

# Personal Health Inventory

Please indicate your personal history [Y=Yes N=No O=Occasionally F=Frequently]

## CONSTITUTIONAL SYMPTOMS

Good general health lately Y N  
Recent weight change Y N  
Fever N O F  
Fatigue N O F  
Headaches N O F

## EYES

Eye disease or injury Y N  
Wear glasses/contact lenses Y N  
Blurred or double vision Y N  
Glaucoma Y N

## EARS/NOSE/MOUTH/THROAT

Hearing loss or ringing N O F  
Earaches or drainage N O F  
Chronic sinus problem or rhinitis Y N  
Nose bleeds N O F  
Mouth sores N O F  
Bleeding gums Y N  
Bad breath or bad taste N O F  
Sore throat or voice change Y N  
Swollen glands in neck Y N

## CARDIOVASCULAR

Heart trouble Y N  
Chest pain or angina pectoris N O F  
Palpitation N O F  
Shortness of breath while walking or lying flat N O F  
Swelling of feet, ankles or hands

## RESPIRATORY

Chronic or frequent coughs Y N  
Spitting up blood N O F  
Shortness of breath N O F  
Asthma or Wheezing N O F

## GASTROINTESTINAL

Loss of appetite Y N  
Change in bowel movements Y N  
Nausea or vomiting N O F  
Diarrhoea N O F  
Painful bowel movements or constipation N O F  
Rectal bleeding or blood in stool N O F  
Abdominal pain N O F  
Peptic ulcer (stomach or duodenal) N O F

## GENITOURINARY

Frequent urination Y N  
Burning or painful urination N O F  
Blood in urine Y N  
Change in force of strain when urinating Y N  
Incontinence or dribbling Y N  
Kidney stones Y N  
Sexual difficulty N O F  
Male - testicle pain N O F  
Female - pain with periods N O F

Female - irregular periods N O F  
Female - vaginal discharge N O F  
Female - # of pregnancies: \_\_\_\_\_  
Female - # of miscarriages: \_\_\_\_\_  
Female - date of last pap smear: / /

## MUSCULOSKELETAL

Joint Pain N O F  
Joint stiffness or swelling N O F  
Weakness of muscles or joints N O F  
Muscle Pain or cramps N O F  
Back Pain N O F  
Cold extremities N O F  
Difficulty in walking Y N

## INTEGUMENTARY (skin, breast)

Rash or itching N O F  
Change in skin color Y N  
Change in hair or nails Y N  
Varicose Veins Y N  
Breast pain N O F  
Breast Lump Y N  
Breast discharge N O F

## NEUROLOGICAL

Frequent or recurring headaches Y N  
Light headed or dizzy N O F  
Convulsions or seizures Y N  
Numbness or tingling sensations N O F  
Tremors N O F  
Paralysis Y N  
Stroke Y N  
Head injury Y N

## PSYCHIATRIC

Memory loss or confusion N O F  
Nervousness N O F  
Depression N O F  
Insomnia N O F

## ENDOCRINE

Glandular or hormone problem Y N  
Thyroid disease Y N  
Diabetes insulin non insulin Y N  
Excessive thirst or urination N O F  
Heat or cold intolerance N O F  
Skin becoming dryer Y N  
Change in hat or glove size Y N

## HEMATOLOGIC/LYMPHATIC

Slow to heal after cuts Y N  
Bleeding or bruising tendency Y N  
Anaemia Y N  
Phlebitis Y N  
Past transfusion Y N  
Enlarged glands Y N

Reviewed by: \_\_\_\_\_

Date: / /