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Reason for appointment		_Consult requested by	
Please check any boxes that apply. Mark with "?" if you are unsure and it will be reviewed with you.			
<u>EARS</u>	NOSE	THROAT	ALLERGY
pain	runny	☐ hoarse/sore	hives
drainage	stuffy	snoring	itching
hearing loss	□ bloody	difficulty swallowing	red itchy eyes
ringing/head noise	nasal obstruction	voice change/issues	sneezing
dizziness/imbalance	sinusitis	post nasal drainage	
infection	☐infection	productive cough	
none of the above	none of the above	none of the above	none of the above
CARDIOVASCULAR	GASTROINTESTINAL	MUSCULOSKELETAL	<u>PSYCHIATRIC</u>
chest pain	appetite, weight change	☐ broken nose	depression
rapid or irregular	☐ blood in stool	head injury	hallucinations
heartbeat	bowel problems	☐injuries	mood changes
CONSTITUTIONAL	anker sores	☐ jaw pain	sleep disturbances
fatigue	diarrhea	muscle pain	stress
fever	heartburn	neck injury	RESPIRATORY
night sweats	GENITOURINARY	neck pain	coughing blood
weight gain	difficulty urinating	NEUROLOGIC	painful breathing
ENDOCRINE	frequent urination	clumsiness	shortness of breath
changes in growth	HEMATOLOGIC	convulsions	wheezing
changes in hair	anemia	headaches	<u>SKIN</u>
heat/cold	☐ bleed easily	memory problems	skin growths/moles
intolerance	☐ bruise easily	migraines	skin ulcers/blemishes
<u>EYES</u>	☐ joint pain	numbness	slow healing wounds
blurred vision	☐ lymph node swelling	seizures	very dry skin
double vision			
none of the above	none of the above	none of the above	none of the above