Lake Jackson Ear, Nose, and Throat
Stephanie Jo Herrera, MD

Name: ____________________ **Date of Birth/Age:** __________ **Date:** __________

Review of Symptoms: Do you currently have any of the following symptoms? **(Circle All That Apply)**

General: Fever Chills Night Sweats Fatigue Weight Loss Weight Gain Decreased Activity
Other: ____________________

Eye: Recent Vision Changes Double Vision Yellow Eyes Dry Eyes Excess Tearing
Other: ____________________

Ear / Nose / Throat: Hearing Loss Ringing in the Ears Dizziness Ear Pain Nasal Drainage Nasal Congestion
Hoarse Voice Difficulty Swallowing Other: ____________________

Respiratory: Shortness of breath Wheezing Cough Apnea Snoring Loud breathing
Other: ____________________

Cardiovascular: Chest Pain Irregular Heartbeat Swelling of the Legs Poor Circulation Fainting
Other: ____________________

Gastrointestinal: Nausea Vomiting Diarrhea Constipation Heartburn Yellow Skin Bleeding from Rectum
Other: ____________________

Genitourinary: Difficulty Urinating Blood in Urine Pain Urinating Frequent Urination Discharge Lesions
Other: ____________________

Hematology: Anemia Bruising Bleeding Easily Swollen Lymph Glands Prior Blood Transfusion
Other: ____________________

Endocrine: Excessive Thirst Cold Intolerance Heat Intolerance Hot Flashes High Blood Sugar Low Blood Sugar
Other: ____________________

Immunologic: Immunocompromise History of Cancer Treatment Recurrent Fevers Recurrent Infections
Other: ____________________

Musculoskeletal: Back Pain Joint Pain Muscle Weakness Muscle Cramp Joint Swelling Restless Leg
Other: ____________________

Skin: Lesions Rashes Itching Burns Hypertrophic Scarring Keloid Dryness Other: ____________________
Breast: Lump Mass Nipple Discharge Pain Other: ____________________

Neurological: Confusion Memory Loss Balance Problem Headache Fainting Numbness Weakness
Other: ____________________

Psych: Anxiety Depression Mania Suicidal Thoughts Hallucinations Sleeping Problems Anorexia
Other: ____________________

Any other Symptoms not listed: ____________________