

St. Francis Diabetes & Endocrinology Center

Patient Name: _____ **Date of Birth:** _____

Today's Date: _____ **Physician Name:** _____

Please circle any symptoms that you are currently experiencing:

Weight Gain Weight Loss Fatigue Insomnia Fever Recent Illness Frequent Headaches
Light-Headed/Dizziness Seizures Tremors/Shakes Hyperactivity Lack of Energy Nervousness
Anxiety Depression Irritability Confusion Difficulty with Memory

Rash Itching Hair Loss Hair Growth Change in Nails Excessive Sweating Dry Skin
Change in Skin Color Unusual Bruising Unusual Marks on Skin Easily Bruise Slow Healing
Skin Sores Feeling Hot/Cold Frequently Hot/Cold Intolerance Hot Flashes Chills

Swollen Glands Swelling in Neck Lumps in Neck Sore Throat Difficulty Swallowing Coughing
Wheezing Snoring Unusual Phlegm/Mucus Voice Changes Nose Bleeds Mouth Sores
Bleeding Gums Increased Thirst Abnormal Taste Loss of Taste

Nausea Vomiting Bloating Abdominal Pain Heartburn Acid Reflux Diarrhea Constipation
Blood in Stool Frequent Bowel Movements Blood in Urine Pain with Urination Urinary Incontinence
Increased Urination

Chest Pains/Pressure Shortness of Breath Palpitations Rapid Heart Rate Irregular Blood Pressure
Swelling Numbness Tingling Muscle Pains Muscle Cramps Joint Pain/Stiffness

Blurred/Double Vision Pain in Eyes Swelling in Eyes Protruding Eyes Unusual Dark Circles Around Eyes
Visual Field Change Seeing Spots

Change in Libido Breast Pain/Tenderness Discharge from Breast Infertility

For Men Only: Erectile Dysfunction Testicular Pain/Swelling

For Women Only: Unusual Vaginal Discharge Irregular Menstrual Cycles Painful Menstrual Cycles
Absence of Menstrual Cycles

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Check the following conditions/procedures you currently have or have had in the past

- ___ Adrenal Gland Disorder
- ___ Appendectomy (appendix removed)
- ___ Asthma
- ___ Cancer *type* _____
- ___ Cataracts
- ___ Congestive Heart Failure
- ___ COPD ___ *on oxygen*
- ___ Coronary Artery Disease
- ___ Diabetes
- ___ Gallbladder Removal
- ___ Glaucoma
- ___ Heart Attack
- ___ High Blood Pressure
- ___ High Cholesterol
- ___ Hysterectomy ___ *partial* ___ *total*
- ___ Kidney Disorder
- ___ Kidney Stones
- ___ Liver Disorder
- ___ MRSA
- ___ Osteoporosis
- ___ Pancreatitis
- ___ Parathyroid Disorder
- ___ PCOS (Polycystic Ovarian Syndrome)
- ___ Pituitary Disorder
- ___ Sleep Apnea ___ *CPAP*
- ___ Stroke
- ___ Thyroid Disorder
- ___ Thyroidectomy (removal) ___ *total* ___ *partial* ___ *right* ___ *left*
- ___ Vasectomy