

Surgical Specialists of Trinity, PA

SYMPTOMS REVIEW

Please circle items below if you experience any of the following symptoms on a regular basis.

Constitutional

Unintended weight loss
Unintended weight gain
Night sweats
Fevers
Increased stress
Swollen Lymph Nodes

Head and Neck

Headaches
Seizures
Double vision
Dizziness
Ringing in the ears
Changes in voice

Genitourinary

Urine incontinence/leakage
Blood in urine
Painful urination
Pelvic Pain
Kidney stones
Prostate problems

Respiratory

Persistent cough
Wheezing
Use of oxygen
Sleep apnea
Bloody sputum
Shortness of breath
Seasonal Allergies
New onset of asthma

Gastrointestinal

Severe Heartburn
Loss of appetite
Nausea
Vomiting
Diarrhea
Constipation
Blood in stool
Rectal pain
Rectal itching
Hemorrhoids
Dark stools
Difficulty swallowing

Cardiac

Chest pains
Chest tightness
Fainting spells
Palpitations
Irregular heartbeat
Congestive heart failure
Angina
Heart racing
Swollen ankles
Pain in calf with walking
History of valve disease

Skin

new rashes
changing dark moles
easy bruising
breast lumps
nipple discharge

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Medication allergies: _____

Current medications and dosages: _____

_____	_____
_____	_____
_____	_____
_____	_____

Previous surgeries: _____

Smoker: ____ No ____ Yes How many packs? ____ For how long? ____

Alcohol: ____ No ____ Yes How much? _____

Is there a family history of: cancer before the age of 50 ____ No ____ Yes

Heart disease/heart attacks at a young age ____ No ____ Yes

Bleeding problems ____ No ____ Yes

Anesthesia problems ____ No ____ Yes

Last mammogram: _____

Last colonoscopy: _____

Signature: _____ Date: _____