

PLEASE CIRCLE IF YOU CURRENTLY HAVE ANY OF THESE SYMPTOMS:

<u>General/Constitutional:</u>	Fever	Weight Loss	Chills
	Weight Gain	Fatigue	
<u>Eyes:</u>	Blurry Vision	Double Vision	Cataracts
<u>Ears, Nose, Throat:</u>	Hearing Loss	Nasal Stuffiness	Sore Throat
<u>Cardiovascular:</u>	Chest Pains	Swollen Ankles	Irregular Heartbeat
<u>Respiratory:</u>	Shortness of Breath	Wheezing	Chronic Cough
<u>Gastrointestinal:</u>	Abdominal Pain	Diarrhea	Constipation
	Nausea	Vomiting	
<u>Genitourinary:</u>	Incontinence	Painful Urination	Blood in Urine
<u>Musculoskeletal:</u>	Chronic Back Pain	Chronic Neck Pain	Sore Muscles
<u>Integumentary/Skin:</u>	Rash	Persistent Itching	Skin Cancer History
<u>Neurologic:</u>	Numbness	Tingling	Dizziness
<u>Hematologic/Lymphatic:</u>	Swollen Glands	Abnormal Bleeding	Transfusion History