Patient Name:

DOB:

Please check any of the following systems you have experienced in the past year.

## **CONSTITUTIONAL**

Overall feeling
 Fatigued
 Foot problems relieved by ceasing daily activities
 Fever

## <u>EYES</u>

Glasses or contact lenses
Burning or itching eyes
Sensitivity to light
Eyes watering
Red eyes
Eye pain

### EARS, NOSE, MOUTH, THROAT

Ringing in your ears
 Nosebleeds
 Trouble swallowing

#### **INTEGUMETARY (Skin)**

- □Skin problems
- Skin sensitivity when exposed to sun
   Skin rashes
   Warts on your feet
- □ Moles, lumps, bumps on your skin
- Extremely dry skin
- □Dry skin with cracking
- □Open skin sores
- □Skin discoloration
- □Calluses or corns on your toes
- □Thickening of the toenails
- □Nails deformed
- □Ingrown nails
- □Toenail deformity causing pain
- □ Problems with fingernails
- □ Hair loss on your legs or feet

## CARDIOVASCULAR

 Swelling of both legs
 Varicose veins
 Cramping in your legs at night or at rest
 Leg pain with exercise
 Cold feet

### RESPIRATORY

Chest pain or discomfort
Difficulty breathing
Shortness of breath
Cough lasting longer than 3 weeks

### GASTROINTESTINAL

Stomach ulcers
Frequent heartburn
Stomach problems with taking Aspirin
Bloody or dark stool
Appetite

#### **GENITOURINARY**

Pain with urinationBurning with urinationBlood in urine

### **NEUROLOGICAL**

- Dizziness
   Confusion
   Difficulty with balance
   Frequent or recurring headaches
   Seizures
   Involuntary movements (tremors)
- in your extremities
- □Tingling of the legs
- $\Box$ Numbness in your legs
- $\Box$ Burning sensation in legs
- $\Box \mbox{Cramping or pain in legs when walking or exercising}$
- $\Box \mathsf{Pain}$  in your legs which is worse at night or with rest
- □Leg pain
- □Shooting pain down the lower extremity
- $\Box \mathsf{Paralysis}$  (complete loss of muscle strength) in your legs

□I have none of the above

### **MUSCULOSKELETAL**

□Low back pain □Leg pain □Foot pain □ Joint pain □Bone pain □General muscle aches or pain □Swelling in your legs □ Joint swelling □ Joint stiffness Change in the way you walk Difficulty in climbing stairs □Loss of strength in your legs □Rigidity □Shoes wear out relatively quickly or unevenly

# **PSYCHIATRIC**

□Under a lot of stress □Mood swings

### ENDOCRINE

Urinary frequency increased
 Excessive thirst/fluid intake
 Bad breath
 Sweating heavily at night
 Swollen glands
 Lost or gained weight over the past several months

### HEMATOLOGICAL/LYMPHATIC

□Bruises easily

### IMMUNOLOGIC

□Skin wound slow to heal