INDIANA NEPHROLOGY & INTERNAL MEDICINE, P.C.

In order to provide the best care possible please let us know if you have experienced any of the following since your last visit

Patient Name: _____ Date: _____

Circle those that apply

Constitutional:	Fever Weight gain Weight loss	Fatigue Chills Weakness	Genitourinary:	Urinary urgency Urinary burning or pain Blood in urine Urinary frequency	Urinary hesitancy (trouble starting) Foamy urine Incontinence Nocturia (peeing at night)
HEENT:	Vision impaired Eye pain Redness Color blindness Double vision Hearing loss Ear pain	Sinus problems Sore throat Nose bleeds Headache Hoarseness Tinnitus (ringing in your ears) Vertigo (spinning sensation)	Musculoskeletal:	Back pain Neck pain Joint pain	Muscle pain Arm weakness Leg weakness
Respiratory:	Shortness of breath Shortness of breath at rest Shortness of breath with activity Pain with breathing	Cough Wheezing Blood in sputum (when you cough) Night sweats	Skin:	Rash Itching Scaling	Dryness Color change
			Neurological:	Numbness Tremors Seizures	Tingling Fainting
Cardiovascular:	Chest pain Palpitations Claudication (painful legs with activity)	Orthopnea (shortness of breath while laying down) Edema (swelling)	Psychiatric:	Depression Insomnia	Anxiety
			Endocrine:	Heat intolerance Cold Intolerance	Excessive thirst Excessive urination
Gastrointestinal:	Abdominal Pain Nausea Diarrhea Heartburn Vomiting	Constipation Anorexia Trouble swallowing Indigestion	Hematology:	Bleeding gums	Easy bruising
			Immuno/Allergy:	Seasonal allergies	Hives

Patient Signature: _____