Name:_______________________________ Date:____________________

Please check the boxes & circle if you have any of the following problems within the last **2 weeks:**

[ ] Covid Vaccine [ ] Covid infection, when: _______________

GENERAL: [ ]chills [ ]fatigue [ ]fever [ ]loss of appetite [ ]weakness [ ]unintentional weight loss
SKIN: [ ]incision [ ]infection [ ]laceration [ ]lesions [ ]lumps [ ]mole changes [ ]itching [ ] rash [ ]wound
RESPIRATORY:[ ]clubbing of fingers [ ]cough [ ]trouble breathing
CARDIAC: **[ ]chest pain** [ ]difficulty breathing with activity [ ]swelling in your legs.
GASTROINTESTINAL: [ ]abdominal pain, [ ]constipation, [ ]diarrhea, [ ]nausea, [ ]vomiting
NEUROLOGIC: [ ]confusion [ ]disorientation [ ]dizziness [ ]loss of balance [ ]seizures
PSYCHIATRIC: [ ]anxiety [ ]delusions [ ]depression
BREASTS: [ ]breast skin changes [ ]deformity [ ]new lump [ ] Nipple discharge/pulling [ ] breast pain [ ]breast redness [ ]sore
BREAST CANCER SURVEILLANCE: [ ]headaches that wont go away [ ]changes in vision
[ ]dizziness [ ]shortness of breath [ ]coughing up blood [ ]constant bone pain [ ]yellowing of eyes/skin
HEAD: [ ]deformity [ ]dizziness [ ]head injury [ ]headache that wont go away
EYES: [ ]blurred vision [ ]double vision [ ]eye discharge
EARS: [ ]discharge [ ]earache [ ]infection.
NECK: [ ]neck mass, [ ]neck pain, [ ]stiffness, [ ]swelling.
GENITOURINARY: [ ]no urine/dialysis [ ]painful urination [ ]flank pain [ ]blood in urine
MUSCULOSKELETAL: [ ]arthritis [ ]constant back pain [ ]constant bone pain [ ]joint pain
[ ]limitation of motion [ ]walker [ ]wheelchair [ ]lymphedema/arm swelling