

B. COMPLAINTS (CONTINUED)

7. Are You Getting? Better Worse Same

8. If Your Complaints Include Pain, Is It Aggravated By?

- Coughing Reaching Standing
 Sneezing Lifting Walking
 Straining At Stool Bending Other
 Neck Movement Sitting

9. If Your Complaints Include Pain, Is It Relieved By?

- Nothing Heat Sitting
 Rest Stretching Standing
 Ice Exercise Other

10. Have You Had Recent Treatment For This Condition?

Yes No If Yes, List Dates, Treatments, And Doctors:

11. Has This Condition Existed In The Past? Yes No

12. Since Your Symptoms Began, Have You Noticed A Change In? If Yes, Indicate

	Onset Date	Duration
<input type="radio"/> Bowel Function		
<input type="radio"/> Bladder Function		
<input type="radio"/> Sexual Function		

C. REVIEW OF SYSTEMS

1. Are You Presently Suffering (Or Within The Past Six Months Suffered) From Any Of The Following?

a. General

- Normal**
 Fatigue Chills
 Weakness Weight Change
 Fever Night Sweats
 Loss Of Sleep Other

b. Skin

- Normal** Eczema
 Rash Hair Changes
 Redness Nail Changes
 Itching Bruise Easily
 Dryness Other

c. Neurologic

- Normal** Convulsions
 Headache Nervousness
 Dizziness Other
 Fainting

d. Eyes

- Normal** Right Left
 Vision Trouble
 Pain
 Discharge
 Other Right
 Left

e. Ears

- Normal** Right Left
 Hearing Trouble
 Ringing
 Pain
 Discharge
 Other Right
 Left

f. Nose

- Normal** Infections
 Pain Absence Of Smell
 Bleeding Other
 Sinus Problems

g. Mouth/Throat

- Normal** Absence Of Taste
 Sores Abnormal Taste
 Bleeding Tonsillitis
 Enlarged Glands Other

h. Cardio-Vascular-Pulmonary (Heart/Lungs)

- Normal** Varicosities
 Cough Murmur
 Wheezing Chest Pain
 Difficulty Breathing Palpitations
 Swollen Extremities Other
 Blue Extremities

i. Breasts

- Normal** Dimpling
 Lumps In Breast(s) Discharge
 Redness/Itching Other
 Pain

j. Gastrointestinal (Stomach/Digestion)

- Normal** Excess Gas
 Decreased Appetite Vomiting
 Increased Appetite Diarrhea
 Abdominal Pain Constipation
 Hemorrhoids Other

k. Genitourinary

- Normal** Painful Menstruation
 Inability To Hold Urine Abnormal Vaginal Bleeding
 Painful Urination Impotence
 Frequent Urination Sterility
 Bedwetting Prostate Problems
 Irregular Menstruation Other

l. Endocrine (Metabolism)

- Normal** Goiter
 Heat/Cold Intolerance Tremor
 Sugar In Urine Other

m. Psychologic

- Normal** Phobias
 Anxiety Mood Swings
 Depression Other
 Memory Loss Or Impairment