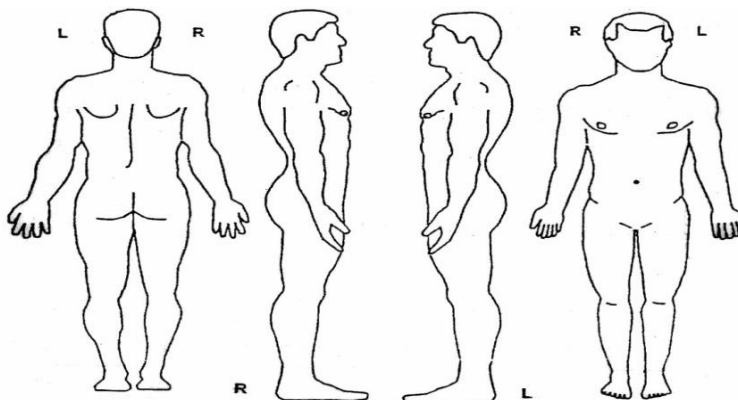


PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ CHART #: \_\_\_\_\_

**INSTRUCTIONS:** Please mark the areas on your body where you feel your PAIN. If the pain radiates, draw an arrow from where the pain starts to where it stops. Extend the arrows as far as the pain travels.



Please check (v) symptoms you **CURRENTLY** have.

**GENERAL/CONSTITUTIONAL**

- Fever
- Chills
- Dizziness
- Fainting
- Fatigue/Weakness
- Loss of Sleep Due to Pain
- Sleepiness/Drowsiness
- Night Sweats
- Unexplained Weight Loss/Gain
- Loss of Appetite

**RESPIRATORY**

- Shortness of Breath (SOB)
- Persistent Cough
- Wheezing
- Chest Congestion
- Coughing Up Blood

**CARDIOVASCULAR**

- Swelling of Legs/Ankles/Feet
- Chest Pain
- Heart Attack/Failure
- High blood pressure
- Low blood pressure
- Irregular heartbeat
- Palpitations
- Poor Circulation
- Varicose Veins

**GENITO-URINARY**

- Painful or Burning Urination
- Frequent Urination
- Blood in Urine
- Urinating Difficulties  
(Hesitancy/Urgency/Weak Stream)
- Loss of Bladder Control
- Vaginal or Penial Discharge
- Lump or Pain in Genitalia
- Breast Lump
- Nipple Discharge
- Sexually Transmitted Disease
- Painful intercourse
- Frequent Urinary Tract/Kidney Infection

**GASTROINTESTINAL**

- Abdominal Pain
- Loss or Poor Appetite
- Indigestion/Acid Reflux/Heart Burn
- Vomiting or Nausea
- Vomiting Blood
- Constipation
- Diarrhea
- Recent Bowel Changes
- Rectal bleeding
- Hemorrhoids
- Stomach Ulcers

**MUSCULOSKELETAL**

- Arthritis
- Neck Pain/Problems
- Back Pain/Problems
- Elbow Pain/Problems
- Shoulder Pain/Problems
- Wrist/Hand Problems
- Muscle Weakness/Paralysis
- Osteoporosis
- Scoliosis
- Knee Pain/Problems
- Foot/Ankle Pain/Problems
- Hip Pain/Problems
- Limited Motion

**SKIN/INTEGUMENTARY**

- Scars/Tattoos
- Wounds
- Changes in Moles
- Sores that will not heal
- Nodules/Lumps Under Skin
- Hair Loss
- Itching/Dryness
- Rash/Discolorations

**ENDOCRINE**

- Excessive Thirst or Hunger
- Temperature Intolerance
- Chronic Fatigue/Tiredness
- Hot Flashes

**MEN ONLY**

- Prostate Issues/Cancer
- Erection difficulties
- Other

**WOMEN ONLY**

- Are you pregnant:  YES  NO
- Abnormal Mammogram
- Menopause
- Extreme Menstrual Pain
- Bleeding between periods
- Other

**EYE, EAR, NOSE, THROAT**

- Corrective Lenses
- Vision Problems/Disease
- Sinus Pain/Congestion
- Earache
- Hearing loss
- Ringing in Ears
- Runny Nose
- Nosebleeds
- Loss of Sense of Smell
- Hoarseness
- Sore Throat
- Difficulty Swallowing
- Toothache
- Bleeding Gums
- Loss of Sense of Taste

**NEUROLOGICAL**

- Numbness or Tingling
- Seizures or Convulsions
- Tremors
- Unsteady Gait/Ambulation
- Memory loss/forgetfulness
- Headache

**PSYCHOLOGICAL**

- Depression
- Manic Mood
- Anxiety/Anxiousness
- Paranoia
- Suicide Thoughts/Attempt

**HEMATOLOGICAL/LYMPHATIC**

- Bleeding Disorder
- Blood Clots
- Anemia
- Easy Bruising
- Swollen Glands