



# BONE & JOINT SPECIALISTS



LITTLE COMPANY OF MARY  
MEDICAL GROUP

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

Patient Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_

Today's Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Please check the box next to any symptoms you may be experiencing.**

General:

- Fever/Chills
- Sleep Problems

Eyes:

- Blurry Vision
- Double Vision

ENT (Ear, Nose & Throat):

- Ears Ringing
- Decreased Hearing
- Sore Throat

Cardiovascular:

- Chest Pains
- Fainting

Respiratory:

- Cough
- Shortness of Breath

Gastrointestinal:

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Heartburn

Musculoskeletal:

- Joint Swelling
- Cramps
- Weakness

Dermatology:

- Rash
- Itching

Hematology:

- Easy Bruising
- Bleeding
- Enlarged Lymph Nodes

GU:

- Incontinence
- Increased Frequency
- Pain on Urination

Neurological:

- Loss of Balance
- History of Seizures
- Numbness
- Tingling

Psychology:

- Depression
- Anxiety

Endocrine:

- Weight Change
- Thirsty all the Time

I am not experiencing any of the above symptoms.