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Kit Whittington
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Physician's Concerns List

Name: _____ Date: _____

Check each concern. Record Start Date. Sudden or Gradual onset? Etc.

- Appetite _____
- Diet _____
- Weight loss/gain _____
- Bowel _____
- Urine _____
- Dizziness _____
- Balance _____
- Falls _____
- Pain _____
- Confusion _____
- Weakness _____
- Sleep _____
- Self Care _____
- Personality Change _____

