LONGSTREET CLINIC
Vascular & Vein

PATIENT NAME _____

CONSTITUTION	EYES	ENDOCRINE	ALLERGY/IMMUN
___Activity change	___Eye discharge	___Cold intolerance	___Env allergies
___Appetite change	___Eye Itching	___Heat intolernace	___Food allergies
___Chills	___Eye pain	___ Excessive thirst	___Immunocompomised
___Sweating	___Eye redness	___Excessive Hunger	
___Fatigue	___Light sensitivity	___Excessive Urination	
___Fever	___Visual disturbance		
___Unexpected Weight			

HENT	RESPIRATORY	GU	NEURO
___Congestion	___ Apnea	___Difficulty Urinating	___Dizzines
___Dental problems	___Chest tightness	___Urination discomfort	___Facial asymmetry
___Drooling	___Choking	___Incontinence	___Frequent headaches
___Ear discharge	___Cough	___Flank pain	___Light headedness
___Ear pain	___Shortness of breath	___Frequent urination	___Numbness
___Facial swelling	___Wheezing	___Genital sores	___Seizures
___Hearing loss		___Blood in urine	___Speech difficulty
___Mouth Sores		___Urgency	___Fainting
___Nosebleeds		___Urine decrease	___Tremors
___Postnasal drip			___Weakness
___Runny nose	**CARDIO**	**MUSC**	**HEMATOLOGY**
___Sinus pain	___Chest pain	___Joint pain	___Swollen lymphnodes
___Sinus pressure	___Leg swelling	___Back pain	___ Easily bruise/bleed
___Sneezing	___Palpitations	___Difficulty walking	
___Sore throat		___Joint swelling	
___Ringing ears		___Muscle pain	
___Trouble swallowing		___Neck pain	
___Voice change		___Neck stiffness	

GI	SKIN	PSYCHIATRIC
___Abdominal bloating	___Color change	___Agitation
___Abdominal pain	___ Pale	___Behavior problems
___Rectal bleeding	___Rash	___Confusion
___bloody stool	___Wound	___Decreased Concentration
___Constipation		___Feeling of uneasy, unwell
___Diarrhea		___Hallucinations
___Nausea		___Hyperactive
___Rectal pain		___Nervous/Anxious
___Vomiting		___Self-injury
		___Sleep disturbance
		___Suicidal Ideas

Current Cardiologist: _____

Current Nephrologist: _____