

Suffolk Pulmonary Associates

REVIEW OF SYMPTOMS

Patient Name: _____

Date _____ Reviewed by: _____

PLEASE CHECK ANY SYMPTOMS THAT YOU ARE EXPERIENCING

CATEGORY	SYMPTOM	YES	NO	BRIEF DESCRIPTION
GENERAL				
	Chills			
	Fatigue			
	Weakness			
	Fever			
HEAD				
	Dizziness			
	Fainting			
RESPIRATORY				
	Chest Pain			
	Cough			
	Wheezing			
	Bronchitis			
	Short of Breath (Exertion)			
	Short of Breath (Lying Flat)			
CARDIOVASCULAR				
	Chest Pain			
	Palpitations			
	Heart Murmur			
GASTROINTESTINAL				
	Abdominal Pain			
	Nausea			
	Vomiting			
ALLERGIES				
	Itchy Eyes			
	Itchy Nose			
	Runny Nose/Stuffy Nose			
SMOKING				
	Are you smoking?			
	Are you interested in smoking cessation?			