



GATEWAY CARDIOLOGY, P.C.
Patient Symptom Worksheet

NAME: _____ DATE: _____

Please check all the symptoms below that you are experiencing

	Chest pain		Dizziness
	Chest tightness		o Lightheadedness
	Arm pain		o In coordination
	Palpitations		Tremors
	Shortness of breath		o Headaches
	Shortness of breath at night		o Confusion
	Shortness of breath with activity		o Memory problems
	Cough		o Anxiety
	Sputum production		o Depression
	Wheezing		o Difficulty sleeping
	Night sweats		o Hand and/or feet swelling
	History of TB		o Discoloration of legs
	Frequent colds		o Cold feet
	o Frequent sinus problems		o Difficulty walking
	o Nose bleeds		o Falls
	Abdominal pain		Change in appetite
	Change in bowel habits		o Weight loss
	o Blood in stools		o Weight gain
	o Diarrhea		Difficulty with eye sight
	o Constipation		o Double vision
	Indigestion		o Glaucoma
	Frequent nausea		Difficulty hearing
	Tiredness		o Ringing in ears
	Fatigue		Difficulty urinating
			o Burning with urination