

**TEXAS BREAST  
SPECIALISTS**

*Higher Standards • Greater Hope*

**Patient Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**MRN#** \_\_\_\_\_

**Please indicate any symptoms you are experiencing.**

**General:**

- \_\_\_ chills
- \_\_\_ fatigue
- \_\_\_ night sweats
- \_\_\_ weight gain  $\geq$  10lb
- \_\_\_ weight loss  $\leq$  10 lb

**Cardiovascular:**

- \_\_\_ chest pain
- \_\_\_ irregular heart beat
- \_\_\_ rapid heart beat
- \_\_\_ swelling of extremities

**Psychiatric:**

- \_\_\_ anxiety
- \_\_\_ depression
- \_\_\_ insomnia
- \_\_\_ panic attacks

**Skin:**

- \_\_\_ rash
- \_\_\_ color changes

**Respiratory:**

- \_\_\_ chronic cough
- \_\_\_ shortness of breath
- \_\_\_ wheezing

**Endocrine:**

- \_\_\_ cold intolerance
- \_\_\_ heat intolerance
- \_\_\_ hair changes
- \_\_\_ hot flashes
- \_\_\_ libido changes

**HEENT:**

- \_\_\_ headache
- \_\_\_ hearing change
- \_\_\_ vision changes
- \_\_\_ sore throat

**Gastrointestinal:**

- \_\_\_ abdominal pain
- \_\_\_ change in bowel habits
- \_\_\_ constipation
- \_\_\_ diarrhea
- \_\_\_ nausea/vomiting

**Hematology:**

- \_\_\_ anemia
- \_\_\_ easy bruising
- \_\_\_ prolonged bleeding
- \_\_\_ enlarged lymph nodes
- \_\_\_ nose bleeds

**Neck:**

- \_\_\_ mass
- \_\_\_ lumps
- \_\_\_ swollen glands

**Musculoskeletal:**

- \_\_\_ muscle pain
- \_\_\_ bone pain
- \_\_\_ joint pain

**Neurologic:**

- \_\_\_ numbness
- \_\_\_ weakness
- \_\_\_ tremors

**Female Genitourinary:**

- \_\_\_ abnormal vaginal bleeding
- \_\_\_ menstrual irregularities
- \_\_\_ pelvic pain
- \_\_\_ urinary complaints

**Male Genitourinary:**

- \_\_\_ lump in testicle
- \_\_\_ penile discharge
- \_\_\_ prostate conditions

**If you marked yes to any of the above, please describe in detail:** \_\_\_\_\_

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