

Please mark only the symptoms you CURRENTLY are experiencing. Mark all that apply ---- if no symptoms, please mark "NONE"

GENERAL		lethargy		
Chills	weight loss	persistent infections		
offever	 weight gain 	 fatigue 		
EYES				
	visual disturbances	— glasses / contacts		
EAR, NOSE, AND THROAT				
LAN, NOSE, AND TIMOAT		— sinus pain		
— hearing loss	seasonal allergies	 sleep apnea 		
CARDIOVASCULAR				
CANDIOVASCOLAN	swelling in an			
— chest pain		 swelling in ankles / legs pain in legs 		
palpitations		leg pain when walking		
Shortness of breath	leg cramps	waiking		
difficulty breathing on exertion distinguistics				
dizziness	 color changes in hands or feet non-healing wound or ulcer NONE 			
passing out	O non-nealing w	ound or ulcer		
RESPIRATORY				
	lifficulty breathing	chronic cough		
	difficulty breathing lying flat	coughing blood		
GASTROINTESTINAL				
		indigestion		
— nausea	 constipation 	bloody stool		
vomiting	Chronic diarrhea	hemorrhoids		
Change in bowel habits	abdominal pain	excessive gas		
GENITOURINARY				
blood in urine	— urinary frequency	painful urination		
MUSCULOSKELETAL				
		🔵 back pain		
🔵 joint pain	— muscle pain	muscle weakness		
SKIN				
		🔵 rash		
🔵 dry skin	hives	skin ulcer		
NEUROLOGIC				
fainting	— numbness	— seizures		
decreased memory	\bigcirc trouble walking	headaches		
PSYCHIATRIC	0			
		anxiety		
— change in sleep pattern	depression	panic attacks		
ENDOCRINE		P =====		
		cold intolerance		
hair changes	hot flashes	 heat intolerance 		
HEME / LYMPHATIC				
<pre>easy bruising</pre>	excessive bleeding	blood clots		
	CALESSIVE DICCUTINE			

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