



Virgin Islands Ear, Nose & Throat

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Review of Symptoms

Patient Name Date Patient ID No.

CHECK any symptom that you have experienced at least WEEKLY during the past month

General

- Fever
- Night sweats
- Loss of appetite
- None

Sleep

- Snoring or trouble breathing while you sleep
- Difficulty falling or staying asleep
- Difficulty with memory or concentration
- Daytime sleepiness or fatigue/ weakness
- Restless legs or leg jerks at night
- Unrefreshing sleep
- Wake up at night to urinate
- None

Skin

- Dryness
- New skin lesions
- Rash or itching
- Changes in skin color
- None

Respiratory

- Cough lasting over 3 months
- Difficulty breathing
- Coughing up blood
- Wheezing
- None

Cardiac

- Chest pain
- Heart palpitations
- Shortness of breath
- History of heart attack
- Problems controlling your blood pressure
- None

Hematology

- Anemia
- Easy bruising
- Nosebleeds
- Prolonged bleeding
- None

Gastrointestinal

- Stomach pain
- Heartburn
- Changes in bowel habits
- Difficulty swallowing
- Nausea
- Vomiting
- Blood in the stool
- None

Musculoskeletal

- Joint pain, stiffness or swelling
- Back or neck pain
- Muscle weakness
- None

Neurological

- Dizziness
- Headaches
- History of stroke
- Loss of consciousness/fainting
- Seizures
- Weakness
- Change in sleep patterns
- Inability to concentrate
- Thoughts of harming yourself
- Thoughts of harming others
- None

Endocrine

- History of diabetes/sugar
- Intolerance to cold or heat
- Increased urination
- Increased thirst
- Weight changes
- None

Other

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