



Review of Symptoms

Fever	No	Yes	Neck Pain	No	Yes
Fatigue	No	Yes	Back Pain	No	Yes
Blurred Vision	No	Yes	Joint Pain	No	Yes
Eye Pain	No	Yes	Weakness	No	Yes
Trouble Hearing	No	Yes	Headaches	No	Yes
Loss of Balance	No	Yes	Seizures	No	Yes
Irregular Heart Beat	No	Yes	Tingling / Pins & Needles	No	Yes
Fainting	No	Yes	Trouble Sleeping	No	Yes
Trouble Breathing	No	Yes	Anxiety	No	Yes
Coughing up Blood	No	Yes	Abnormal Bleeding	No	Yes
Chronic Cough	No	Yes	Anemia	No	Yes
Heart Burn	No	Yes	Medication Allergy	No	Yes
Abdominal Pain	No	Yes	Latex Allergy	No	Yes
Vomiting	No	Yes	Excessive Urination	No	Yes
Constipation	No	Yes	Pain on Urination	No	Yes
Nausea	No	Yes			

Height: _____
 Weight: _____
 Antibiotics: No Yes
 Race: _____

Blood Thinners (List): _____
 Last Date Taken: _____
 Last Dose of Pain Meds: _____
 Ethnic Group: _____ Language: _____

Medical Staff to Complete

Genetic Swab	99000
Genetic Interpretation	G0452-26
Pregnancy Test	81025
Psych Evaluation	96103-25
PT/INR Medicare	G0250
PT/INR Commercial Ins	85610
Smoking Cessation 3-10	99406
Smoking Cessation >10	99407
Glucose	82962

B/P: _____ HR: _____ RR: _____ SpO2: _____ Temp: _____
 Dexamethasone: _____mg Kenalog: _____mg
 Omnipaque: _____ Magnevist: _____
 Versed: _____mg Propofol: _____mg Fentanyl: _____mcg
 Other: _____
Sedation Time: _____ minutes
 Room: _____ Time to MA: _____ MA Start: _____ Time to MD: _____