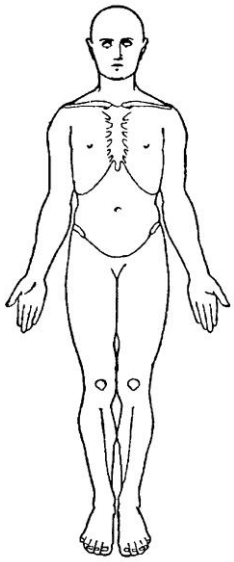
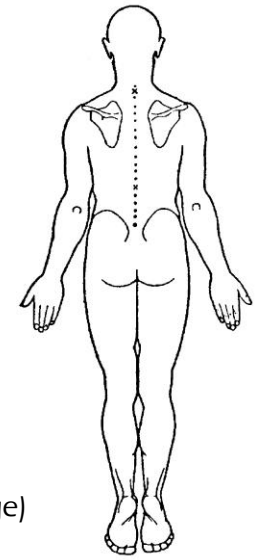
PUGET Orthopedic Rehabilitation
12811 8th Ave. W., Ste. A205 • Everett, WA 98204 • 425-348-1259 • Fax: 425-348-3071

EXTENDED HEALTH QUESTIONNAIRE

Please mark your primary complaint location



Please mark your primary complaint location



Yes	No	Have you noticed any of the following?
		Skin changes (color changes, bruises, masses, dryness)
		Recent hair loss
		Appearance changes in your nails
		Dizziness
		Blackouts, fainting spells or temporary loss of consciousness
		Facial pain
		Changes in vision (blurred, double vision)
		Eye pain, itching, pressure
		Visual disturbances (flashing lights, halos, rainbows)
		Changes in hearing
		Ear pain, ringing, buzzing, or drainage
		Frequent nose discharge, colds, sneezing
		Nose bleeds, pain or blockage
		Hoarseness or voice changes
		Frequent sore throats or difficulty swallowing
		Bleeding gums, infections or abscesses
		Mouth sores or ulcers
		Neck swelling, lumps, tenderness or masses
		Breast pain, swelling, lumps, tenderness, or discharge
		Frequent cough
		Shortness of breath, difficulty breathing or wheezing
		Swelling in the legs, feet or ankles
		Chest pain or tightness
		Palpitations or heart flutter
		Change of appetite
		Change of bowel habits
		Stomach or abdominal pain
		Change of stool color or rectal bleeding
		Indigestion or heartburn
		Nausea or vomiting
		Constipation, or diarrhea
		Increased or frequent thirst or hunger
		Changes with urination (pain, blood, loss of control)
		Frequently awakened at night to urinate
		Genital pain, swelling, sores or itching
		Problems with menstruation (pain, absence, excessive bleeding, recent change)
		Frequent mood changes
		Changes in memory or disorientation
		Nervousness, tremors or tics
		Unusual fatigue or weakness
		Chills or fever
		Frequent or easy bruising or bleeding
		Any history of: diabetes, heart disease, high blood pressure, stroke, cancer, surgeries, hospitalizations, fractures, hernia, rheumatalogical diseases, diagnosed conditions

Please sign and date indicating that you have read, understood and answered all questions. If you have not understood any part of this questionnaire, please ask for clarification.

Date Signature