

Autoimmune Disease Symptom Checklist

PERSONAL INFORMATION

Name:

Age:

Gender:

Date of Checklist:

AUTOIMMUNE DISEASE HISTORY

Have you been diagnosed with any autoimmune diseases? Yes No

If yes, please specify:

GENERAL SYMPTOMS

Specific Symptoms (Please check all that apply):

Abdominal pain

Digestive issues (diarrhea, constipation)

Shortness of breath

Chest pain

Vision changes

Numbness or tingling in extremities

Difficulty swallowing

Frequent infections

Swollen glands

Thyroid abnormalities

ADDITIONAL INFORMATION

Are there any other symptoms or concerns you would like to note?

