

Patient Name: _____ MRN _____

Referring MD _____ Primary Care MD _____

This list shows many signs of possible health problems. Please put a check mark next to any symptoms that you have.

General Changes

- Weight changes
- Appetite changes
- Activity level changes
- Fevers or chills
- Fatigue
- Night sweats

Cardiovascular Issues

- Chest pain
- Irregular heartbeat
- Swelling in legs

Gastrointestinal Issues

- Pain in abdomen
- Bloating in abdomen
- Constipation
- Diarrhea
- Nausea
- Vomiting
- Blood in bowel movements
- Heartburn

Respiratory Issues

- Shortness of breath with normal activity
- Wheezing
- Cough

Endocrine Issues

- Inability to tolerate heat or cold
- Unusual thirst

Genital/Urinary Issues

- Incontinence or urine leakage
- Urinary symptoms
- Blood in urine
- Pain or burning feeling when urinating
- Pain on back or side between ribs and hip bone
- Sores on penis or scrotum (men only)
- Swelling of penis or scrotum (men only)
- Pain in testicles (men only)

Neurological Issues

- Dizziness
- Numbness or tingling
- Light-headedness

Skin Changes

- Rashes

Body Aches

- Pain in joints
- Pain in back
- Pain in muscles

Hematological Issues

- Easy bruising or bleeding
- Blood clotting problems

Mental and Emotional Issues

- Depression
- Anxiety
- Memory loss