

Name \_\_\_\_\_

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

Mastandrea ROS (Male)

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

**Respiratory**

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

**Gastrointestinal**

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

**Genitourinary**

- painful urination
- urine retention
- blood in urine
- hx frequent UTI's
- impotence
- nocturia
- polyuria
- urinary incontinence
- urine stream change

**Musculoskeletal**

- joint pain
- neck pain
- back pain

**Musculoskeletal - (continued)**

**Integumentary**

- boils
- rashes
- persistent itch

**Neurological**

- dizzy spells
- numbness/tingling
- tremors

**Psychiatric**

- depression
- sleep disturbance
- suicidal tendencies
- satisfied with life