

Tell Us How You Feel Today!

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ntique Yes Chest Pain Yes Joint Pain (specify whete) Yes Difficulty Walking Yes Severs Yes Short of Breath Lying Flat Yes Shiffness Yes Difficulty Walking Yes Severs Yes Short of Breath Lying Flat Yes Shiffness Yes Difficulty Walking Yes Sight Coan Yes Waking in Middle of Night Yes Back Pain Yes Headaches Yes Onnia Yes Swelling in Extremities Yes Back Pain Yes Headaches Yes Onnia Yes Swelling in Extremities Yes Back Pain Yes Headaches Yes Walking Yes Yes Psychiatric Nills Yes Anxiety Yes Onnia Yes Vomiting Yes Yes Anxiety Yes Anxiety Yes Onnia Yes Vomiting Yes Yes Diarrhea Yes Onnia Pain Yes Nervotaness Yes Diarrhea Yes Changes in Mood Yes Abdominal Pain Yes In Level (0-10) Hearthum Yes Endocrine Unlarges in MM Yes Diy Mouth Yes Diy Mouth Yes Disord Walking Blood Yes Psite Changes (Note Psite Changes) The World Psite Changes (Note Psite Changes) Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes Unsulf Changes (Note Psite Changes) Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes Unsulf Changes (Note Psite Changes) Yes Disord Short Yes University Yes Note Psite Office (Note Psite Changes) Yes Disord Short Yes University Yes University Yes University Yes Short Preath Yes Wheezing Yes Short Preath Yes Mucus Yes Note Psite Office (Note Psite Changes) Yes Short Preath Yes Painful Unitarity Yes Painful Chination Yes Painful Chination Yes Painful Chination Yes Painful Chination Yes Painful Sheding Yes Painful Severy Yes Painful Sheding Yes Painful Sheding Yes Painful Severy Yes Painful Sheding Yes Pai	ease circle and expl	ain yes a	answers.					
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