

The doctor would like to know if any of the following have been a concern to you in at least the last six months. Please check (✓) off the item.

**NECK**

- Neck pain .....
- Neck feels out of place.....
- Stiff neck .....
- Muscle spasms in neck.....
- Grinding sounds in neck .....

**ARMS**

- Tight shoulder muscles .....
- Pain in shoulder joint.....
- Pain in upper arm.....
- Elbow pain .....
- Pain in forearm.....
- Pain in wrists/hands .....
- Pins and needles in hands .....
- Fingers go to sleep .....
- Numbness of the fingers .....
- Cold hands.....
- Swollen joints in fingers .....
- Sore joints in fingers .....

**RIB CAGE**

- Pain between shoulder blades.....
- Chest pain.....
- Pain around ribs.....

**LOW BACK**

- Low back pain .....
- Low back feels out of place.....
- Low back muscle spasms .....

**LEGS**

- Pain in buttock .....
- Pain in hip joint.....
- Pain down leg .....
- Pins and needles in leg.....
- Numbness of legs/feet/toes .....
- Feet feel cold .....
- Swollen ankles .....
- Painful joints in toes .....

**GENERAL**

- Fatigue .....
- Weight loss .....
- Suffer frequent colds.....
- Nausea.....
- Vomiting .....
- Indigestion.....
- Headache.....
- Constipation .....
- Diarrhea .....

**EYES**

- Eye pain .....
- Eyes sensitive to light .....
- Loss of vision .....
- Difficulty seeing at night .....
- Blurred vision .....

**EARS**

- Loss of hearing .....
- Loss of balance.....
- Dizziness.....
- Ear pain.....
- Ringing in ears .....

**MOUTH**

- Sores on lip/mouth.....
- Loss of taste .....
- Painful gums or tongue.....

**THROAT**

- Sore throat.....
- Hoarseness of the voice .....
- Difficulty swallowing.....

**NOSE**

- Loss of smell .....
- Nose pain.....
- Nose bleeds.....

**LUNGS**

- Shortness of breath .....
- Difficulty breathing .....
- Chronic cough.....

**HEART**

- Pounding of the heart .....
- Heart seems to skip a beat.....
- High blood pressure.....

**KIDNEYS**

- Pain during urination.....
- Can not hold urine .....
- Difficulty passing urine.....
- Frequent urination.....

Sexually transmitted disease .....

**SKIN**

- Rashes or sores.....
- Easy bruising .....
- Itching .....

**NERVOUS SYSTEM**

- Light headedness .....
- Fainting .....
- Loss of memory .....
- Nervousness.....
- Depression.....
- Irritability.....

**MENSTRUAL CYCLE**

- Menstrual cramping and pain .....
- Irregularity of cycle.....
- Recent change in cycle.....
- Hot flashes with menopause.....