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Have you experienced any of the following in the past year?	Yes	No
Dizziness		
Fainting		
Excessive fatigue		
Excessive weakness		
Unexplained cold hands or feet		
Pale or blue hands or feet		
Heartburn		
Cutting (self-harm)		
Cracks in the corners of your mouth		
Cavities		
Hair Loss		
Missed periods		
Prolonged constipation		
Prolonged diarrhea		
Unexplained shortness of breath		
Vomiting blood		
Stomach pain		
Stomach bloating		
Headaches		
Sleep problems		
Poor concentration		
Skipped heart beats		
Chest pains		