

Name _____
Mastandrea ROS (Female)

*Please answer yes or no as to how you feel now

Y H

Y H

Constitutional

- chills
- fever
- headaches

Eyes

- blurred vision
- double vision
- eye pain
- glasses/contacts

Ears:Nose:Throat

- ear infection
- sinus problems
- sore throat

Cardiovascular

- chest pain
- high blood pressure
- emphysema/COPD
- swelling in feet/ankles
- varicose veins

Respiratory

- cough (acute)
- cough (chronic)
- shortness of breath
- wheezing

Gastrointestinal

- abdominal pain
- constipation
- diarrhea
- nausea
- vomiting
- blood in stool

Genitourinary

- painful urination
- urine retention
- blood in urine
- hx frequent UTI's

Musculoskeletal

- joint pain
- neck pain
- back pain

Integumentary

- boils
- rashes
- persistent itch

Neurological

Neurological - (continued)

- dizzy spells
- numbness/tingling
- tremors

Psychiatric

- depression
- satisfied with life
- suicidal tendencies