



NAME:

DOB:

MR#:

HCL# :

LABEL or ADDRESSOGRAPH

Are you troubled by any of the following:

- General
Excessive fatigue
Unexplained weight loss
Excessive thirst
Intolerance for hot weather
Lumps or swelling where:

- Skin and Hair
Recurrent skin rash
Recurrent sores
Moles that have changed size or color
Persistent or recurring itching

- Eye, Ear, Nose and Throat
Loss of hearing
Prolonged roaring or ringing in your ears
Ear pain or discharge
Disturbances in vision
Need to change glasses frequently
Recurrent nose bleeds
Chronic nasal obstruction or discharge
Persistent dental problems
Hoarseness or voice change
Difficulty swallowing

- Heart, Lungs and Circulation
Chronic cough
Sputum (Phlegm)
Coughing up blood
Abnormal chest x-ray
Wheezing
Chest pain
Shortness of breath
Chest discomfort with exercise
Palpitation or irregular heart beat
Heart murmur
Other heart trouble
Leg cramps while walking
Ankle swelling

- Intestinal System
Poor appetite
Frequent indigestion
Heartburn
Frequent belching
Recurrent abdominal pain

- Intestinal System continued
Tarry (black) stool
Frequent nausea or vomiting
Indigestion from fatty foods
Changes in bowel habits
Persistent constipation
Anal itching, soreness or burning
Frequent diarrhea
Rectal bleeding

- Urinary System
Difficult or painful urination
Urination more than once at night
Poor bladder control
Recurrent bladder or kidney infection
Blood, Albumin or Sugar in urine
History of kidney stone or gravel

- Skeleton and Joints
Swollen or painful joints
Neck pains
Gout
Back trouble
Difficulty walking
Bursitis or Tendonitis

- Nervous System
Frequent or severe headaches
Attacks of staggering or loss of balance
Unexplained dizziness
Loss of consciousness
Head injury
Weakness or heaviness of limbs
Twitching or tremors
Persistent or recurring numbness or tingling in your hands or feet
Episode of difficulty in talking
Frequent nightmares
Uncontrollable tension
Increasing irritability and mood swings
Prolonged periods of feeling depressed or "blue"
Suicidal thoughts
Difficulty memorizing or concentrating
Personal problems (health, family, business) that cause you great concern
Problems with sexual relations
Have you had Psychiatric help
Do you desire Psychiatric help now

Do you regularly consume any of the following beverages?

- Coffee
Tea
Beer
Wine
Whiskey, etc.
Mixed drinks

Have you used tobacco regularly?

- Cigarettes
Cigars
Pipes

Has anyone, including your family, said that drinking might be causing you a problem?

Do you exercise regularly?

Do you have pets at home?

Have you traveled outside the Midwest in the last year?

Have you traveled outside the U.S. in the last year?

Do you wear?

- Eye glasses or contact lenses
Hearing aid
Dentures
Brace or Truss

For women only

- Have you had an abnormal cervical pap smear?
Any unusual vaginal discharge now?
Any problems with irregular menstrual periods or spotting?
Do you take birth control pills?
Do you have an IUD (Intrauterine device)?

Approximate date of your last menstrual period?

Usual time from beginning of menstrual period to beginning next menstrual period (in days)

How many days do you flow?

Amount: scant moderate heavy

When was your last pap smear?

Number of pregnancies

Number of living children

For men only

Have you had or do you have now any of the following?

- Sores on the penis
Discharge from the penis
Swelling of tenderness of scrotum or testicles
Any problem with sex function
Any problem having children
Prostate trouble
Have you ever had an instrument (Cystoscope, etc.) passed into the bladder
Have you had a Vasectomy