



Digestive Disease Physicians

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www.digestivediseasephysicians.com

PATIENT SELF ASSESSMENT FORM

Patient – please circle your current symptoms only

Allergic/Immunologic

Persistent infections
Strong reactions or Urticaria

ENT (Ear, Nose, Throat)

Dizziness
Double Vision
Ear Pain
Loss of Vision
Nasal Obstruction
Nose Bleeds
Sore Throat

Genitourinary

Dark Urine
Decrease in Urine Flow
Painful Urination
Frequent Urinary Infections
Presence of Blood in the Urine
Impotence
Awakening from Sleep to Pass Urine
Urethral Discharge or Incontinence

Neurological

Dizziness or Vertigo
Fainting
Frequent Headaches
Migraine
Numbness or Tingling
Seizures
Tremors

Cardiovascular

Chest Pain
Irregular Heart Beat
Palpitations
Swelling
Fainting

Endocrine

Excessive Thirst
Hair Loss
Heat Intolerance

Hematologic/Lymphatic

Bleeding Gums
Easy Bruising
Prolonged Bleeding
Palpable Lymph nodes

Musculoskeletal

Arthritis
Back Pain
Gout
Joint Pain
Muscle Weakness

Psychiatric

Anxiety
Depression
Difficulty Sleeping
Hallucinations
Nervousness
Panic Attacks

Constitutional

Fatigue
Fever
Loss of Appetite
Malaise
Sweats
Weight Gain
Weight Loss

Gastrointestinal

Abdominal Pain
Abdominal Swelling
Change in Bowel Habits
Constipation
Diarrhea
Gas
Heartburn
Jaundice
Nausea
Rectal Bleeding
Stomach Cramps
Vomiting

Integumentary

Allergies
Hives
Itching
Rashes

Respiratory

Asthma
Cough
Shortness of Breath
Excessive Sputum
Wheezing
COPD

PRINT YOUR NAME HERE: _____