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NAME: _____ DATE: _____

REVIEW OF SYMPTOMS

Please write in a number: **1. PRESENTLY HAVE;** **2. PREVIOUSLY HAD;** **3. RELATED TO ACCIDENT** (Date: _____)

GENERAL

- Allergy
- Chills
- Convulsion
- Dizziness
- Fainting
- Fatigue
- Fever
- Headache
- Sleep loss
- Weight loss
- Nervousness/depression
- Neuralgia
- Numbness
- Sweats
- Tremors

EYES, EARS, NOSE, THROAT

- Asthma
- Colds
- Sore throat
- Deafness
- Dental decay
- Earache/noises
- Ear discharge
- Sinus infection
- Enlarged glands
- Enlarged thyroid
- Nose bleeds
- Failing vision
- Far sighted
- Gum trouble
- Hay fever
- Hoarseness
- Nasal obstruction
- Near sighted

MUSCULOSKELETAL

- Arthritis
- Bursitis
- Foot trouble
- Hernia
- Low back pain
- Lumbago
- Neck pain/stiffness
- Shoulder blade pain
- Pain or numbness in :
 - Shoulders
 - Arms
 - Elbows
 - Hands
 - Hips
 - Legs
 - Knees
 - Feet
- Painful tailbone

- Poor posture
- Sciatica
- Spinal curvature

GENITO-URINARY

- Bedwetting
- Blood in urine
- Frequent urination
- Inability to control bladder
- Kidney infection or stones
- Painful urination
- Prostate trouble
- Pus in urine
- Painful menstruation
- Hot flashes
- Irregular cycle
- Lumps in breast

CARDIOVASCULAR

- Hardening of arteries
- High blood pressure
- Low blood pressure
- Pain over heart
- Poor circulation
- Rapid heart beat
- Slow heart beat
- Swelling of ankles

RESPIRATORY

- Chest pain
- Chronic cough
- Difficulty breathing
- Spitting up blood
- Spitting up phlegm
- Wheezing

GASTROINTESTINAL

- Belching or gas
- Colitis
- Colon trouble
- Constipation
- Diarrhea
- Difficult digestion
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids
- Intestinal worms
- Jaundice
- Liver trouble
- Nausea
- pain over stomach
- Poor appetite
- Vomiting
- Vomiting in blood

OTHER: _____

