

Patients Name: _____

Check if the patient has experienced any of the following symptoms in the last 24 hours.

Yes / No

 / Acute chest pain, or acute pain radiating down inner aspect of upper extremities or into neck and jaw, with or without nausea, pallor, sweating etc..

 / Acute respiratory distress, with extreme difficulty on inspiration and expiration.

 / Signs of shock, including restlessness and disorientation, tachycardia, clammy skin, hypotension, etc..

 / Diastolic blood pressure greater than 114 mm Hg. Blood Pressure: _____

 / Headache, dizziness or vertigo accompanied with decreased level of awareness, slurred speech, signs of increased intracranial pressure, visual disturbance, seizures, abnormal pupil reactions, changes in motor function, etc.

 / Acute hemorrhage, including vomiting of blood, expectoration of blood, blood in the urine or stool, black stools, etc.

 / Acute abdominal pain, or abdominal pain with any of the following signs: fever, abdominal guarding, positive McBurny's sign, enlarged liver, neck vein distention, pain while breathing, chest pain, slowed heart rate, low blood pressure, etc.

 / Undiagnosed recent trauma, including fracture, recent head injuries, etc.

 / Severe diarrhea with signs of shock

 / Sudden changes in vision, such as blurring, blind spots, etc.

 / Acute undiagnosed neurological symptoms. including paralysis, changes in level of consciousness, seizures, loss of consciousness, etc..

 / Urinary output of less than 400 ml per 24 hours.

 / Acute undiagnosed back pain combined with any of the following: acute abdominal pain, fever, chest pain, painful urination, etc.

Patient Signature: _____ Date: / /

Practitioner Signature: _____ Date: / /