

# NORTHEAST GASTROENTEROLOGY ASSOCIATES, P.C.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## MEDICAL CONDITION REMINDER LIST

Please check all conditions which influence your health status:

Abdominal Pain	Fibromyalgia	Leg Cramps
AIDS/HIV+	Glaucoma	Memory Loss
Alcohol Abuse	Gonorrhea/Syphilis	Meningitis
Allergies	Gout	Menstrual Difficulties
Anemia	Hay Fever	Mental Health Disorder
Arthritis	Head Injury	Migraines
Back Problems	Hearing Disorder	Osteoporosis
Blood in Stool	Heart Attack	Palpitations
Breast Lump	Heart Murmur	Physical/Sexual Abuse
Bronchitis	Heartburn	Pneumonia
Cancer(type)	Hemophilia	Prostrate Problems
Cataracts	Hemorrhoids	Recent Weight Gain
Chest Pain/Tightness	Hepatitis/Jaundice	Recent Weight Loss
Chicken Pox	Hernias	Sexual Difficulties

Chronic/Excessive Fatigue	Herpes	Shortness of Breath
Constipation	High Blood Pressure	Sinus/Throat Problems
Depression	High Cholesterol	Skin Problems
Diabetes	Hoarse Voice	Stroke
Diarrhea	Hypoglycemia	Swollen Ankles
Diverticulosis	Insomnia	Thyroid Disease
Dizziness	Irregular Heart Beat	Tuberculosis
Drug Abuse	Kidney Disease	Ulcer
Earaches/Infections	Kidney Stones	Urinary Incontinence
Emphysema	Kidney/Bladder Infections	Vaginal Infections
Epilepsy/ Convulsions	Learning Disorders	