



Patient Name: _____

DOB: _____

Date of Service: _____

Reason for your visit today: _____

Current Pharmacy: _____

Which of the below symptoms has brought you in to see us today?

General-

- Weight loss or gain
- Fatigue
- Fever or chills
- Weakness
- Trouble sleeping

Skin-

- Rashes
- Lumps
- Itching
- Dryness

Head-

- Headache
- Head injury

Ears-

- Decreased hearing
- Ringing in ears
- Earache
- Drainage

Eyes-

- Vision Loss/Changes
- Pain
- Redness
- Blurry or double vision
- Flashing lights
- Specks

Nose-

- Stuffiness
- Discharge
- Itching
- Nosebleeds
- Sinus pain

Throat-

- Bleeding
- Dry mouth
- Sore throat
- Hoarseness

Neck-

- Lumps
- Pain
- Stiffness

Breasts-

- Lumps
- Pain
- Discharge

Respiratory-

- Cough
- Sputum
- Coughing up blood
- Shortness of breath
- Wheezing

Cardiovascular-

- Chest pain or discomfort
- Tightness
- Palpitations
- Shortness of breath with activity
- Leg Swelling

Gastrointestinal-

- Swallowing difficulties
- Heartburn
- Nausea
- Rectal bleeding
- Constipation
- Diarrhea

Urinary-

- Frequency
- Urgency
- Burning or pain
- Blood in urine
- Incontinence

Vascular-

- Calf pain with walking
- Leg cramping

Musculoskeletal-

- Muscle or joint pain
- Stiffness
- Back pain
- Redness of joints
- Swelling of joints

Neurologic-

- Dizziness
- Fainting
- Seizures
- Weakness
- Numbness
- Tingling
- Tremor

Hematologic-

- Ease of bruising
- Ease of bleeding

Endocrine-

- Hot or cold intolerance
- Sweating
- Thirst

Psychiatric-

- Anxiety
- Stress
- Depression
- Memory loss



Patient Name: _____

DOB: _____

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Room: _____

- U/A dipstick
- Urine microalbumin
- Glucose
- Hemoglobin
- Hemoglobin A1C
- Flu test
- Strep test

- EKG
- Lab
- Prescription
- Xray order
- Injection: _____
- _____