PATIENT MEDICAL HISTORY

The following is a list of symptoms which you may or may not have experienced:
(✓) sometimes experience
(+) frequently experience
No Mark- never experienced

CARDIOVASCULAR		**RESPIRATORY**		**MALES ONLY**	
Shortness of breath		Cough		Prostate Problems	
High Blood Pressure		Coughed up Blood		Pain in Testicles	
Irregular Heart Beat		Sore Throat			
Heart Palpitations		Nasal Problems		**FEMALES ONLY**	
Dizziness		Nose Bleed			
Chest Pain or Pressure		Asthma or Wheezing		Pre-Menstrual Pain	
Leg Cramps		Pneumonia		Menstrual Pain	
		Hay Fever		Irregular Menstrual Cycle	
GASTROINTESTINAL		Bronchitis		Swelling or Pain in Breasts	
Indigestion		**GENITOURINARY**			
Abdominal Pain or Cramps				**MISCELLANEOUS**	
Gall Stones		Frequent Urination			
Constipation		Painful Urination		Jaundice (Yellowish Eyes)	
Diarrhea		Bloody Discharge		Jaundice (Yellowish Skin)	
Blood in Bowel Movement		Venereal Disease		Hepatitis	
Black Bowel Movement		Pain in Genital Area		Memory Loss	
Excess Appetite		Decreased Sex Drive		Hearing Loss	
Decreased Appetite				Ringing in Ears	
Excess Thirst		**MUSCULAR-SKELETAL**		Headaches	
Nausea and Vomiting				Insomnia	
Colitis or Diverticulitis		Back Pain		Fever	
Belching or Burping		Arthritis		Chills	
Heartburn		Muscle Pain or Cramps		Night Sweats	
		Painful Joints		Intolerance-WeatherChange	
SKIN				Kidney Stones	
		OTHER			
Ulcerations					
Rash					
Edema					