

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

*We can make a copy of your medication list if needed.*

Medication Name and Strength (mg)	Directions of how/when you take it	Prescribing Dr.

**PLEASE CIRCLE ANY SYMPTOMS YOU ARE HAVING**

General: fatigue, excessive sleepiness, recent change in weight, night sweats

Eyes: dry eyes, red eyes, puffy eyelids, yellowing of eyes, blurry vision, worsening vision

Ear/Nose/Throat: nasal/sinus congestion, nosebleeds, snoring, dry mouth, sore throat, hoarseness, lumps in neck

Cardiac: chest pain, palpitations, difficulty breathing with exertion, muscle pain in legs with activity, swelling

Pulmonary: shortness of breath, wheezing, difficulty breathing in sleep, cough, coughing up sputum

Gastroenterology: abdominal pain, heartburn, nausea, vomiting, change in bowel habits, constipation, diarrhea

Genitourinary: awoken to urinate (\_\_\_ times), pain with urination, blood in urine, change in urine appearance, change in sex drive, erectile dysfunction, menstrual complaints, menopause concerns

Musculoskeletal: muscle weakness, muscle aches, lower back pain, diffuse joint pain, muscle cramps, neck pain

Endocrine: heat/cold intolerance, excessive thirst, excessive urine production, hot flashes

Neurological: headaches, dizziness, tremor, seizures, fainting, memory lapses/loss, numbness/tingling, limb weakness, restless legs, burning sensation

Mental: anxiety, depression, difficulty coping with daily activities, decreased concentration, hyperactive behavior

Skin: skin changes, yellowing skin, darkening of skin, rash, skin lesion