

Symptoms by Systems

General	Yes	Duration	No
Fatigue			
Fever			
Weight loss			
Weight gain			
HEENT	Yes	Duration	No
Eye issues			
Ear issues			
Dry mouth			
Lymph node			
Others			
Neurological	Yes	Duration	No
Headache			
Dizziness			
Weakness			
Numbness			
Others			
Heart/Lungs	Yes	Duration	No
Chest pain			
Short breath			
Cough			
Wheezing			
Swelling			
Gastrointestinal	Yes	Duration	No
Appetite issue			
Heart burn			
Gas/bloating			
Diarrhea			
Constipation			

Musculoskeletal	Yes	Duration	No
Back pain			
Joint pain			
Joint swelling			
Muscle pain			
Skin/Hair/Nails	Yes	Duration	No
Skin rash			
Bruising			
Hair loss			
Nail problems			
Others			
Lifestyle		Description	
Diet type			
Daily calories			
Exercise habits			
Sleep duration		Hour	
Stress		High	Low
Genitourinary	Yes	Duration	No
Urinary issues			
Menses issues			
Vaginal issues			
Sexual issues			
LMP			
Screenings	Yes	Date/year	No
Cholesterol			
Pap smear (f)			
Mammogram(m)			
Colon Cancer			
Vaccines due			