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NAME:

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Specializing in the Diagnosis and Treatment of Diseases of the Digestive Tract, Liver, Pancreas, and Gallbladder

Please CIRCLE symptoms associated with this visit only!

Constitutional: **FEVER** CHILLS WEIGHT LOSS WEIGHT GAIN Eves: CHANGE IN VISION YELLOW EYES **HENT:** SORE THROAT NASAL CONGESTION <u>Cardiovascular:</u> CHEST PAIN IRREGULAR HEART BEAT Respiratory: SHORT OF BREATH WHEEZING COUGH **HOARSENESS Genitourinary: URGENCY TO URINATE** CHANGE IN FREQUENCY PAINFUL URINATION Integument: RASH ON SKIN **ITCHING** YELLOW SKIN Neuro: DIFFICULTY CONCENTRATING MEMORY DIFFICULTIES LOSS OF BALANCE TREMORS CONFUSION <u> Musculoskeletal:</u> **BONE PAIN** JOINT PAIN MUSCULAR WEAKNESS Endocrine: HAIR LOSS COLD INTOLERANCE Psychiatric: **DEPRESSION DIFFICULTY SLEEPING** ANXIETY THOUGHTS OF HARMING YOURSELF OR OTHERS <u>Heme/Lymph:</u> BLEED FASTLY BRUISE FASILY REASON FOR VISIT:

DOB: