

ROPER ST. FRANCIS PHYSICIANS

Have you experienced any of the below recently? Please select response by filling the bubble (●)

ricas	e select response by mining the bubble (•)		
		Yes	No
Neurological:			
Blurred vision		0	0
Double vision		0	0
Hearing loss		0	0
Decreased ability to smell		0	0
Decreased ability to taste		0	0
Numbness of the face		0	0
Difficulty speaking		0	0
Numbness or tingling of the limbs		0	0
Headaches		0	0
Seizures		0	0
Blackout spells		0	0
Musculoskeletal:			
Painful joints		0	0
Swelling of joints		0	0
Muscle spasms		0	0
Loss of muscle bulk		0	0
Neck pain		0	0
Back pain		0	0
Weakness of arm or leg		0	0
Constitutional:			
Fever		0	0
Night sweats		0	0
Weight loss		0	0
Weight gain		0	0
Easy fatigue ability		0	0



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Nose, Mouth, Throat:	Yes	No
Drainage from nose	0	0
<u>Cardiovascular:</u>		
Chest pain	0	0
Shortness of breath lying flat	0	0
Respiratory:		
Chronic Cough	0	0
Shortness of breath	0	0
Gastrointestinal:		
Incontinence of bowel	0	0
Jaundice	0	0
Acid reflux	0	0
Genitourinary:		
Incontinence of bladder	0	0
Endocrine:		
Night thirst	0	0
Night sweats	0	0
Integumentary:		
Discharge from breast	0	0
Hematologic:		
Bleeding disorder	0	0
Easy bruising/bleeding	0	0
Psychiatric:		
Depression	0	0