

# Endocrinology Associates of Central NJ

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE CIRCLE YES OR NO TO ALL QUESTION

**CONSTITUTIONAL SYMPTOM**

Good general health lately..... No Yes  
 Recent weight changes..... No Yes  
 Fever..... No Yes  
 Night sweats..... No Yes

**EYES**

Eye disease or injury..... No Yes  
 Laser surgery..... No Yes  
 Blurred or double vision..... No Yes

**EARS/NOSE/MOUTH/THROAT**

Hearing loss or ringing..... No Yes  
 Nose bleeds..... No Yes  
 Bleeding gums..... No Yes  
 Sore throat or voice change.....  
 Swollen glands in neck.....

**CARDIOVASCULAR**

Heart trouble..... No Yes  
 Chest pain or angina pectoris..... No Yes  
 Palpitations..... No Yes  
 Shortness of breath with walking..... No Yes  
 Shortness of breath lying flat..... No Yes  
 Swelling of feet, ankles or hands..... No Yes

**RESPIRATORY**

Chronic or frequent coughs..... No Yes  
 Spitting up blood..... No Yes  
 Shortness of breath..... No Yes  
 Asthma or wheezing..... No Yes

**GASTROINTESTINAL**

Loss of appetitel..... No Yes  
 Change in bowel movements..... No Yes  
 Nausea or vomiting..... No Yes  
 Frequent diarrhea..... No Yes  
 Painful bowel movements or constipation..... No Yes  
 Rectal bleeding or blood in stool..... No Yes  
 Change in hat or glove size.....

**GENITOURINARY**

Frequent urination..... No Yes  
 Burning or painful urination..... No Yes  
 Blood in urine..... No Yes  
 Change in force of stream when urinating..... No Yes  
 Incontinence or dribbling..... No Yes  
 Kidney stones..... No Yes  
 Sexual difficulty..... No Yes  
 Male - testicle pain..... No Yes  
 Female - pain with periods..... No Yes  
 Female - irregular periods..... No Yes  
 Female - vaginal discharge..... No Yes  
 Female - # pregnancies \_\_\_\_\_ # miscarriages \_\_\_\_\_

**MUSCULOSKELETAL**

Joint pain..... No Yes  
 Joint stiffness or swelling..... No Yes  
 Weakness of muscles/joints... No Yes  
 Muscle pain or cramps..... No Yes  
 Back pain..... No Yes  
 Cold hands or cold feet..... No Yes

**INTEGUMENTARY (skin, breast)**

Rash or itching..... No Yes  
 Change in skin color..... No Yes  
 Change in hair or nails..... No Yes  
 Breast pain..... No Yes  
 Breast lump..... No Yes  
 Breast discharge..... No Yes

**NEUROLOGICAL**

Frequent/ recurring headaches No Yes  
 Lightheaded or dizzy..... No Yes  
 Convulsions or seizures..... No Yes  
 Numbness/tingling sensations No Yes  
 Tremors..... No Yes  
 Paralysis..... No Yes  
 Stroke..... No Yes  
 Head injury..... No Yes

**PSYCHIATRIC**

Memory loss or confusion... No Yes  
 Nervousness..... No Yes  
 Depression..... No Yes  
 Insomnia..... No Yes

**ENDOCRINE**

Glandular/hormone problem No Yes  
 Thyroid disease..... No Yes  
 Diabetes..... No Yes  
 Excessive thirst or urination... No Yes  
 Heat or cold intolerance..... No Yes  
 Skin becoming dryer..... No Yes

**HEMATOLOGIC/LYMPHATIC**

Bleeding/ Bruising tendency.. No Yes  
 Anemia..... No Yes  
 Phlebitis..... No Yes

**ALLERGIC / IMMUNOLOGIC**

List all DRUG allergies  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Kenneth W. Ordene MD FACP,FACE**  
 Reviewed by \_\_\_\_\_

**Eric A. Wininger, MD**