RISK FACTORS ASSOCIATE WITH WEIGHT GAIN

NAME: _____ DATE:_____

PLEASE CHECK ALL THAT APPLY

PATIENT's or Family history of:

- DOUBLE VISION OR LOSS OF VISION
- DIZZINESS/ VERTIGO/UNSTEADINESS
- TINNITUS / RINGING IN THE EARS
- MEMORY LOSS
- BREATHING DIFFICULTY
- FATIGUE
- HEADACHES
- CHEST PAIN
- COLD HANDS OR FEET
- WEAKNESS IN HANDS
- ARM OR LEG PAIN
- LEG OR FOOT CRAMPS
- SWELLING IN LEGS
- PINS OR NEEDLES IN EXTREMETIES
- WARMNESS IN LEGES
- DISCOLORATION OF THE LEGS
- OTHER:_____

PATIENT's or Family history of:

- OSTEOPORSIS
- KIDNEY STONES
- UNEXPLAINED NAUSEA
- UNEXPLAINED VOMITING
- LOSS OF APPETITE
- THYROID NODULES
- HYPOTHYRODISM
- THYROIDECTOMY –PARTIAL OR FULL
- HYPERPARATHYROIDISM
- TIRING EASILY
- GENERALIZED WEAKNESS
- THYROID ENLARGED
- FORGETFULLNESS
- FREQUENT URINATION /INCONTINENCE
- DEPRESSION
- UNEXPLAINED ABDOMINAL /BACK PAIN

PATIENT'S S OR FAMILY HISTORY OF:

- DIABETES
- MALNUTRITION
- STROKE
- TIA
- CARTOID ARTERIAL DISEASE
- CARDIOVASCULAR DISEASE
- PERIPHERAL VASCULAR DISEASE
- VARICOSE VEINS
- PULMONARY DISEASE
- THORACIC OUTLET SYNDROME
- EDEMA
- SMOKER
- ARTERIO SCLEROTHIC HEART DISEASE
- HYPERLIPIDEMIA
- HYPERCHOLESTEREMIA
- HYPERTENSION
- HIGH BLOOD PRESSURE
- NEUROLOGICAL DISEASE
  EXPLAIN:_____
- OTHER:_____

PATIENT's or Family history of:

MALES ONLY:

- SCROTAL HERNIA
- INFERTILITY
- PAINFUL SCROTAL
- LEUKEMIA
- LYMPHOMA
- UNDESCENDED TESTES
- SCROTAL ENLARGMENT / SWELLING

FEMALES ONLY:

- PELVIC PAIN
- EXCESSIVE / ABNORMAL BLEEDING
- PAINFUL MENSES
- LACK OF MENSES
- URINARY TRACT INFECTIONS
- INFERTILITY
- POLYCYSTIC OVARIES

_____ _____

PATIENT'S SIGNATURE DATE