StoneBrooke
2940 Crooks Rd. Rochester Hills, MI 48309

Review of Patient Symptoms

Name: _____ **Date of Service:** _____

The following questions will be helpful in determining any health problems you may have. Please check those areas that concern you.

Do you have any general problems with?	Comments
☐ Loss of appetite ☐ Fatigue ☐ Fever ☐ Night Sweats ☐ Weight gain ☐ Weight loss	

Do you have any problems with your skin/hair?	Comments
☐ Dryness ☐ Excessive sweating ☐ Hair growth/loss ☐ Nail changes ☐ New lesions/lumps ☐ Itching ☐ Rash/Skin color changes ☐ Changing moles	

Do you have any problems with your eyes?	Comments
☐ Color blindness ☐ Double vision ☐ Excessive tearing ☐ Eye pain/redness ☐ Visual disturbances ☐ Floaters/flashers ☐ Problem with bright lights ☐ Visual loss	

Do you have any problems with your ears?	Comments
☐ Deafness ☐ Decreased hearing ☐ Ear discharge ☐ Ear infection ☐ Ear ache ☐ Ringing in your ears	

Do you have any problems with your nose?	Comments
☐ Runny/itchy nose ☐ Nose bleeds ☐ Frequent colds ☐ Sinus pain ☐ Post nasal drip ☐ Chronic congestion	

Do you have any problems with your mouth, throat or neck?		Comments
☐ Bleeding gums	☐ Voice changes	
☐ Hoarseness	☐ Neck mass	
☐ Oral ulcers	☐ Neck pain/stiffness	
☐ Sore throat	☐ Swollen glands	

Do you have any problems with your breathing/lungs?		Comments
☐ Chronic cough	☐ Shortness of breath	
☐ Cough	☐ Coughing up blood/sputum	
☐ Decreased exercise tolerance	☐ Wheezing	

Do you have any problems with your breasts?		Comments
☐ Breast mass	☐ Nipple discharge	
☐ Breast pain	☐ Nipple pain	
☐ Enlarging breasts	☐ Skin changes	

Do you have any problems with your heart or blood vessels?		Comments
☐ Family history of sudden death	☐ Heart beating too fast/slow	
☐ Chest pain/pressure	☐ Palpitations	
☐ Swelling in your legs	☐ Waking up short of breath	
☐ High blood pressure	☐ Shortness of breath	
☐ Night cramps	☐ Breathing problems if lying flat	

Do you have any problems with your stomach or digestive system?		Comments
☐ Heartburn/reflux	☐ Food intolerance	
☐ Abdominal mass	☐ Vomiting up blood	
☐ Abdominal pain	☐ Jundice	
☐ Change in bowel habits	☐ Blood in stool	
☐ Constipation/Diarrhea	☐ Nausea/Vomiting	
☐ Dysphagia (trouble swallowing)	☐ Bleeding from rectum	

Do you have any problems with your legs or arms?		Comments
☐ Uneven shoulders	☐ Joint pain	
☐ Limping	☐ Joint redness/stiffness/swelling	
☐ Knock-kneed/Bow-legged	☐ Muscle twitching/atrophy	
☐ Claudication	☐ Muscle cramps/weakness	
☐ Decreased range of motion	☐ Muscle aches	

Do you have any problems with your neurologic system?		Comments
☐ Auras	☐ Incoordination	
☐ Decreased memory	☐ Loss of Consciousness	
☐ Dizziness/lightheadedness	☐ Seizures	
☐ Trouble speaking	☐ Syncope	
☐ Numbness/tingling	☐ Tremor	
☐ Headaches	☐ Vertigo/Spinning sensation	
☐ Incontinence of Urine/Stool	☐ Weakness	

Do you have any problems with your rmoods?		Comments
☐ Anxiety	☐ Hallucinations	
☐ Change in sleep patterns	☐ Sleeping too much	
☐ Delusions	☐ Inability to concentrate	
☐ Depression	☐ Insomnia	
☐ Early Awakening	☐ Suicidal Ideation	
☐ Fearfulness	☐ Homicidal Ideation	

Do you have any problems with:		Comments
☐ Appetite changes	☐ Sexual dysfunction	
☐ Cold/Heat intolerance	☐ Easy bruising	
☐ Change in libido	☐ Enlarged lymph nodes	
☐ Being overly thirsty	☐ Spontaneous bleeding	

Do you have any problems with your urinary system?		Comments
☐ Change in urinary stream	☐ Blood in your urine	
☐ Painful urination	☐ Urination at night	
☐ Frequent urination	☐ Urinary retention	
☐ Urgent urination	☐ Difficulty starting urine stream	

Women Only -Do you experience any of the following?		Comments
☐ Irregular periods	☐ Heavy periods	
☐ No periods	☐ Painful intercourse	
☐ Painful periods	☐ Vaginal discharge/bleeding	

Men Only -Do you experience any of the following?		Comments
☐ Urethral discharge	☐ Penile lesions	
☐ Impotence	☐ Testicular mass/pain	

Are ther any other concerns you would like your doctor to know about?

Print Form