

La Jolla Sports Orthopedics
John H. Serocki, MD

Patient's Name: _____ Date: _____

Please check any symptoms that you are now experiencing or have experienced in the past.

	Are Experiencing	Have Experienced
General		
Significant Weight Loss or Gain		
Loss of Appetite		
Fever or Chills		
Chronic Fatigue		
Difficulty Sleeping		
Cancer		
Skin		
Rashes		
Lumps		
Eyes		
Blurred or Double Vision		
Eye Pain		
Glaucoma		
Ears		
Loss of Hearing		
Ringing in the Ears		
Earaches		
Nose & Throat		
Hoarseness		
Difficulty Swallowing		
Sinus Problems		
Respiratory		
Frequent Cough		
Wheezing		
Shortness of Breath		
Asthma		
Pneumonia		
TB		
Sleep Apnea		
Musculoskeletal		
Osteoarthritis		
Rheumatoid Arthritis		
Osteoporosis		
Gout		
Polio		
Lupus		
Psychological		
Depression		
Anxiety		

	Are Experiencing	Have Experienced
Cardiac		
High Blood Pressure		
Heart Disease		
Heart Attack		
Chest Pain		
Heart Murmur		
Abnormal Heartbeat		
Gastrointestinal		
Heartburn		
Reflux Disease		
Nausea		
Hepatitis		
Gallbladder Disease		
Rectal Bleeding		
Genitourinary		
Enlarged Prostate		
Kidney Stones		
Burning or Painful Urination		
Urinary Incontinence		
Hernia		
Peripheral Vascular		
Blood Clots		
Varicose Veins		
Ankle or Calf Swelling		
Leg Cramps		
Neurological		
Headaches		
Seizures		
Weakness		
Numbness		
Tingling		
Parkinson's Disease		
Tremors		
Stroke		
Endocrine / Hematologic		
Diabetes		
Thyroid Disease		
Anemia		
Blod Clotting Disorder		
Easy Bruising or Bleeding		