

# REVIEW OF SYMPTOMS

Please check if you have any of these symptoms, or check "none":

STEPSAHEADCHELSEA.COM

---

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

## RESPIRATORY:

- chest pain       coughing       shortness of breath       difficulty sleeping  
 none

## MUSCULOSKELETAL:

- ankle pain       heel pain       arch pain       pain top of foot  
 toe pain       none

## GASTROINTESTINAL:

- heartburn       constipation       diarrhea       decreased appetite  
 none

## SKIN:

- rash       thick nails       ingrown toenail       callus/corns  
 ulcers       warts       none

## CARDIOVASCULAR:

- ankle swelling       leg pain       palpitations       shortness of breath  
 chest pain       none

## NEUROLOGICAL:

- numbness       weakness       unsteady walking       tingling/burning  
 none

## GENITOURINARY:

- blood in urine       excessive urination       decreased urination       painful urination  
 none