ORANGE COUNTY WOUND and HYPERBARIC
BAROMEDICAL PHYSICIANS ASSOCIATES MEDICAL GROUP

720 N. Tustin Ave., Ste 100
Santa Ana, CA 92705
Phone: (714) 973-8777 Fax: (714) 973-8778

Name _____ **DOB:** _____

Review of Symptoms: Please check each box "YES" or "NO" in relation to your health.

SKIN			**GASTROINTESTINAL**		
Wound/Lesions	YES ☐	NO ☐	Bowel Incontinence	YES ☐	NO ☐
Rash/Sores/Itching	YES ☐	NO ☐	Abdominal Pain	YES ☐	NO ☐
Bruise	YES ☐	NO ☐	Constipation	YES ☐	NO ☐
Brown staining on legs	YES ☐	NO ☐			
Dryness	YES ☐	NO ☐			
GEN. HEALTH			**GENITOURINARY**		
Fever	YES ☐	NO ☐	Urine Incontinence	YES ☐	NO ☐
Chills	YES ☐	NO ☐	Painful urination	YES ☐	NO ☐
Weakness	YES ☐	NO ☐			
Pain (location) _____	YES ☐	NO ☐			
Marked Wt. Change	YES ☐	NO ☐			
ALLERGIC/IMMUNOLOGIC			**HEMATOLOGIC/LYMPHATIC**		
Hives/Eczema	YES ☐	NO ☐	Easy Bruising	YES ☐	NO ☐
			Bleeding/Clotting disorders	YES ☐	NO ☐
			Enlarged/Swollen glands	YES ☐	NO ☐
CARDIOVASCULAR			**MUSCULOSKELETAL**		
Leg swelling	YES ☐	NO ☐	Assistive Devices	YES ☐	NO ☐
Chest Pain	YES ☐	NO ☐	Joint pain/swelling	YES ☐	NO ☐
Palpitations/Heart Racing	YES ☐	NO ☐	Muscle pain	YES ☐	NO ☐
Murmur	YES ☐	NO ☐	Difficulty walking	YES ☐	NO ☐
Dizziness	YES ☐	NO ☐			
Breathless while lying flat	YES ☐	NO ☐			
Pain after activity	YES ☐	NO ☐			
EYES			**NEUROLOGICAL**		
Glasses/Contacts	YES ☐	NO ☐	Headaches	YES ☐	NO ☐
Blurred Vision	YES ☐	NO ☐	Seizures	YES ☐	NO ☐
Cataracts	YES ☐	NO ☐	Numbness/tingling	YES ☐	NO ☐
Dry Eyes	YES ☐	NO ☐	Sensation loss/neuropathy	YES ☐	NO ☐
			Pain from neuropathy	YES ☐	NO ☐
EAR/NOSE/MOUTH/THROAT			**PSYCHIATRIC**		
Ear Pain	YES ☐	NO ☐	Anxiety	YES ☐	NO ☐
Hearing Aid	YES ☐	NO ☐	Depression	YES ☐	NO ☐
Stuffy Nose	YES ☐	NO ☐	Insomnia	YES ☐	NO ☐
Sore Throat	YES ☐	NO ☐			

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ENDOCRINE			**RESPIRATORY**		
Heat/Cold Intolerance	YES☐	NO☐	Cough	YES☐	NO☐
Excessive Thirst	YES☐	NO☐	Shortness of Breath	YES☐	NO☐
Excessive Urination	YES☐	NO☐	Wheezing	YES☐	NO☐

SOCIAL

Tobacco Use? YES☐ NO☐ If yes, quantity: _____

For how long: _____ Type: _____

Alcohol drinker? YES ☐ NO☐ If yes, how much/often: _____