

General Medical Survey

Name:		Date:
Date of birth:		Sex:
Reason for visit:		
Symptoms	Level of concern (write "low", "medium" or "high")	Description/Remark
Head and neck		
Hearing problem		
Vision problems		
Throat pain		
Pain in teeth, gums, or mouth		
Nose or sinus problems		
Neck pain		
Chest		
Shortness of breath		
Chest pain		
Coughing		
Heart		
Chest tightness		
Chest Ankle or leg swelling		
Heart skipping beats		
Poor circulation		

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Symptoms	Level of concern (write "low", "medium" or "high")	Description/Remark
Stomach		
Heartburn		
Indigestion		
Constipation or diarrhea		
Blood or mucus in stool		
Anal pain		
Loss of appetite		
Binge eating		
Nausea		
Vomiting		
Kidney / bladder		
Painful urination		
Blood in urine		
Bladder infection		
Incontinence		
Difficulty starting to urinate		
Skin		
Dry skin		
Acne		
Hives		

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Symptoms	Level of concern (write "low", "medium" or "high")	Description/Remark
Rashes		
Lumps or moles		
Sores that won't heal		
Muscle, joints and bones		
Pain		
Weakness		
Stiffness		
Swelling		
Nervous system		
Fainting		
Numbness or tingling		
Poor concentration		
Poor balance or coordination		
Blackout		
Seizures		
Slurred speech		
Dizziness		
Sexual Health		
Loss of interest in sex		
Sexually active		

General Medical Survey

Symptoms	Level of concern (write "low", "medium" or "high")	Description/Remark
Same gender sex partner		
Unable to achieve orgasm		
Genital sores		
Lumps		
Warts		
STDs		
Infertility		
For men		
Inability to achieve or maintain erection		
Discharge from penis		
Testicular pain		
Lumps		
Swelling		
For women		
Heavy or painful periods		
PMS		
Vaginal discharge		
Pelvic pain or bleeding with intercourse		
Lack of lubrication during intercourse		
Hot flashes		

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Symptoms	Level of concern (write "low", "medium" or "high")	Description/Remark
Breast pain		
Nipple discharge		
Emotional health		
Anxiety		
Anger		
Depression		
Poor concentration		
Lack of sleep		
Decreased motivation		
Low self-esteem		
Extreme stress		
Suicide ideation		
Social health		
Work-related issues		
Relationship issues		
Feeling alone		
Substance abuse		
Emotional abuse		
Physical abuse		

General Medical Survey

Symptoms	Level of concern (write "low", "medium" or "high")	Description/Remark
Sexual abuse		
Referral/Recommendations		
Additional notes		