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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | **CONTINUED** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |