InfectiousCare

Specialists in the Management of Infectious Diseases

Date:

Patient Name:

Last 2 weeks only

Constitution	Y	How long?
Appetite change		
Chills		
Night sweats		
Fatigue		
Fever		
Weight loss		
Weight gain		
HENT	**Y**	**How long?**
Neck pain		
Neck stiffness		
Ear discharge		
Hearing loss		
Ear pain		
Ear ringing		
Nosebleeds		
Congestion		
Runny nose		
Sneezing		
Sinus pressure		
Dental problems		
Mouth sores		
Sore throat		
Trouble swallowing		
Voice change		
Eyes	**Y**	**How long?**
Eye discharge		
Eye itching		
Eye pain		
Eye redness		
Visual disturbance		

Respiratory	Y	How long?
Choking		
Cough		
Shortness of breath		
Wheezing		
Cardiovascular	**Y**	**How long?**
Chest Pain		
Leg swelling		
Palpitations		
Gastrointestinal	**Y**	**How long?**
Abd distention		
Abdominal pain		
Anal bleeding		
Blood in stool		
Constipation		
Diarrhea		
Nausea		
Rectal pain		
Vomiting		
Genito-urinary	**Y**	**How long?**
Difficulty urinating		
Burning w/urination		
Increased frequency		
Genital sore		
Blood in urine		
Urgency		
Musculoskeletal	**Y**	**How long?**
Joint pain		
Back pain		
Gait problem		
Joint swelling		
Muscle aches		

Skin	Y	How long?
Color change		
Rash		
Wound		
Neurological	**Y**	**How long?**
Dizziness		
Headaches		
Light-headedness		
Numbness		
Seizures		
Speech difficulty		
Fainting spell		
Tremors		
Weakness		
Hematology	**Y**	**How long?**
Swollen glands		
Easy brusing		
Psychiatric	**Y**	**How long?**
Confusion		
Decr concentration		
Depression		
Hallucinations		
Nervous/anxious		
Self-injury		
Sleep disturbance		
Suicidal ideas		