

**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