

PATIENT MEDICAL HISTORY

The following is a list of symptoms which you may or may not have experienced:

No Mark - never experience

> - sometimes experience

+ - frequently experience

Cardiovascular		Respiratory		Males Only	
Shortness of breath		Cough		Prostate Problems	
High Blood Pressure		Coughed up Blood		Pain in Testicles	
Irregular Heart Beat		Sore Throats			
Heart Palpitations		Nasal Problems		Females Only	
Dizziness		Nose Bleed			
Chest Pain or Pressure		Asthma or Wheezing		Pre-Menstrual Pain	
Leg Cramps		Pneumonia		Menstrual Pain	
		Hayfever		Irregular Menstrual Cycle	
Gastrointestinal		Bronchitis		Swelling or Pain in Breast	
Indigestion		Genitourinary		Miscellaneous	
Abdomial Pain or Cramps					
Gall Stones		Frequent Urination		Jaundice (Yellowish Eyes)	
Constipation		Painful Urination		Jaundice (Yellowish Skin)	
Diarrhea		Bloody Discharge		Hepatitis	
Blood in Bowel Movement		Venereal Disease		Memory Loss	
Black Bowel Movement		Pain in the Genital area		Hearing Loss	
Excess Appetite		Decreased Sex Drive		ringing in Ears	
Decreased Appetite				Headaches	
Excess Thirst		Musculo-Skeletal		Insomnia	
Nausea and Vomiting				Fever	
Colitis or Divirticulitis		Back Pain		Chills	
Belching or Burping		Arthritis		Night Sweats	
Heartburn		Muscle Pain or Cramps		Intolerance-WeatherChange	
		Painful Joints		Kidney Stones	
Skin					
		Other			
Ulcerations					
Rash					
Edema					