

Sunshine Neurology PA

813-634-3500

Are you currently experiencing:

Fatigue	0 Yes 0 No	Nausea	0 Yes 0 No
Fever	0 Yes 0 No	Frequent urination	0 Yes 0 No
Headache	0 Yes 0 No	Pain in lower back	0 Yes 0 No
Lightheadness	0 Yes 0 No	Painful joint	0 Yes 0 No
Cough	0 Yes 0 No	Muscle aches	0 Yes 0 No
Blurred vision	0 Yes 0 No	Cold extremities	0 Yes 0 No
Discharge in eyes	0 Yes 0 No	Pain/ cramping in leg after exertion	0 Yes 0 No
Dry Eye	0 Yes 0 No	Dry Skin	0 Yes 0 No
Red Eye	0 Yes 0 No	Skin Cancer	0 Yes 0 No
Decreased hearing	0 Yes 0 No	Eczema	0 Yes 0 No
Ear Pain	0 Yes 0 No	Difficulty speaking	0 Yes 0 No
Ringing in the ears	0 Yes 0 No	Memory loss	0 Yes 0 No
Cold intolerance (Do you always feel cold?)	0 Yes 0 No	Tremor	0 Yes 0 No
Dizziness	0 Yes 0 No	Do you have tingling numbness in your hands or legs	0 Yes 0 No
Weakness	0 Yes 0 No	Balance difficulty	0 Yes 0 No
Shortness of breath at rest	0 Yes 0 No	Fainting	0 Yes 0 No
Chest pain at rest	0 Yes 0 No	Anxiety	0 Yes 0 No
Palpitation	0 Yes 0 No	Depressed mood	0 Yes 0 No
Diarrhea	0 Yes 0 No	Suicidal thoughts	0 Yes 0 No