

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- Tremors – where?
- Cramps – where?
- Swollen joints – where?
- Numbness – where?

EYES/EAR/NOSE/THROAT/RESPIRATORY

- Blurred or failing vision
- Difficulty breathing/ asthma
- Difficulties with ears
- Difficulty with eyes
- Frequent colds
- Allergies
- Gum/ tooth trouble
- TMJ/ grinding
- Persistent cough
- Sinus problems

SKIN

- Acne
- Bruise easily
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats

GENITO/URINARY

- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido
- STD.s
- Sexual difficulties
- Infertility

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

GASTROINTESTINAL

- Belching, gas or bloating
- Constipation
- Diarrhea

- Difficulty swallowing
- Gall bladder disease
- Liver Disease
- Jaundice
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite

FOR MEN ONLY

- Testicular pain
- Prostate Disease
- Penis discharge

FOR WOMEN ONLY

- Breast pain or tenderness
- Excessive/deficient menstrual bleeding (circle one)
- Irregular cycle
- Menopausal symptoms: heat symptoms
 dryness other:
- PMS: emotional before/during (circle one)
menses cramps/breast tenderness before/
during menses other:
- Previous miscarriage
- Scanty menstrual flow
- On birth control
- Number of pregnancies _____
- Number of live births _____
- Could you be pregnant now? Yes No

LIFESTYLE HABITS

- Regular exercise Yes No
- Eat a balanced diet Yes No
- Enjoy my work/ daily activities Yes No
- Good social and/or family network Yes No
- Enough down time/ able to relax Yes No
- How much water do you drink per day? _____
- Use Tobacco /How much? _____
- More than 1 -2 alcoholic drinks a day
How much?
- Use recreational drugs
- Daily habit of coffee/energy drinks/ diet sodas
- Food cravings
- Difficulties in my relationships

ANY OTHER CONCERNS: