HEARTBURN/INDIGESTION

GENITOURINARY

- PAINFUL URINATION
- INABILITY TO HOLD URINE
- FREQUENT URINATION
- BED-WETTING
- STERILITY
- IMPOTENCE

WOMENS' HEALTH

- IRREGULAR MENSTRUATION
- HOT FLASHES
- PAINFUL MENSTRUATION
- ABNORMAL VAGINAL BLEEDING
- LUMPS IN BREAST
- REDNESS OR ITCHING OF BREASTS
- DIMPLING OF BREASTS
- DISCHARGE FROM BREASTS
- BREAST PAIN

PLEASE INDICATE IF YOU NOW HAVE OR HAVE HAD ANY OF THE FOLLOWING ILLNESSES.

NOW HAVE IN PAST

- NONE OF THE LISTED CONDITIONS
- SINUS TROUBLE
- HAY FEVER
- ALLERGIES
- ASTHMA
- EMPHYSEMA
- TUBERCULOSIS
- CANCER
- DIABETES (TYPE I OR TYPE II)
- EPILEPSY
- THYROID TROUBLE

NOW HAVE IN PAST

- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- HEART TROUBLE
- PACE MAKER
- STROKE
- AORTIC ANEURYSM
- ANEMIA
- RHEUMATIC FEVER
- POLIO
- MULTIPLE SCLEROSIS
- ULCER

NOW HAVE IN PAST

- LIVER TROUBLE
- KIDNEY TROUBLE
- PROSTATE TROUBLE
- ARTHRITIS
- SCOLIOSIS
- DISLOCATION OF A JOINT
- SPINAL DISC DISEASE
- MENTAL/EMOTIONAL DIFFICULTIES
- SEXUALLY TRANSMITTED DISEASE
- HIV, AIDS OR ARC
- OTHER