

CURRENT HEALTH STATUS BUBBLE SHEET

Patient Name: _____

Date of Birth: _____

MUSCULOSKELETAL

joint stiffness Yes No
 joint pain Yes No
 joint swelling Yes No
 muscle aches Yes No

DERMATOLOGY

rash Yes No
 suspicious moles Yes No
 dry or sensitive skin Yes No
 suspicious lesions Yes No
 acne Yes No
 itching Yes No

ENDOCRINOLOGY

excessive sweating Yes No
 cold intolerance Yes No
 heat intolerance Yes No

NEUROLOGY

headache Yes No
 tingling numbness Yes No
 seizures Yes No
 memory loss Yes No

OPHTHALMOLOGY

eye irritation Yes No
 drainage from eyes Yes No
 blurring of vision Yes No

HEMATOLOGY/LYMPH

swollen glands Yes No
 varicose veins Yes No
 easy bruising Yes No

FEMALE REPRODUCTIVE (if applicable)

sexually active Yes No
 frequent yeast infections Yes No
 irregular periods Yes No
 postmenopausal Yes No

MALE REPRODUCTIVE (if applicable)

diminished sexual drive Yes No

PSYCHOLOGY

depression Yes No
 high stress level Yes No
 suicidal ideation Yes No
 mood swings Yes No
 anxiety Yes No

CONSTITUTIONAL

weight change Yes No
 night sweats Yes No

CARDIOLOGY

chest pain Yes No
 palpitations Yes No
 leg swelling Yes No

GASTROLOGY

diarrhea Yes No
 vomiting Yes No
 loss of appetite Yes No
 constipation Yes No
 nausea Yes No

ENT

fever Yes No
 weakness Yes No
 cold Yes No
 nose bleed Yes No
 sore throat Yes No
 difficulty swallowing Yes No

RESPIRATORY

shortness of breath Yes No
 cough Yes No

ALLERGY

runny nose Yes No
 itchy eyes Yes No
 sinus congestion Yes No

UROLOGY

blood in urine Yes No