

PLEASE CHECK ALL THAT APPLY WITHIN THE LAST TWO WEEKS

CONSTITUTIONAL	RESPIRATORY
<ul style="list-style-type: none"> <input type="radio"/> Activity Change <input type="radio"/> Appetite Change <input type="radio"/> Chills <input type="radio"/> Diaphoresis/Sweating <input type="radio"/> Fatigue <input type="radio"/> Fever <input type="radio"/> Unexpected Wt Change 	<ul style="list-style-type: none"> <input type="radio"/> Apnea <input type="radio"/> Chest tightness <input type="radio"/> Choking <input type="radio"/> Cough <input type="radio"/> Shortness of breath <input type="radio"/> Stridor <input type="radio"/> Wheezing
HEAD, EAR, NOSE, THROAT	CARDIAC
<ul style="list-style-type: none"> <input type="radio"/> Congestion <input type="radio"/> Dental problem <input type="radio"/> Drooling <input type="radio"/> Ear discharge <input type="radio"/> Ear pain <input type="radio"/> Facial swelling <input type="radio"/> Hearing loss <input type="radio"/> Mouth sores <input type="radio"/> Nosebleeds <input type="radio"/> Postnasal drip <input type="radio"/> Rhinorrhea/Runny Nose <input type="radio"/> Sinus pain <input type="radio"/> Sinus pressure <input type="radio"/> Sneezing <input type="radio"/> Sore throat <input type="radio"/> Tinnitus/Ear Ringing <input type="radio"/> Trouble swallowing <input type="radio"/> Voice change 	<ul style="list-style-type: none"> <input type="radio"/> Chest pain <input type="radio"/> Leg Swelling <input type="radio"/> Palpitations
	GASTROINTESTINAL
	<ul style="list-style-type: none"> <input type="radio"/> Abdominal distention <input type="radio"/> Abdominal pain <input type="radio"/> Anal bleeding <input type="radio"/> Constipation <input type="radio"/> Diarrhea <input type="radio"/> Nausea <input type="radio"/> Rectal pain <input type="radio"/> Vomiting
	ENDOCRINE
<ul style="list-style-type: none"> <input type="radio"/> Cold intolerance <input type="radio"/> Heat intolerance <input type="radio"/> Excessive thirst <input type="radio"/> Excessive hunger <input type="radio"/> Excessive urination 	
EYES	
<ul style="list-style-type: none"> <input type="radio"/> Eye discharge <input type="radio"/> Eye itching <input type="radio"/> Eye pain <input type="radio"/> Eye redness <input type="radio"/> Light sensitivity <input type="radio"/> Visual disturbance 	

TURN OVER

Updated 5/7/24

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GENITOURINARY	NEUROLOGICAL
<ul style="list-style-type: none"> <input type="radio"/> Difficulty urinating <input type="radio"/> Painful urination <input type="radio"/> Urinary incontinence <input type="radio"/> Flank pain <input type="radio"/> Frequency <input type="radio"/> Genital Sore <input type="radio"/> Hematuria <input type="radio"/> Penile discharge <input type="radio"/> Penile swelling <input type="radio"/> Scrotal swelling <input type="radio"/> Testicular Pain <input type="radio"/> Urgency <input type="radio"/> Decreased urination 	<ul style="list-style-type: none"> <input type="radio"/> Dizziness <input type="radio"/> Facial asymmetry <input type="radio"/> Headaches <input type="radio"/> Light-headedness <input type="radio"/> Numbness <input type="radio"/> Seizures <input type="radio"/> Speech difficulty <input type="radio"/> Syncope <input type="radio"/> Tremors <input type="radio"/> Weakness
	HEMATOLOGIC
	<ul style="list-style-type: none"> <input type="radio"/> Swollen lymph nodes <input type="radio"/> Bruises/Bleeds easily
SKELETAL/MUSCULAR	PSYCHIATRIC
<ul style="list-style-type: none"> <input type="radio"/> Joint Stiffness <input type="radio"/> Back pain <input type="radio"/> Gait problem <input type="radio"/> Joint swelling <input type="radio"/> Joint pain <input type="radio"/> Neck pain <input type="radio"/> Neck stiffness 	<ul style="list-style-type: none"> <input type="radio"/> Agitation <input type="radio"/> Behavior problem <input type="radio"/> Confusion <input type="radio"/> Decreased concentration <input type="radio"/> Dysphoric mood <input type="radio"/> Hallucinations <input type="radio"/> Hyperactive <input type="radio"/> Nervous/Anxious <input type="radio"/> Self-injury <input type="radio"/> Sleep disturbance <input type="radio"/> Suicidal thoughts
SKIN	
<ul style="list-style-type: none"> <input type="radio"/> Color change <input type="radio"/> Pallor <input type="radio"/> Rash <input type="radio"/> Wound 	
ALLERGY/IMMUNO	
<ul style="list-style-type: none"> <input type="radio"/> Environmental Allergies <input type="radio"/> Food Allergies <input type="radio"/> Immunocompromised 	