



MALE SYMPTOM CHECKLIST

In the last month, have you had problems with:

Yes No **CONSTITUTIONAL / GENERAL:**

- Fatigue
- Fever
- Night Sweats

Yes No **HEENT: EYES**

- Eye Discharge
- Visual Loss

Yes No **HEENT: EARS**

- Discharge
- Hearing Loss

Yes No **HEENT: NOSE & SINUS**

- Nasal Drainage

Yes No **RESPIRATORY / THORAX**

- Cough
- Dyspnea (shortness of breath)
- Wheezing (whistling sound when breathing)

Yes No **CARDIOVASCULAR**

- Chest Pains (Cardiac)
- Irregular Heartbeat / Palpitations (Rapid)

Yes No **VASCULAR**

- Claudication (leg cramps with exercise)

Yes No **GASTROINTESTINAL:**

- Abdominal Pain
- Constipation
- Diarrhea
- Vomiting

MRN:

Name:

DOB:

Date:

NG ROS Male—Default only.doc

Yes No **GENITOURINARY:**

- Dysuria (painful urination)
- Hematuria (bloody urine)

Yes No **REPRODUCTIVE: MALE**

- Discharge

Yes No **METABOLIC / ENDOCRINE:**

- Cold Intolerance
- Heat Intolerance
- Polydipsia (excessive thirst)
- Polyphagia (excessive eating)
- Polyuria (producing large volumes urine)

Yes No **NEUROLOGICAL:**

- Gait Disturbance (difficulty walking)

Yes No **PSYCHIATRIC:**

- PSYCHIATRIC (Anxious / Depressed)

Yes No **DERMATOLOGIC:**

- Pruritis (intense itching sensation)
- Rash

Yes No **MUSCULOSKELETAL:**

- Bone / Joint Symptoms
- Muscle Weakness

Yes No **HEMATOLOGIC:**

- Easy Bleeding
- Easy Bruising

Yes No **IMMUNOLOGICAL:**

- Environmental Allergies
- Food Allergies