List your prescribed drugs and	over-the-	counter drugs, such as vita	mins	and inhalers		
Name the Drug		Strength	Frequency Ta	Frequency Taken		
	Marie - 1.270					
Allergies to medications						
Name the Drug	Reaction You Had	Reaction You Had				
Symptoms Check (✓) sy	mptoms you	currently have or have had in	n the	past year.		制分類技術
CONSTITUTIONAL SYMPTOMS	GASTR	OINTESTINAL	NE	UROLOGICAL		Men only
☐ Good general health lately☐ Recent weight change		s of appetite		Frequent or recurring		
☐ Recent weight change☐ Fever		nge in bowel movements sea or vomiting	П	headaches Light headed or dizzy		
☐ Fatigue		quent diarrhea		Convulsions or seizures		
☐ Headaches		ful bowel movements or		Numbness or tingling sensation		3
EYES		estipation tal bleeding or blood in stool		Tremors Paralysis		y - 전에게 맛있다면 하고 있는 15 kg (1987) [1887]
☐ Eye disease or injury		ominal pain		Head injury		
☐ Wear glasses/contact lenses	GENITO	DURINARY				
☐ Blurred or double vision		juent urination	EN	IDOCRINE		WOMEN only
EAR/NOSE/MOUTH/THROAT		ning or painful urination		Glandular or hormone problem		Abnormal Pap smear
☐ Hearing loss or ringing	(m) = 12 () () () ()	d in urine		Excessive thirst or urination		
☐ Earaches or drainage	☐ Cha urinating	nge in force of strain when		Heat or cold intolerance Skin becoming dryer		
☐ Chronic sinus problems or	PASSE AND A SECURITY OF	ntinence or dribbling		Change in hat or glove size		
rhinitis	☐ Kidn	ey stones				
☐ Nose bleeds ☐ Mouth sores	☐ Sexi	ual difficulty	HE	MATOLOGIC/LYMPHATIC		Painful intercourse Vaginal discharge
☐ Bleeding gums	MUSCU	LOSKELETAL		Slow to heal after cuts		Other
Bad breath or bad taste	□ Join	t pain		Bleeding or bruising tendency Anemia	D	ate of last
☐ Sore throat or voice change ☐ Swollen glands in neck		t stiffness or swelling		Phlebitis		enstrual period
		kness of muscles or joints cle pain or cramps		Past transfusion	D	ate of last
CARDIOVASCULAR		c pain		Enlarged Glands	Pa	ap Smear
☐ Heart trouble		extremities	AL	LERGIC/IMMUNOLOGIC		ave you had
Chest pain or angina pectoris	□ Diffi	culty in waking		tory of skin reaction or other	Α	mammogram?
☐ Palpitation☐ Shortness of breath walking or	INTEGL	IMENTARY (skin, breast)	adv	verse reaction to:	#	of pregnancies
laying flat		n or itching		Penicillin or other antibiotics	#	of miscarriages
Swelling of feet, ankles or		nge in skin color nge in hair or nails		Morphine, Demerol, or other	Ar	e you pregnant?
hands		cose veins		narcotics Novocain or other anesthetics	N	umber of children
RESPIRATORY	□ Brea	st pain		Aspirin or other pain remedies		
Chronic or frequent coughs		st lump		Tetanus antitoxin or other		
☐ Spitting up blood ☐ Shortness of breath ☐ Wheezing		□ Breast discharge PSYCHIATRIC		serums Iodine, merthiolate or other antiseptics		
	□ Mem	nory loss or confusion		апазерисэ		
	□ Nerv	rousness				
		ression				
	☐ Inso	IIIIIa				