**TEXAS HEALTH CARE, P.L.L.C.**
1420 8th Avenue, Suite 101
Fort Worth, TX 76104

label space

**PATIENT HISTORY/REVIEW OF SYSTEMS**

| HAVE YOU OR ARE YOU BEING TREATED FOR: please check or circle all that apply | | | |
|---|---|---|---|
| | Diabetes | | **GENITOURINARY** |
| | Hypertension | | Frequent urination |
| | Cancer | | Burning or painful urination |
| | Stroke | | Blood in urine |
| | Heart Trouble | | Change in force or strain when urinating |
| | Arthritis/gout | | Incontinence or dribbling |
| | **CONSTITUTIONAL SYMPTOMS** | | Kidney stones |
| | Good general health | | Ejaculation problems |
| | Recent weight change | | Nocturia |
| | Fever | | Male - Testicle Pain |
| | Fatigue | | Number of pregnancies |
| | Headaches | | Number of miscarriages |
| | **EYES** | | **MUSCULOSKELETAL** |
| | Eye disease or injury | | Joint pain |
| | Wear glasses or contacts | | Joint stiffness or swelling |
| | Blurred or double vision | | Weakness of muscles or joints |
| | Glaucoma | | Muscle pain or cramps |
| | **EAR/NOSE/MOUTH/THROAT** | | Cold extremities |
| | Hearing loss or ringing | | Difficulty in walking |
| | Earaches or drainage | | **INTEGUMENTARY (skin/breast)** |
| | Chronic sinus problem or rhinitis | | Rash or itching |
| | Nose bleeds | | Change in skin color |
| | Mouth sores | | Change in hair or nails |
| | Bleeding gums | | Varicose veins |
| | Bad breath or bad taste | | Breast pain / lump / discharge |
| | Sore throat or voice change | | **NEUROLOGICAL** |
| | Swollen glands in neck | | Frequent or recurring headaches |
| | **CARDIOVASCULAR** | | Light headed or dizzy |
| | Heart trouble | | Convulsions or seizures |
| | Chest pain or angina pectoris | | Numbness or tingling sensations |
| | Palpitation | | Tremors |
| | Shortness of breath with walking or lying flat | | Paralysis |
| | Swelling of feet, ankles, or hands | | Stroke |
| | **RESPIRATORY** | | Head injury |
| | Chronic or frequent coughs | | **PSYCHIATRIC** |
| | Spitting up blood | | Memory loss or confusion |
| | Shortness of breath | | Nervousness |
| | Asthma or wheezing | | Depression |
| | **GASTROINTESTINAL** | | Insomnia |
| | Loss of appetite | | Psychosis |
| | Change in bowel movements | | **ENDOCRINE** |
| | Nausea or vomiting | | Glandular problems |
| | Frequent diarrhea | | Hormone problems |
| | Painful bowel movements or constipation | | Excessive thirst |
| | Rectal bleeding or blood in stool | | Tired / Sluggish |
| | Abdominal pain or heartburn | | Diabetes |
| | Peptic Ulcer | | **HEMTALOGIC / LYMPHATIC** |
| | Convulsions | | Slow to heal after cut |
| | Bleeding tendency | | Anemia |
| | Acute Infections | | Phlebitis |
| | Venereal disease | | Past blood transfusion |
| | Hereditary defects | | Swollen glands |



Patient's Signature _____ Date _____ Physician's Initials _____ Date _____