

de Ramón Plastic Surgery Institute, P.C.
2025 Technology Parkway, Suite 303
Mechanicsburg, PA 17050

Patient Name: _____

Date: _____

Review of Symptoms

Please check yes or no to any of the following symptoms that you have had within the last

2 weeks:

Y	N		Y	N	
—	—	Visual changes	—	—	Pain with urination
—	—	Eye pain	—	—	Frequency of urination
—	—	Eye drainage	—	—	Blood in urine
			—	—	Flank pain
—	—	Ear pain			
—	—	Nasal congestion	—	—	Headache
—	—	Sore throat	—	—	Dizziness
			—	—	Numbness
—	—	Cough	—	—	Passing out
—	—	Phlegm	—	—	Seizures
—	—	Wheezing			
—	—	Difficulty breathing	—	—	Excessive bleeding
			—	—	Bruise easily
—	—	Chest pain	—	—	Swollen glands
—	—	Heart palpitations	—	—	Joint pain or swelling
—	—	Shortness of breath			
—	—	Ankle swelling			
—	—	Nausea	—	—	Rash
—	—	Diarrhea	—	—	Itching
—	—	Vomiting	—	—	Changing moles
—	—	Constipation			
—	—	Abdominal pain	—	—	Breast pain
—	—	Blood from bowels	—	—	Nipple discharge
—	—	Fever/chills	—	—	Depression
—	—	Weight loss	—	—	Anxiety
—	—	Very tired	—	—	Hallucinations
—	—	Weakness	—	—	Suicidal thoughts
—	—	Heat or cold intolerance	Male:	—	— Testicle pain
—	—	Excessive thirst		—	— Penile discharge
—	—	Excessive urination			

Female: — — Vaginal discharge

Last menstrual period _____

of pregnancies _____ # of childbirths _____

Last mammogram date _____ N/A

Location _____