4. PLEASE CIRCLE ANY CONDITION THAT IS POSITIVE!

General: Weight change, fatigue, nausea, fever, or chills.

Eyes, Ears, Nose, and Throat: Impaired sight, frequent eye infections, ear infections, breathing difficulty, speech difficulties, eye disease, glaucoma, dizzy spells, sinus problems, dental problems, eye pain, hearing loss, fainting spells, sore throat, infected teeth, vision problems, ringing in the ears, nose bleeds, or hoarseness. **Last Eye Exam:**

<u>Respiratory:</u> Pneumonia, pleurisy, tuberculosis, limited exercise tolerance, bronchitis, emphysema, home oxygen use, asthma, smoking history, shortness of breath, or chronic obstructive pulmonary disease.

<u>Cardiovascular</u>: Chest pain, open heart surgery, palpitations, mitral valve prolapse, rheumatic fever, leg pain with walking, varicose veins, cold and numb feet, angina, change in rest pain pattern, heart attack, heart murmur, irregular heartbeat, angioplasty, circulation disorder, rest pain in the legs, phlebitis, increased angina occurrence, new onset of angina at rest, high blood pressure, swelling in the ankles or feet, pacemaker, artificial heart valve, high cholesterol, tiredness in the legs, or blocked arteries.

<u>Gastrointestinal</u>: Loss of appetite, heartburn, abdominal pain, Hepatitis A, diarrhea, heartburn or reflux esophagitis, excessive hunger, peptic ulcer, gallbladder problem, Hepatitis B diverticulitis, excessive thirst, persistent nausea, liver problems, Hepatitis C, Crohn's disease or colitis, difficulty swallowing, vomiting, jaundice, cirrhosis, or bloody or black stools.

<u>Bladder and Kidney</u>: Frequent urination, renal failure, bladder infections, swelling of the feet, blood in the urine, or kidney stones.

<u>Female</u>: Sexually transmitted disease, breast cancer, ovarian cancer, or oral contraceptive use. Menstrual Period:

Male: Sexually transmitted disease, hernias, or prostate cancer.

<u>Blood</u> <u>Disorders</u>: Anemia, sickle cell disease or trait, easy bruising, coumadin use, cancer, or history of blood transfusions.

Endocrine: Diabetes, thyroid disease, heat or cold intolerance, or thyroid problems.

<u>Neurological</u>: Seizures, change in memory, numbness, tremor or shaking in the hands, balance problems, muscle weakness, frequent headaches, spine disease, polio, stroke, sciatica, or change in sensation.

<u>Bone and Joint</u>: Arthritis or rheumatism, severe arthritis of the jaw or neck, recurrent back pain, rheumatoid arthritis, gout, artificial joints, or osteoporosis.

<u>Skin</u>: Rashes, skin cancer, thick scars or keloids, hives, new growths, psoriasis, color changes in a mole of wart, or eczema.

<u>Psychiatric</u>: Sleeping difficulty, agitation, phobias, concentration difficulty, memory loss, mental illness, depression, moodiness, feelings of worthlessness, nervousness, or suicidal thoughts.

<u>Immunology</u>: AIDS, frequent infections, weak immune system, or chronic fatigue syndrome.