CONTEMPORARY women's HEALTH™
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REVIEW OF SYMPTOM SHEET

Chart# _____

Please help us keep your records current by reviewing the attached pages, making any changes if needed, and providing the following information.

GENERAL (Please mark any current symptoms)

	Fever
	Fatigue
	Night Sweat
	Hot Flashes
	Headaches
	Abnormal Hair Growth

GASTROINTESTINAL (Please mark any current symptoms)

	Nausea
	Vomiting
	Diarrhea
	Constipation
	Bloating

GENITOURINARY (Please mark any current symptoms)

	Urinary Urgency		Heavy Menses
	Urinary Frequency		Absent Menses
	Pain with Urination		Decreased Libido
	Leaking Urine		Vaginal Discharge
	Blood in Urine		Pain with Intercourse
	Irregular Menstrual Bleeding		Bleeding after Intercourse
	Painful Menses		Vaginal Dryness
	Frequent Menses		Genital Sores

PSYCHIATRIC (Please mark any current symptoms)

	Anxiety		Difficulty Concentrating
	Depression		Dizziness
	Difficulty Sleeping		

BREAST (Please mark any current symptoms)

	Breast Lump
	Nipple Discharge

Pharmacy Name:	Pharmacy Phone:
Date of Last Menstrual Period:	
Date of Last Mammogram:	Results**:**
Date of Last Colonoscopy:	Results:

Patient Signature: _____ Date: _____