Review of symptoms

Name:_____ Email:_____

Check all that apply:

	Yes	No
Fever		
Chills		
Night Sweats		
Weight Loss		
Blurred Vision		
Double Vision		
Difficulty Hearing		
Nose/Sinus problems		
Nosebleeds		
Snoring		
Sore Throat		
Hoarseness		
Chest Pain		
Cardiac Disease		
Palpitations		
Difficulty Swallowing		
Indigestion/Heartburn		
Nausea and/or Vomiting		
Loss of Appetite		
Abdominal Pain		
Diarrhea		
Constipation		
Fecal Incontinence		
Change in Bowel Habits		
Blood in Stool		
Jaundice		
History of Chronic Liver Disease		
Hepatitis or exposure to hepatitis		
Rash		
Weakness		
Numbness		
Dizziness		
History of Thyroid		
Difficulty Urinating		
Cough		
Shortness of Breath		
History of obstructive sleep apnea		