**System – Please check all that apply.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General** | 🞏 Negative  🞏 Fever | | 🞏 Fatigue  🞏 Chills | | | | | 🞏 Sweats  🞏 Bleeding problems | | | | | | | | 🞏 Change in appetite  🞏 Nutritional concerns | | | | | | 🞏 Weight Loss  🞏 Weight gain | | | 🞏 See comment |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Head** | 🞏 Negative | | 🞏 Headaches | | | | | | | | | 🞏 HX of head injury/concussion | | | | | | | | | | 🞏 See comment | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Eyes** | 🞏 Negative  🞏 Impaired vision  🞏 Pain | | | | | 🞏 Itching  🞏 Dryness  🞏 Redness | | | | | | | 🞏 Glaucoma  🞏 Infection  🞏 Double vision | | | | | | | | 🞏 Corrective lenses/contacts  🞏 See comment | | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ears** | 🞏 Negative  🞏 Impaired hearing | | | | | 🞏 Deafness  🞏 Discharge | | | | | | | 🞏 Pain  🞏 Ringing in the ears | | | | | | | | 🞏 Dizziness  🞏 See comment | | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nose and Sinuses** | 🞏 Negative  🞏 Diminshed sense of smell  🞏 Bleeding | | | | | | | | | 🞏 Dryness  🞏 Pain  🞏 Discharge | | | | | 🞏 Obstruction  🞏 Sinusitis  🞏 Seasonal allergies | | | | | | | 🞏 See comment | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mouth and Throat** | 🞏 Negative  🞏 Sore throat  🞏 Pain | | | 🞏 Infection  🞏 Sore tongue  🞏 Ulcers | | | | | | | 🞏 Blisters  🞏 Lip lesions  🞏 Canker sores | | | | | | 🞏 Difficulty swallowing  🞏 Hoarseness  🞏 Tonsilitis | | | | | | 🞏 Dental problems  🞏 See comment | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Neck** | 🞏 Negative  🞏 Stiffness | | | | | 🞏 Limited motion  🞏 Pain | | | | | | | | | 🞏 Lumps  🞏 Swollen glands | | | | | | | 🞏 See comment | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Breasts** | 🞏 Negative | | 🞏 Discharge | | | | | | 🞏 Bleeding | | | | | 🞏 Retraction | | | | 🞏 Tenderness | | | | 🞏 Size | | 🞏 See comment | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Skin** | 🞏 Negative  🞏 Rash | 🞏 Itching  🞏 Color change | | | | | | | | 🞏 Moles/changes  🞏 Infection | | | | | | 🞏 Hair/changes  🞏 Nails/changes | | | | 🞏 Tumors  🞏 Sores | | | 🞏 Hives  🞏 Lesion | | 🞏 See comment |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Respiratory** | 🞏 Negative  🞏 Cough  🞏 Chest pain  🞏 Wheezing | | | | | | 🞏 Asthma  🞏 Pneumonia  🞏 Sputum (color/frequency)  🞏 Recurrent infection | | | | | | | | | | | | 🞏 Exposure to tuberculosis  🞏 Cyanosis (Bluish tint to skin, lips, nails)  🞏 Shortness of breath  🞏 See comment | | | | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cardiovascular** | 🞏 Negative  🞏 Chest pain  🞏 Murmur  🞏 Palpitations | | | | 🞏 Difficulty Breathing  🞏 Shortness of breath during exercise  🞏 Fainting  🞏 Phlebitis | | | | | | | | | | | | | | 🞏 Varicose veins  🞏 See comment | | | | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hematologic / Lymphatic** | 🞏 Negative  🞏 Anemia | | | | | 🞏 Bleeding  🞏 Malignancy | | | | | | | | | 🞏 Swollen lymph nodes  🞏 Transfusion | | | | | | | 🞏 See comment | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Gastrointestinal** | 🞏 Negative  🞏 Nausea  🞏 Vomiting  🞏 Vomiting blood | | 🞏 Diarrhea  🞏 Heartburn  🞏 Food intolerance  🞏 Change in bowel habits | | | | | | 🞏 Hernia  🞏 Constipation  🞏 Laxative or enema use  🞏 Ulcers | | | | | | 🞏 Abdominal pain  🞏 Belching  🞏 Black stools  🞏 Stooling “accidents” | | | | 🞏 Bloating  🞏 Hemorrhoids  🞏 See comment | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | |
| **Genitourinary** | 🞏 Negative  🞏 Burning | 🞏 Hesitancy  🞏 Infection | | | | 🞏 Urgency  🞏 Blood in urine | | | | | 🞏 Incontinence  🞏 Kidney stones | | | | | 🞏 Bedwetting  🞏 Leakage | | 🞏 Frequency  🞏 Toilet trained | | | 🞏 See comment |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | |
| **Reproductive** | 🞏 Negative  🞏 Discharge  🞏 Itching  🞏 Infection | | | 🞏 Started menstrual cycle  🞏 Painful menstrual cramps  🞏 Contraceptive use  🞏 Complication of pregnancy | | | | | | | | 🞏 Sexually transmitted disease  🞏 Childbirth  🞏 Abortion  🞏 Painful intercourse | | | | | | 🞏 See comment | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | |
| **Musculoskeletal** | 🞏 Negative  🞏 Muscle cramps | | | | 🞏 Pain  🞏 Weakness | | | 🞏 Atrophy  🞏 Swelling | | | | 🞏 Joint pain  🞏 Fractures | | | | 🞏 Back Injury  🞏 Curvature of spine | | | | 🞏 See comment | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | |
| **Endocrine / Metabolic** | 🞏 Negative  🞏 Heat or cold intolerance  🞏 Diabetes | | | | | | 🞏 Hair/changes  🞏 Excessive sweating  🞏 Thirst | | | | | | | 🞏 Urinary frequency  🞏 See comment | | | | | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | |
| **Neurologic** | 🞏 Negative  🞏 Headaches  🞏 Fainting  🞏 Seizures  🞏 Dizziness  🞏 Blindness | | | 🞏 Double vision  🞏 Vision loss or change  🞏 Paralysis  🞏 Pain  🞏 Numbness | | | | | | 🞏 Tic  🞏 Tingling  🞏 Burning  🞏 Poor coordination or balance  🞏 Learning problems  🞏 Attention problems | | | | | | | 🞏 Hyperactivity  🞏 Developmental delay  🞏 Unusual development/behavior  🞏 Short attention span  🞏 See comment | | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | |
| **Psychiatric / Emotional** | 🞏 Negative  🞏 Sleep disturbances  🞏 Unhappy, down or hopeless  🞏 Suicidal expression or self-injurious behavior  🞏 Severe mood swings  🞏 Excessive worries or fears  🞏 Fidgety, unable to sit still or trouble concentrating | | | | | | | | | | | | 🞏 Does not play with others or has few friends  🞏 Fights with other children  🞏 Defiant or argumentative with adults  🞏 Suspected drug or alcohol use  🞏 Strange or nonsensical thinking or behavior  🞏 Recent changes in family or school  🞏 See comment | | | | | | | | |
| **Comment** |  | | | | | | | | | | | | | | | | | | | | |

**Revised: 11.9.17**