

Surgery of London
Symptoms Questionnaire

Name: _____

Symptoms:

- | | | |
|--|--|---|
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Rash | <input type="checkbox"/> Swollen glands |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Joint pain | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Breast pain | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Nipple discharge | <input type="checkbox"/> Lethargy |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Breast lump | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Visual changes | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Lightheadedness | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Jaundice | |
| <input type="checkbox"/> Pain with urination | <input type="checkbox"/> Blood in stool | |
| <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Bloating | |

Other Symptoms:

Social History:

Married: Yes No Tobacco: Yes No ppd _____ yrs _____
Number of children: _____ Alcohol: Yes No drinks per week _____
Occupation: _____ Caffeine: Yes No cups per day _____

When was your last chest X-ray and/or EKG? _____

_____ Doctor Initials
_____ Date

Female Patients Only:

Past breast problems: _____
Past breast surgery: _____
Date of last mammogram: _____
Number of children: _____ Did you breast feed? Y N Age at first delivery: _____
Age at first period: _____ Age at menopause: _____
Do you take birth control pills or hormone replacement therapy? Y N If yes, how many years? _____

_____ Doctor Initials
_____ Date

