MARY CROWLEY CANCER RESEARCH
HOPE LIVES HERE™

Patient Registration Form (Part 2)

Patient Name	
Date	

Review of Symptoms
DO NOT UPLOAD TO IKM

Patient Instructions: Check if you are currently experiencing any of the following conditions.

Body Systems	Check all that apply:		Provider Comments
General / Constitutional	☐ Weight loss ☐ Weight gain ☐ Fever ☐ Chills ☐ Night sweats	☐ Normal Energy level ☐ Fatigue ☐ Pain ☐ Change in level of activities	
Skin	☐ Rash ☐ Nodules ☐ Itchy skin	☐ Wound or injury ☐ Lump	
HEENT:	☐ Double vision ☐ Loss of vision ☐ Blind spot in vision ☐ Pink or red eye ☐ Impaired vision ☐ Visual changes ☐ Nosebleed ☐ Difficult to swallow ☐ Hoarseness ☐ Oral ulcers	☐ Gum bleeding ☐ Dry mouth ☐ Sore throat ☐ Runny nose ☐ Mouth pain ☐ Sinus pain ☐ Ringing in the ear ☐ Dizziness ☐ Hearing changes	
Chest/Lungs:	☐ Cough ☐ Coughing up bloody mucus ☐Difficulty Breathing	☐ Wheezing ☐ Chest pain when you take deep breaths	
Cardiovascular	☐ Chest pain ☐ Palpitations ☐ Shortness of breath	☐ Swelling in the arm(s) ☐ Swelling in the leg(s)	
Gastrointestinal	☐ Abdominal pain ☐ Abdominal cramping ☐ Nausea ☐ Vomiting ☐ Vomiting blood ☐ Constipation ☐ Diarrhea	☐ Blood in stool ☐ Tarry stools ☐ Yellow skin/eyes ☐ Heartburn ☐ Difficulty swallowing ☐ Loss of appetite ☐ Excessive thirst.	
Genitourinary	☐ Difficulty urinating ☐ Blood in urine ☐ Need to urinate at night	☐ Inability to control urination ☐ Frequent urination	
Neurologic	☐ Confusion ☐ Seizures ☐ Fainting	☐ Dizziness ☐ Migraines ☐ Numbness	

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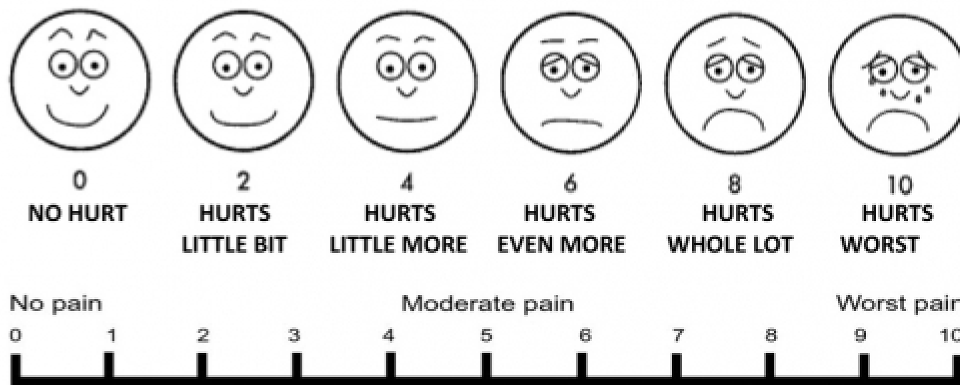
Body Systems	Check all that apply:		Provider Comments
	☐ Tremor ☐ Speech change ☐ Headache ☐ Hiccups ☐ Weakness	☐ Tingling ☐ Changes in coordination or balance ☐ Experience instability leading to falls	
Musculoskeletal	☐ Muscle pain ☐ Swollen joints	☐ Joint redness ☐ Back pain	
Lymph Nodes	☐ Enlargement of lymph nodes		
Endocrine	☐ Hot flashes	☐ Feeling cold	
Allergic / Immunologic	☐ Eczema – red and/or itchy skin ☐ Frequent respiratory infections	☐ Hives ☐ Frequent skin infections	
Psychiatric	☐ Depression ☐ Anxiety	☐ Change in concentration ☐ Change in sleep	
Other Notes:			

Pain Assessment How would you rate your pain on a scale of 0 to 10?



Location of Pain		Provider Comments
What makes it better?		
What makes it worse?		

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