



Peninsula Pain Clinic, PLLC

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Review of Symptoms

Patient Name: _____ Date: _____

(Circle all that apply)

General/Constitutional:

No problems General weakness Change in appetite Chills Fatigue Fever Headache/Migraine
Lightheadedness Night Sweats Sleep disturbance Weight gain Weight loss

Allergy/Immunology:

No problems Allergies Cough Hives Itching Rash Immunology

Ophthalmologic:

No problems Blurred vision Diminished visual acuity Flashes of light in the visual field

Endocrine:

No problems Diabetes Dry Mouth Thyroid Steroid use Excessive sweating Excessive thirst
Heat intolerance

Respiratory:

No problems Chronic lung disease Cough Shortness of Breath with exertion Wheezing

Cardiovascular:

No problems High Blood Pressure Blood Clots Blood Thinner Chest Pain Fainting Dizziness
Palpitations Swelling in feet

Gastrointestinal/Hepatic:

No Problems Liver Disease/problems Bleeding ulcers Abdominal pain Blood in Stool Constipation
Heartburn Nausea Vomiting

Hematology:

No problems Immunologic Anemia Easy bruising Prolonged bleeding Swollen glands

Musculoskeletal:

No problems Arthritis Gout Pain in feet Osteoporosis Bursitis Carpal Tunnel Joint Stiffness
Muscle Aches Painful joints Swollen joints

Ear/Nose/Throat:

No problems Dry mouth Hearing Loss Nosebleeds Ringing in the ears Trouble swallowing

Neurologic:

No problems Stroke Dizziness Loss of strength Loss of use of extremity Memory loss Seizures
Tingling/Numbness Tremor

Psychiatric:

No problems Anxiety Depression Mental/Physical Abuse Stress Substance abuse Suicidal thoughts

Skin Symptoms:

No problems Chronic infections Chronic ulcers Hives Infections Itching Rash