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Patient Name: _____

Physician: _____ Appt. Date: _____ Time: _____

Do you have any health complaints in the following categories?

1. Constitutional

- Weight Gain (Circle one: Y or N)
- Weight Loss (Circle one: Y or N)
- Fatigue (Circle one: Y or N)
- Fever (Circle one: Y or N)
- Other _____

2. Cardiovascular

- High blood pressure (Circle one: Y or N)
- Chest pain (Circle one: Y or N)
- Abnormal heart beat (Circle one: Y or N)
- Leg swelling (Circle one: Y or N)
- Other _____

3. Gastrointestinal

- Abdominal pain (Circle one: Y or N)
- Change in stool (Circle one: Y or N)
- Nausea/vomiting (Circle one: Y or N)
- Increased appetite (Circle one: Y or N)
- Decreased appetite (Circle one: Y or N)
- Difficulty swallowing (Circle one: Y or N)
- Other _____

4. Respiratory

- Wheezing (Circle one: Y or N)
- Cough (Circle one: Y or N)
- Shortness of breath (Circle one: Y or N)
- Asthma (Circle one: Y or N)
- Other _____

5. Genitourinary

- Frequent urination (Circle one: Y or N)
- Painful urination (Circle one: Y or N)
- Change in urine color (Circle one: Y or N)
- Urinary incontinence (Circle one: Y or N)
- Other _____

6. Skin and breast

- Breast masses, pain, discharge (Circle one: Y or N)
- Eczma, hives, rash (Circle one: Y or N)
- Easy bruising (Circle one: Y or N)
- Other _____

7. Neurologic

- Dizziness (Circle one: Y or N)
- Numbness (Circle one: Y or N)
- Memory loss (Circle one: Y or N)
- Unsteady gait (Circle one Y or N)
- Other _____

8. Psychiatric

- Depression (Circle one: Y or N)
- Mood changes (Circle one: Y or N)
- Psychiatric disorders (Circle one: Y or N)
- Hallucinations (Circle one: Y or N)
- Other _____

9. Musculoskeletal

- Back or neck problems (Circle one: Y or N)
- Muscle weakness (Circle one: Y or N)
- Joint stiffness (Circle one: Y or N)
- Arthritis (Circle one: Y or N)
- Joint pain (Circle one: Y or N)
- Other _____

10. EENT

- Visual changes (Circle one: Y or N)
- Swollen lymph nodes (Circle one: Y or N)
- Nasal or Sinus problems (Circle one: Y or N)
- Hearing problems (Circle one: Y or N)
- Glasses (Circle one: Y or N)
- Frequent colds (Circle one: Y or N)
- Other _____