

**PATIENT FOLLOW UP FORM:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SYMPTOM QUESTIONNAIRE**

For each item below indicate how much difficulty you have with each symptom of the last 1 week.

0 = NONE    1 = FEW TIMES PER WEEK    2 = SEVERAL TIMES PER WEEK    3 = MOST DAYS OFF/ON    4 = ALL DAY EVERY DAY

1.	Trouble remembering events and actions of the last day or two.	<b>REVIEW OF SYSTEMS:</b> Please review the symptoms below for each organ system. <b>CIRCLE</b> all that apply since your last visit. If none apply, <b>circle</b> NONE for each section.
2.	Trouble remembering to do things I had planned to do.	
3.	Trouble concentrating on and performing the task at hand.	
4.	Difficulty making decisions.	
5.	Feeling blocked at getting things done.	<b>EYES:</b> Blurred vision; double vision; decreased acuity; red; swollen; itchy; NONE
6.	Trouble falling asleep.	
7.	Trouble staying asleep / restless sleep / multiple awakenings.	
8.	Awakening early in the morning and unable to return to sleep.	<b>EENT:</b> Headaches; dizziness; ringing in ears; hoarseness; difficulty swallowing; NONE
9.	Difficulty staying alert during the day.	
10.	Feeling "foggy headed."	
11.	Worry too much about things.	<b>LUNGS:</b> Wheezing; difficulty breathing; dry cough; productive cough; NONE
12.	Having to check and recheck what you do (uncertainty).	
13.	Spells of terror, panic, fear.	
14.	Having to avoid certain places, things, or activities that frighten you.	<b>URINARY:</b> Urgency; frequency; decreased urination; pain with urination; blood in urine; kidney stones; bladder infection; erectile dysfunction; anorgasmia; NONE
15.	Intrusive unpleasant thoughts that wouldn't leave your mind.	
16.	Having to repeat the same actions such as touching, counting, washing.	
17.	Feeling uncomfortable eating or drinking in public.	<b>SKIN:</b> Bruising; skin tears; rash; itching; skin breakdown; NONE
18.	Fear of drawing attention to yourself.	
19.	Feeling sad, blue, tearful.	
20.	Blaming yourself for things, guilt.	<b>MUSCULOSKELETAL:</b> Muscle pain; joint pain; weakness; limited mobility; NONE
21.	Feelings of worthlessness.	
22.	Thoughts of ending your life.	
23.	Feeling no interest in things, NOT SEEKING OUT pleasurable activities.	<b>HEART:</b> Pain; rapid heartbeat; irregular heartbeat; shortness of breath; any swelling of hands/feet; NONE
24.	Not ABLE to enjoy pleasurable activities.	
25.	Feeling everything is an effort.	
26.	Feeling low energy or slowed down in movements and/or thoughts.	<b>CONSTITUTIONAL:</b> Low energy; easily fatigued; difficulty sleeping; appetite increased/decreased; weight gain/loss; hot flashed; cold spells; excessive sweating; NONE
27.	Decreased NEED for sleep.	
28.	Overactive, people tell you to slow down, talking too fast, excessive energy.	
29.	Excessive Projects, ideas, fantastic plans, impulsive, reckless, risky behavior.	<b>NEUROLOGICAL:</b> Tremor; rigidity; slow movement; paralysis; seizures; loss of balance; NONE
30.	Feeling easily annoyed or irritated.	
31.	Temper outbursts you could not control.	
32.	Getting into frequent arguments.	<b>GI:</b> Abdominal pain; heartburn; constipation; diarrhea; nausea; vomiting; vomiting blood; black/tarry stools; bright red blood in stools; NONE
33.	Hearing words that others don't hear.	
34.	Feeling that most people cannot be trusted.	
35.	Feeling you are watched or talked about by others.	

0 = NONE    1 = SOME OF THE TIME    2 = LESS THAN 1/2 TIME    3 = MORE THAN 1/2 TIME    4 = MOST THE TIME    5 = ALL THE TIME

In the last 1 week how often have you:

To what degree have your symptoms:

1.	Felt cheerful and in good spirits.	1.	Disrupted my work / school work.
2.	Felt calm and relaxed.	2.	Disrupted my social life / leisure activities.
3.	Felt active and vigorous.	3.	Disrupted my family life / home responsibilities.
4.	Awakened feeling fresh and rested.		
5.	Felt your daily life was filled with things that interest you.		

**MEDICATION RECONCILIATION:** List ALL CURRENT MEDICATIONS you are taking INCLUDING prescriptions from other providers.

1.		4.		7.	
2.		5.		8.	
3.		6.		9.	