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**General-**

□ Weight loss

□ Weight gain

□ Fatigue

□ Fever or chills

□ Weakness

□ Trouble sleeping

**Skin-**

□ Rashes

□ Lumps

□ Itching

□ Dryness

□ Color changes

□ Hair and nail changes

**Head-**

□ Headache

□ Head injury

□ Neck Pain

**Ears-**

□ Decreased hearing

□ Ringing in ears

□ Earache

□ Drainage

**Eyes-**

□ Vision Loss/Changes

□ Glasses or contacts

□ Pain

□ Redness

□ Blurry or double vision

□ Flashing lights

□ Specks

□ Glaucoma

□ Cataracts

□ Last eye exam

**Nose-**

□ Stuffiness

□ Discharge

□ Itching

□ Hay fever

□ Nosebleeds

□ Sinus pain

**Throat-**

□ Bleeding

□ Dentures

□ Sore tongue

□ Dry mouth

□ Sore throat

□ Hoarseness

□ Thrush

□ Non-healing sores

**Neck-**

□ Lumps

□ Swollen glands

□ Pain

□ Stiffness

**Breasts-**

□ Lumps

□ Pain

□ Discharge

□ Self-exams

□ Breast-feeding

**Respiratory-**

□ Cough

□ Sputum

□ Coughing up blood

□ Shortness of breath

□ Wheezing

□ Painful breathing

**Cardiovascular-**

□ Chest pain or discomfort

□ Tightness

□ Palpitations

□ Shortness of breath with

activity

□ Difficulty breathing lying down

□ Swelling

□ Sudden awakening from sleep with shortness of breath

**Gastrointestinal-**

□ Swallowing difficulties

□ Heartburn

□ Change in appetite

□ Nausea

□ Change in bowel habits

□ Rectal bleeding

□ Constipation

□ Diarrhea

□Yellow eyes or skin

**Urinary-**

□ Frequency

□ Urgency

□ Burning or pain

□ Blood in urine

□ Incontinence

□ Change in urinary strength

**Vascular-**

□ Calf pain with walking

□ Leg cramping

**Musculoskeletal-**

□ Muscle or joint pain

□ Stiffness

□ Back pain

□ Redness of joints

□ Swelling of joints

□ Trauma

**Neurologic-**

□ Dizziness

□ Fainting

□ Seizures

□ Weakness

□ Numbness

□ Tingling

□ Tremor

**Hematologic/Lymphatic-**

□ Ease of bruising

□ Ease of bleeding

□ Anemia

□ Abnormal blood tests

□ Leukemia

□ Unexplained swollen areas

**Allergic/Immunologic-**

□ Seasonal allergies

□ Hay fever symptoms

□ Itching

□ Frequent infections

□ Exposure to HIV

**Endocrine-**

□ Head or cold intolerance

□ Sweating

□ Frequent urination

□ Thirst