

Allergy, Asthma, Immunology & Rheumatology Institute

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Name

Date of birth

Date

Please circle any symptoms you have experienced recently.

CONSTITUTIONAL:

- no complaints
- fever
- chills
- night sweats
- fatigue

Eyes, Ears, Nose & Throat:

- no complaints
- dry eyes
- watery eyes
- itchy eyes
- nasal congestion
- sinus pressure
- nasal ulcers
- dry mouth
- oral ulcers
- sore throat
- other

CARDIOVASCULAR:

- no complaints
- chest pain
- palpitations
- racing heart rate
- other

PULMONARY:

- no complaints
- shortness of breath
- wheezing
- cough
- pleurisy
- other

GASTROINTESTINAL:

- no complaints
- nausea
- vomiting
- diarrhea
- constipation
- abdominal pain
- heartburn
- other

GENITAL/URINARY:

- no complaints
- painful urination
- blood in urine
- frequent urination
- previous miscarriage(s)
- other

PSYCHIATRIC:

- no complaints
- depression
- anxiety
- panic attacks
- other

MUSCULOSKELETAL:

- no complaints
- joint pain
- joint swelling
- joint stiffness
- worse in the morning
- worse in the evening
- improved with activity
- improved with rest
- muscle aches
- other

NEURO:

- no complaints
- headache
- seizures
- weakness
- sensation abnormalities
- other

HEME:

- no complaints
- easy bruising
- history of blood clots (DVT)
- other

LYMPHATICS:

- no complaints
- swollen lymph nodes

ENDOCRINE:

- no complaints
- excessive thirst
- heat intolerance
- other
- cold intolerance
- unexpected weight loss
- unexpected weight gain

DERM:

- no complaints
- eczema
- hives
- sun sensitivity
- psoriasis
- other

SLEEP:

- no complaints
- problems sleeping
- snoring
- excessive sleepiness during the day
- other

