

ASSESSMENT FOR FIBROMYALGIA



Patient's Name: _____

Date: _____

Circle the areas where pain exist



Check all that apply:

- Fatigue
- Irritability
- Nervousness
- Depression
- Insomnia
- Impaired Memory
- Impaired Concentration
- Anxiety
- Sugar Cravings
- Sweating
- Hunger Tremors
- Palpitation
- Panic Attacks
- Frontal Headaches

- Occipital Headaches
- Dizziness
- Blurring vision
- Irritated Eyes
- Nasal Congestion
- Abnormal Taste
- Ringing Ears
- Numbness
- Restless legs
- Leg Cramps
- Gas
- Bloating
- Constipation
- Diarrhea

- Dysuria
- Pungent Urine
- Bladder Infections
- Weight Changes
- Brittle Nails
- Itching
- Rashes
- Pains
- _____
- _____

Comments:
