

## PATIENT MEDICAL HISTORY

The following is a list of symptoms which you may or may not have experienced:

( ✓ ) sometimes experience

( + ) frequently experience

No Mark- never experienced

<b>CARDIOVASCULAR</b>	<b>RESPIRATORY</b>	<b>MALES ONLY</b>
Shortness of breath	Cough	Prostate Problems
High Blood Pressure	Coughed up Blood	Pain in Testicles
Irregular Heart Beat	Sore Throat	
Heart Palpitations	Nasal Problems	<b>FEMALES ONLY</b>
Dizziness	Nose Bleed	
Chest Pain or Pressure	Asthma or Wheezing	Pre-Menstrual Pain
Leg Cramps	Pneumonia	Menstrual Pain
Diabete	Hay Fever	Irregular Menstrual Cycle
<b>GASTROINTESTINAL</b>	Bronchitis	Swelling or Pain in Breasts
Indigestion	<b>GENITOURINARY</b>	
Abdominal Pain or Cramps		<b>MISCELLANEOUS</b>
Gall Stones	Frequent Urination	
Constipation	Painful Urination	Jaundice (Yellowish Eyes)
Diarrhea	Bloody Discharge	Jaundice (Yellowish Skin)
Blood in Bowel Movement	Venereal Disease	Hepatitis
Black Bowel Movement	Pain in Genital Area	Memory Loss
Excess Appetite	Decreased Sex Drive	Hearing Loss
Decreased Appetite		ringing in Ears
Excess Thirst	<b>MUSCULAR-SKELETAL</b>	Headaches
Nausea and Vomiting		Insomnia
Colitis or Diverticulitis	Back Pain	Fever
Belching or Burping	Arthritis	Chills
Heartburn	Muscle Pain or Cramps	Night Sweats
	Painful Joints	Intolerance-WeatherChange
<b>SKIN</b>		Kidney Stones
	<b>OTHER</b>	
Ulcerations		
Rash		
Edema		