



Jeffrey Jacobs, M.D.
 Lawrence Larson, D.O.
 Timothy Murphy, M.D.
 David Ricker, M.D.
 Jonathan Becker, M.D.

Patients Name: _____

Date of Birth: _____

Review of Symptoms

Instructions: Please check each word that applies for symptoms.

General Health		Excellent	Good	Fair	Poor
Full Body	None	Fever/Chills	Night Sweats	Fatigue	Weakness
Head	None	Headache	Trauma	Sinus pressure	
Eyes	None	Itchy/Redness	Swelling	Discharge	Cataracts/Glaucoma
Ears	None	Chronic infections	Pain	Hearing problems	Discharge
Nose	None	Ringing	Vertigo	Ear tubes	
		Obstruction	Drainage	Post nasal drip	Bleeding
		Dryness	Frequent colds	Sinus Infection	Sneezing
		Itchy	Polyps	Snoring	Reduced sense of smell
Mouth/Throat	None	Itching	Taste change	Mouth sores	Sore throat
		Throat clearing	Post nasal drip	Hoarseness	Tonsillitis
		Tonsillectomy/Adenoidectomy Age: _____			
Skin	None	Itching	Dryness	Hair/nail changes	Rashes
		Hives	Eczema	Swelling	Infections
Pulmonary	None	Chronic Cough: Day Night short of breath	Chest Tightness	Sputum(phlegm) Pain	Wheeze Coughing up Blood
Gastrointestinal	None	Nausea Gas	Vomiting Reflux	Diarrhea Unusual stools	Constipation Blood in stool
Infections	None	Colds Pneumonia	Sinusitis Chronic diarrhea	Ear infections	Bronchitis
Weight Change	None	Failure to Thrive	Number of pounds _____ lbs	Lost	Gained over _____ years
Heart	None	Palpitations	Pain	Swelling	Arrhythmias
		High blood Pressure	Low BP		
Genital/Urinary	None	Burning Blood in urine	Pain Sores	Frequency	Infections
Blood & Hormonal	None	Thyroid Transfusions	Diabetes Lymph node enlargement	Cushings	Anemia
Bones, Joints					
Muscles	None	Pain	Swelling	Deformity	
Neurologic	None	Fainting	Seizures	Gait Problems	Speech Problems
		Coordination Problems		Weakness	