WELCH PASTEUR ALLERGY MEDICAL GROUP INC.
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NAME:_____ **DATE OF BIRTH:**_____ **TODAY'S DATE:**_____

Review of Symptoms: Please check if any currently apply. If none, Please mark here ☐

General:
☐ Fatigue ☐ Fever ☐ Weight Gain ☐ Night Sweats ☐ Other: _____

Skin:
☐ Changes in hair/nails ☐ Dry Skin ☐ Excessive Sweating ☐ Hives ☐ Infection ☐ Pruitis/Itching
☐ Rashes ☐ Other: _____

Head:
☐ Headache

Eyes:
☐ Excessive Tearing ☐ Discharge ☐ Itching ☐ Pain ☐ Dryness ☐ Other:_____

Ears:
☐ Itching ☐ Earache ☐ Hearing Loss ☐ Infection ☐ Popping of ear ☐ Tinnitus ☐ Vertigo ☐ Other: _____

Nose & Sinus:
☐ Facial Pressure ☐ Frequent Colds ☐ Loss of Sense of Smell ☐ Nose Congestion ☐ Sinus Headache ☐ Other: _____

Mouth & Throat:
☐ Dry Mouth ☐ Sore Throat ☐ Hoarseness ☐ Grinding of Teeth ☐ Halitosis/Bad Breath ☐ Wears Mouth Guard ☐ Other: _____

Neck:
☐ Swelling ☐ Swollen Glands ☐ Thyroid Problems

Respiratory:
☐ Chest Pain ☐ Cough ☐ TB ☐ Wheezing ☐ Recent CXR ☐ Nighttime choking/gasping
☐ Shortness of breath on exercise ☐ Other: _____

Cardiac:
☐ Murmur ☐ High Blood Pressure ☐ Irregular Heart Beat ☐ Other: _____

GI:
☐ Abdominal Pain ☐ Belching ☐ Bloating ☐ Diarrhea ☐ Dysphagia(Food getting stuck while swallowing) ☐ Flatulence/Gas
☐ Heartburn ☐ Hematologic/ Blood in Stool ☐ Hemorrhoids ☐ Indigestion ☐ Melena/ Black Stool ☐ Nausea
☐ Rectal Bleeding ☐ Trouble Swallowing ☐ Vomiting ☐ Other: _____

Sleep:
☐ Awakening at night ☐ Early Afternoon Fatigue ☐ Irritability ☐ Non Refresh Sleep
☐ Poor Concentration ☐ Short Term Memory Loss ☐ Snoring ☐ Toss and Turn at Night

Neurological:
☐ Dizziness ☐ Memory Loss ☐ Seizures ☐ Tremors ☐ Vertigo