Your Symptom Checklist for Today's Visit: Check All That Apply

GENERAL	YES	ENDO	YES	PSYCHOLOGICAL	YES
Fatigue (Tired)		Feel warmer than others		Depression	
Fever		Feel colder than others		Anxiety	
Chills		**RESPIRATORY**		Violent	
Weight loss		Shortness of breath		Loss of appetite	
Weight gain		Wheezing		Increase appetite	
Daytime sleepiness		Cough		Loss of intimacy	
EYES		Coughing blood		Increased anger	
Pain		**CARDIAC**		Trouble remembering	
Irritation/Redness		Chest pain		Paranoid	
Vision changes		Chest pressure		Trouble falling asleep	
ENT (Ear/Nose/Throat)		Heart palpitation		Trouble staying asleep	
Ear pain		Ankle swelling		**SKIN**	
Hearing loss		**MUSCULOSKELETAL**		Cuts	
Ringing in the ears		Muscle Aches		Hives	
Nasal congestion		Joint Aches		Bruises	
Bloody nose		**GENITOURINARY**		Rashes	
Change in taste or smell		Pain in genetals		Itching	
Sinus pain or pressure		Painful urination		**HEMETOLOGY**	
Problem snoring, Apnea		Frequent urination		Swollen Glands	
Throat pain		Unable to urinate		Bleeding problems	
Throat clearing		Pus in urine		Sweating at night	
Hoarseness		Blood in urine		Easy Bruising	
GI		**NEUROLOGICAL**		**Do you need help with the following?**	
Difficulty swallowing		Headache			
Stomachache		Migraine		Getting dressed	
Heartburn		Weakness		Going to the bathroom	
Nausea		Numbness		Bathing	
Vomiting		Tingling		Brushing teeth	
Bloated		Pins and Needles		Combing your hair	
Constipation		Loss of balance		Counting money	
Recatal bleeding		Dizziness		Unable to drive	
		Trouble speaking			
		Passing out			

Are you experiencing issues with a current medication/taking any new or updated medication? ◯ Yes ◯ No

If yes, please explain below:

Any changes to your medical history (surgeries, allergies, injuries, hospitalizations) from your previous visit till today? ◯ Yes ◯ No

599 Farrington Hwy, Kapolei, HI 96707 – 500 Ala Moana Blvd, Suite 6D, Honolulu, HI, 96813
Phone: 808-676-5331 Fax: 808-671-2931
Website: www.workstar.com