COMPLETE MEDICAL QUESTIONNAIRE

Patient Name: _____ **DOB: _____**

The following list of symptoms is a tool to help your doctor identify and diagnose possible problems.

Please list the most important symptoms, concerns, or questions you have today.					
•					
•					
•					
1. In the first column below, **CIRCLE** any symptoms you have (see example). **2.** In the next two columns, **CHECK** how concerned you are and fill in the approximate date the symptoms started. **3.** In the last column, **DESCRIBE** the symptoms briefly. NOTE – If **NO SYMPTOMS** on a given line are present, **LEAVE THE ENTIRE LINE BLANK**.					
1. CIRCLE All Current/Recent Symptoms	**2. Level of Concern**			**Date of Onset**	**3. Description of Symptoms**
EXAMPLE:	Low	Med	High	MM/YYYY	
• pain / swelling / (stiffness) / weakness	☐	☑	☐	02/2016	Right shoulder
Head and Neck:					
• headaches	☐	☐	☐		
• hearing problems / ear ringing or pain	☐	☐	☐		
• vision problems / eye pain or redness	☐	☐	☐		
• throat pain / hoarseness / swallowing	☐	☐	☐		
• pain in teeth / gums / mouth	☐	☐	☐		
• nose or sinus problems	☐	☐	☐		
• neck pain / lumps	☐	☐	☐		
Chest:					
• shortness of breath	☐	☐	☐		
• chest pain	☐	☐	☐		
• coughing / blood in sputum / wheezing	☐	☐	☐		
Heart/Blood Vessels:					
• chest tightness or pressure with exertion	☐	☐	☐		
• ankle or leg swelling / varicose veins	☐	☐	☐		
• heart racing / skipping beats	☐	☐	☐		
• poor circulation hands / feet	☐	☐	☐		
Stomach/Bowels:					
• heartburn / indigestion / nausea / vomiting	☐	☐	☐		
• stomach pain / spasm	☐	☐	☐		
• constipation / diarrhea / leakage of stool	☐	☐	☐		
• blood / mucus in stools	☐	☐	☐		
• hemorrhoids / anal pain or bumps	☐	☐	☐		
• binge eating / loss of appetite	☐	☐	☐		
• weight gain / loss > 10lb (past 6 months)	☐	☐	☐		
Kidneys/Bladder:					
• painful / frequent / urgent urination	☐	☐	☐		
• blood in urine	☐	☐	☐		
• frequent bladder infections	☐	☐	☐		
• leakage of urine (incontinence)	☐	☐	☐		
• up at night to urinate more than once	☐	☐	☐		
• difficulty starting / slow stream / dribbling	☐	☐	☐		
Skin:					
• dry / itchy skin / acne / hives / rash	☐	☐	☐		
• changing moles / lumps / growths	☐	☐	☐		
• sores that won't heal	☐	☐	☐		

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1. **CIRCLE** All Current/Recent Symptoms	2. Level of Concern			Date of Onset	3. Description of Symptoms
Muscles, Joints, Bones:	Low	Med	High	MM/YYYY	
• pain / swelling / weakness / stiffness	☐	☐	☐		
• trouble getting up from a chair	☐	☐	☐		
Nervous System:					
• fainting / blackouts / dizziness	☐	☐	☐		
• numbness / tingling (pins and needles)	☐	☐	☐		
• poor memory / concentration	☐	☐	☐		
• poor balance / coordination	☐	☐	☐		
• seizures / tremors	☐	☐	☐		
• decreased ability to write / slurred speech	☐	☐	☐		
Sexual/Reproductive Health:					
• loss of interest in sex	☐	☐	☐		
• sexually active – now / in the past	☐	☐	☐		
• same gender sex partner – now / in the past	☐	☐	☐		
• unable to achieve orgasm	☐	☐	☐		
• genital sores / lumps / warts / past STDs	☐	☐	☐		
• infertility	☐	☐	☐		
• contraception – type used:	☐	☐	☐		
Men:					
• inability to achieve / maintain erection	☐	☐	☐		
• irregular discharge from penis	☐	☐	☐		
• testicular pain / lump / swelling	☐	☐	☐		
Women:					
• heavy / irregular / painful / absent periods	☐	☐	☐		
• PMS – bloating / moody / breast pain	☐	☐	☐		
• vaginal discharge / pain / itchiness / dryness	☐	☐	☐		
• pelvic pain / bleeding with intercourse	☐	☐	☐		
• lack of lubrication during intercourse	☐	☐	☐		
• hot flashes	☐	☐	☐		
• breast pain or lump / nipple discharge	☐	☐	☐		
Emotional Health:					
• excessive worry / anxiety / anger	☐	☐	☐		
• unable to relax / tense / fidgety	☐	☐	☐		
• depression / sadness / tearfulness	☐	☐	☐		
• poor concentration / racing thoughts	☐	☐	☐		
• trouble getting to sleep / staying asleep	☐	☐	☐		
• not rested after sleep / snoring	☐	☐	☐		
• low energy / decreased motivation	☐	☐	☐		
• low self-esteem	☐	☐	☐		
• ongoing stresses / major losses	☐	☐	☐		
• suicidal thoughts or feelings	☐	☐	☐		
Social Health:					
• work / financial / relationship problems	☐	☐	☐		
• no one to discuss things with	☐	☐	☐		
• exposure to toxic substances	☐	☐	☐		
• worries regarding family or friends	☐	☐	☐		
• emotional / physical / sexual abuse	☐	☐	☐		
• addictions – drugs / sex / alcohol / gambling	☐	☐	☐		