

Associated Women's Healthcare, LLP

Obstetrics, Gynecology & Infertility

Name _____ Date _____

CIRCLE IF YOU HAVE HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST FEW MONTHS:

General

Decreased activity Change in appetite Fatigue Chills/Fever
Decreased energy level Major weight gain/loss Feeling ill

Ears/Nose/Mouth/Throat

Hearing difficulties/loss Sensitive to loud noise Ear pain Tinnitus/Vertigo
Hoarseness Difficulty swallowing Nasal or sinus bleeding/blockage
Congestion or discharge Mouth sores/Lesions Pain in throat or mucous membranes

Respiratory

Shortness of breath Cough/Wheezing

Cardiac

Chests pain/discomfort Heart palpitations Coldness of extremities
Edema

GI

Food intolerance Abdominal pain Heartburn/Indigestion
Nausea/Vomiting Jaundice Difficulty swallowing
Regurgitation Bloating Change in bowel habits
Change in stool

Musculoskeletal

Joint Pain/Inflammation Restriction of motion Stiffness/Swelling
Weakness Muscle cramps/pain

Skin

Rashes/Sores Skin Growths Changes in moles/Discolorations
Non-healing lesions

Breast

Breast lumps Inflammation/Discharge Skin changes
Abnormalities in chest wall

Neurological

Muscle weakness Sensory abnormalities Decreased consciousness
Memory loss Concentration problems Change in thought processes
Seizures/Tremors Headaches/Dizziness Speech difficulties
Loss of balance

Psychiatric

Mood swings Unusual behavior Suicide ideas or attempts
Change in personality Involvement in abusive relationships
Problems sleeping

Endocrine

Heat or cold intolerance Change in body hair Change in libido
Excessive thirst or hunger Excessive urination

Hematologic/Lymphatic

Bleeding or clotting difficulties Easy bruising Tender or painful lymph nodes
Lymphedema

Allergic/Immunologic

Allergy symptoms Received nonpharmacological immunological therapies
Disorders of primary immune deficiency Disorders leading to secondary immunodeficiency
Symptoms of immune hypersensitivity responses

reviewofsymptoms

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