

Littleton Radiation Oncology

David P. Schreiber, M.D.
Douglas B. Tippin, M.D., PhD

Name: _____ Date: _____

Please circle those that apply

GENERAL	CHILDHOOD DISEASES	G-INTESTINAL
Unusual fatigue	Measles	Poor appetite
Unusual weakness	Mumps	Hard to swallow
Recent weight loss	Chicken pox	Frequent indigestion
Abnormal thirst	Rubella	Food intolerance
Bruise easily	Diphtheria	Nausea – vomiting
Anemia	Scarlet fever	Yellow Jaundice
Swollen nodes	Other	Constipation
Deformity		Take laxatives
Skin rash or sores	UROLOGY	Take antacids
Diabetes – gout	Blood in urine	Black stools
Sexual problems	Get up at night	Diarrhea
	Painful urination	Hemorrhoids
HEAD	Slow stream	
Frequent headaches	Urinary frequency	BONES – JOINTS
Dizziness	Urinary urgency	Painful joints
Loss of balance	Kidney infections	Persistent backache
Fainting spells	Prostate infections	Feet problems
Head injury	Vasectomy Yes - No	Broken bones
Epilepsy		Muscle weakness
Other	MENTAL	Numbness – tingling
	Poor memory	Hard to walk
EYES - EARS	Irritable	Date of last colonoscopy _____
Glasses	Depressed	
Contact lenses	Emotional stress	WOMEN
Visual changes	Nervous breakdown	Breast lump – pain
See double	Other	Vaginal discharge
Hearing loss		Abnormal bleeding
Ringing in ears	HEART - LUNGS	Last Pap smear date _____
Earache	Hard to breathe	Pelvic pain
Other	Persistent cough	Menstrual problems
	Cough with blood	Contraception
MOUTH - THROAT	Chest pain	Sexual problems
False teeth	Asthma	C-Section
Frequent sore throats	High blood pressure	Pregnancies # _____
Frequent sinusitis	Racing heart	Miscarriages # _____
Hoarseness	Leg cramps	Loss of urine
Speech difficulties	Swollen feet	
Neck swelling	Cold feet	
Thyroid problems	Varicose veins	
Other	Heart murmur	

PATIENT SIGNATURE

DATE

PHYSICIAN SIGNATURE

DATE