Family Medical History

	Colon Cancer	or	Polyps
Mother	[ ]		[ ]
Father	[ ]		[ ]
Brother	[ ]		[ ]
Sister	[ ]		[ ]

Current Symptoms

Allergic/Immunologic

None	Y	N
HIV exposure	○	○
persistent infections	○	○
strong allergic reactions or urticaria	○	○

Integumentary

None	Y	N
hives	○	○
jaundice	○	○
lesions	○	○
rashes	○	○

Constitutional

None	Y	N
weight loss	○	○
weight gain	○	○
fever	○	○
night sweats/chills	○	○
loss of appetite	○	○
fatigue	○	○

Eyes

None	Y	N
chronic headaches	○	○
visual changes	○	○
double vision	○	○

ENMT

None	Y	N
changes in hearing	○	○
nose bleeds	○	○
lump in throat	○	○
hoarseness	○	○
sore throat	○	○
difficulty swallowing	○	○

Cardiovascular

None	Y	N
chest pain	○	○
palpitations	○	○
fainting	○	○
leg swelling	○	○
irregular heart beat	○	○

Respiratory

None	Y	N
shortness of breath	○	○
coughing up blood	○	○
wheezing	○	○
chronic cough	○	○
use home oxygen	○	○
use CPAP machine	○	○

Gastrointestinal

None	Y	N
difficulty swallowing	○	○
painful swallowing	○	○
heartburn	○	○
nausea	○	○
vomiting	○	○
abdominal cramps	○	○
abdominal swelling	○	○
excessive gas	○	○
excessive belching	○	○
get full earlier than usual	○	○
abdominal pain	○	○
upper abdominal pain	○	○
lower abdominal pain	○	○
right side abdominal pain	○	○
left side abdominal pain	○	○
mid abdominal pain	○	○
abdominal pain all over	○	○
change in bowel habits	○	○
constipation	○	○
diarrhea	○	○
alternating stools	○	○
incontinence (loss of control)	○	○
black tarry stools	○	○
blood in bowel movement	○	○
blood on toilet paper	○	○
hemorrhoids	○	○
abnormal liver tests	○	○
hepatitis, any type	○	○

Genitourinary

None	Y	N
discharge	○	○
blood in urine	○	○
frequent urination	○	○
pelvic pain	○	○
dark urine	○	○
painful sexual intercourse	○	○
abnormal periods	○	○

Musculoskeletal

None	Y	N
muscle pain/cramps	○	○
joint pain	○	○
muscle weakness	○	○
swelling	○	○

Neurological

None	Y	N
seizures	○	○
stroke	○	○
mini strokes/TIA'S	○	○
dizziness	○	○
tremors	○	○

Endocrine

None	Y	N
hair loss	○	○
cold intolerance	○	○
heat intolerance	○	○
excessive thirst	○	○

Hematologic/Lymphatic

None	Y	N
easy bruising	○	○
bleeding gums	○	○
chronic anemia	○	○

Psychiatric

None	Y	N
depression	○	○
panic attacks/anxiety	○	○
schizophrenia	○	○
bipolar	○	○

Signature _____ Date _____