

Health History - Current Symptoms

Patient Name: _____

General Symptoms	Yes	No	Describe
Persistent Infections			
Chills			
Fever			
Bruising			
New Lesions			
Rash			
Headache			
Head Injury			
Visual Disturbances			
Decreased Hearing			
Ear Discharge			
Ear Pressure			
Ear Itch			
Ringing in the Ears			
Vertigo			
Nasal Pain			
Runny Nose			
Post-Nasal Drip			
Mouth Discomfort			
Dry Mouth			
Nose Bleed			
Nasal Congestion			
Sinus Pain			
Mouth Lesion(s)			
Oral Ulcers			
Sore Throat			
Voice Changes			
Neck Mass			
Neck Pain			
Swollen Glands			
Cough			
Snoring			
Difficulty Breathing			
Pain On Swallowing			
Heartburn			
Vomiting			
Difficulty Speaking			
Dizziness			
Unsteadiness			