Please indicate whether or not you are experiencing any of the following:

Constitution:	Yes	No
Fever	☐	☐
Chills	☐	☐
Weight loss	☐	☐
Malaise/fatigue	☐	☐
Sweating	☐	☐
Weakness	☐	☐

Skin:		
Rash	☐	☐
Itching	☐	☐

Head, ear, nose and throat:		
Hearing loss	☐	☐
Ringing in the ears	☐	☐
Ear pain	☐	☐
Nosebleeds	☐	☐
Congestion	☐	☐
Sinus pain	☐	☐
Noisy breathing	☐	☐
Sore throat	☐	☐

Eyes:		
Blurred vision	☐	☐
Double vision	☐	☐
Light sensitivity	☐	☐
Eye pain	☐	☐
Eye discharge	☐	☐
Eye redness	☐	☐

Cardiovascular:		
Chest pain	☐	☐
Palpitations	☐	☐
Shortness of breath when lying down	☐	☐
Leg pain	☐	☐
Leg swelling	☐	☐
Difficulty breathing that wakes you from sleep	☐	☐

Respiratory:		
Cough	☐	☐
Coughing up blood	☐	☐
Coughing up phlegm	☐	☐
Shortness of breath	☐	☐
Wheezing	☐	☐

Gastrointestinal:		
Heartburn	☐	☐
Nausea	☐	☐
Vomiting	☐	☐

Abdominal pain:	Yes	No
Diarrhea	☐	☐
Constipation	☐	☐
Blood in stool	☐	☐
Black tarry stool	☐	☐

Genitourinary:		
Urinary pain	☐	☐
Urinary urgency	☐	☐
Urinary frequency	☐	☐
Blood in urine	☐	☐
Flank pain	☐	☐

Musculoskeletal:		
Muscle pain	☐	☐
Neck pain	☐	☐
Back pain	☐	☐
Joint pain	☐	☐
Falls	☐	☐

Endocrine/hematology/allergy:		
Easy bruising/bleeding	☐	☐
Environmental allergies	☐	☐
Increased thirst	☐	☐

Neurological:		
Dizziness	☐	☐
Headaches	☐	☐
Tingling	☐	☐
Tremor	☐	☐
Sensory change	☐	☐
Speech change	☐	☐
Weakness	☐	☐
Seizures	☐	☐
Loss of consciousness	☐	☐

Psychiatric:		
Sadness, low mood	☐	☐
Self harm/cutting	☐	☐
Suicidal thoughts	☐	☐
Suicide attempts	☐	☐
Sleeping too much	☐	☐
Difficulty sleeping	☐	☐
Anxiety	☐	☐
Panic attacks	☐	☐
Memory loss	☐	☐