TENNESSEE MEMORY DISORDERS FOUNDATION AND CLINIC

Review of Symptoms

Patient Name: _____ Date of Birth: _____/_____/_____

Please circle if you have difficulty:

bathing, dressing/grooming, toileting, transfers, eating

Please circle if you have difficulty:

managing money, driving, preparing meals, managing medication, housework

Please circle all that apply to you TODAY:

General	fatigue, fever, weakness, weight gain/loss
Integumentary	rashes, ulcers, skin breakdown
Head/Neck	headache, pain
Eyes	blurred vision, change in vision
ENT	drooling, hearing loss, hoarseness, difficulty swallowing
Endocrine	diabetes, thyroid problems
Respiratory	cough, shortness of breath, wheezing
Cardiovascular	chest pain, palpitations, edema
Gastrointestinal	abdominal pain, constipation, diarrhea, nausea, vomiting
Genitourinary	urinary incontinence, recurrent UTIs
Hematologic	bleeding, bruising
Musculoskeletal	gait changes, falls
Neuro	confusion, dizziness, seizures, speech difficulty, tremor
Psych	agitation, anxiety, depression, hallucinations, irritability

1400 Dowell Springs Blvd, Suite 340 Knoxville, TN 37909
Phone: 865-888-9494 | **Fax:** 865-444-7672 | **tmdf.org**