Planned Parenthood of the North Country New York, Inc.

Constitutional

	No	Yes
Weight gain	○	○
Weight loss	○	○
Fever	○	○
Hot flashes	○	○
Fatigue/lethargy/malaise	○	○

Psychiatric

	No	Yes
Decrease interest/pleasure	○	○
Depressed mood	○	○
Suicidal	○	○
Seeing therapist	○	○
Anxiety	○	○

Respiratory

	No	Yes
Chronic cough	○	○
Shortness of breath	○	○
Difficulty breathing exertion	○	○
Painful breathing	○	○
Wheezing	○	○
Spitting up blood	○	○

Gastrointestinal

	No	Yes
Abdominal pain	○	○
Constipation	○	○
Diarrhea	○	○
Nausea/vomiting	○	○
Rectal bleeding	○	○
Bloody stool	○	○
Involuntary loss of gas/stool	○	○

Skin/Breast

	No	Yes
Rash	○	○
Skin lesion	○	○
Breast lump	○	○
Breast pain	○	○
Nipple discharge	○	○
Dry skin	○	○
Moles (Changes)	○	○

Neurologic

	No	Yes
Headache	○	○
Visual disturbance	○	○
Weakness	○	○
Dizziness	○	○
Seizures	○	○
Numbness	○	○
Migraine/aura	○	○

Genitourinary

	No	Yes
Dysuria	○	○
Incontinence	○	○
Urinary frequency	○	○
Pain w/IC other sexual problems	○	○
Abnormal vaginal bleeding	○	○
Vaginal discharge	○	○
Vulvo-vaginal itch	○	○

Genitourinary Cont'

	No	Yes
Pelvic pain	○	○
Dysmenorrheal	○	○
Bleeding/spotting b/t periods	○	○
Blood in urine	○	○
Incomplete emptying	○	○
Urine loss when coughing/lifting	○	○
PMS	○	○

Ear, Nose, Mouth, Throat

	No	Yes
Hearing problems	○	○
Frequent nose bleeds	○	○
Tooth/gum	○	○
Frequent sore throat	○	○
Ringing in ears	○	○
Earaches	○	○
Sinus problems	○	○
Mouth sores	○	○

Please turn over and complete other side. Thank you!

Endocrine

	No	Yes
Alopecia (Hair Loss)	○	○
Cold or heat intolerance	○	○
Excessive hunger, thirst or urination	○	○

Eyes

	No	Yes
Problems seeing not corrected by glasses or contacts	○	○
Eye burning, discharge, itching or pain	○	○
Vision Changes	○	○
Glasses/Contacts	○	○

Cardio/Cerebrovascular

	No	Yes
Chest pain	○	○
Irreg. heartbeat/palpitations	○	○
Syncope (fainting)	○	○

Hematologic/Lymphatic

	No	Yes
Easy bruising	○	○
Easy bleeding	○	○
Enlarged lymph nodes	○	○
Cuts do not stop bleeding	○	○

Allergic / Immunologic

	No	Yes
Hay fever	○	○
Hives/Urticaria	○	○
Contact dermatitis	○	○

Musculoskeletal

	No	Yes
Back pain	○	○
Myalgias	○	○
Muscle weakness	○	○