

AGE: \_\_\_\_\_

Pain with overhead activity	Y	N	Dressing	Y	N
Light housework	Y	N	Throwing	Y	N
Driving	Y	N	Reaching across body	Y	N
Combing hair	Y	N	Sleeping	Y	N

Aggravating factors: \_\_\_\_\_

Factors decreasing symptoms: \_\_\_\_\_

**Review of symptoms**

Wt. Loss	Y	N	Blood in stool	Y	N
Fever	Y	N	Constipation	Y	N
Double Vision	Y	N	Diarrhea	Y	N
Ringing in ears	Y	N	Blood in urine	Y	N
Boodly nose	y	N	Rashes	Y	N
Sore throat	Y	N	Bruises	y	N
Chest pain	Y	N	Lesions	Y	N
Palpitations	Y	N	Headache	Y	N
Shortness of breath	Y	N	Dizziness	Y	N
Cough	Y	N	Psychiatric	Y	N

**Past Medical History:**

High blood pressure	Y	N	Ulcer	Y	N
Heart disease	Y	N	Kidney disease	Y	N
Diabetes	Y	N	Asthma	Y	N

Other Medical Conditions: \_\_\_\_\_

Past Surgical History: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Family History: Heart disease	Y	N	Rheumatoid arthritis	Y	N
Cancer	Y	N	Diabetes	Y	N

Social History: Occupation Y N Children Y N # \_\_\_\_\_

Married:	Y	N	Smoking	Y	N	# packs/day):
			Alcohol	Y	N	# week: _____