

Gastroenterology Associates of Central Virginia

Symptom Review

Name _____ Chart # _____

Date of Birth _____ Date _____

Please circle if you have any of the below symptoms and explain on the back:

Fever, chills, weight loss, fatigue, appetite change, or night sweats.

Eye problems such as vision problems, eye pain, or other eye complaints.

Headache, sore throat, swelling in the head or neck region, dizziness, nose bleeds, gum or teeth problems, sinus congestion, or hearing problem.

Chest pain, shortness of breath, breathlessness that wakes you up, shortness of breathe lying down, shortness of breath on exertion, palpitations, history of phlebitis, or other heart problems including surgeries.

A cough, wheezing, coughing up blood, asthma, emphysema or other lung problems.

A change in bowel habits such as constipation or diarrhea, blood in stools, nausea, vomiting, jaundice or liver problems, hemorrhoids, abdominal pain, heartburn, trouble swallowing or other gastrointestinal problems.

Frequent urination, pain with urination, blood in the urine or other problems with the ability to urinate.

Male: Sores or discharges from the penis, hernia, testicular pain or growths.

Female: Abnormal uterine bleeding, pelvic pain, contraception issues.

Arthritis, muscle aches or other bone, joint and muscle problems or joint surgery.

Skin rashes, swelling, growths, nail problems or other skin changes.

Any history of seizures or stroke, change in alertness, numbness, weakness, fainting, memory loss, speech abnormalities, particularly if this is localized to one side of your body.

Any depression, nervousness, sleeplessness or other history of mood problems.

Thyroid or diabetic problems. This could include temperature intolerance, excessive thirst or urination.

Anemia, easy bleeding, blood thinning medicine use, easy bruising, past transfusions, lymph node swelling or IV drug use.

Any history of allergies or immunity problems.

