

Your Lifestyle

- Alcohol
- Tobacco

- Marijuana
- Drugs

- Stress
- Occupational hazards

Regular Exercise

Type _____
Type _____

Frequency _____
Frequency _____

General Symptoms

- Poor appetite
- Heavy appetite
- Strongly like cold drinks
- Strongly like hot drinks
- Recent weight loss/gain
- Poor sleep
- Heavy sleep
- Dream-disturbed sleep
- Fatigue
- Lack of strength
- Bodily heaviness
- Cold hands or feet
- Poor circulation
- Shortness of breath
- Fever
- Chills
- Night sweats
- Sweat easily
- Muscle cramps
- Vertigo or dizziness
- Bleed or bruise easily
- Peculiar taste (Describe) _____

Head, Eyes, Ears, Nose, Throat

- Glasses (What age: _____)
- Eye strain
- Eye pain
- Red eyes
- Itchy eyes
- Spots in eyes
- Poor vision
- Blurred vision
- Night blindness
- Myopia or Presbyopia
- Glaucoma
- Cataracts
- Teeth problems
- Grinding teeth
- TMJ
- Facial pain
- Gum problems
- Sores on lips or tongue
- Dry mouth
- Excessive saliva
- Sinus problems
- Excessive phlegm
Color: _____
- Recurrent sore throat
- Swollen glands
- Lumps in throat
- Enlarged thyroid
- Nosebleeds
- Ringing in ears (High or Low?) _____
- Poor hearing
- Earaches
- Headaches
- Migraines
- Concussions
- Other head or neck problems _____

Respiratory

- Difficulty breathing when lying down
- Shortness of breath
- Tight chest
- Asthma/wheezing
- Difficult inhalation? exhalation?
- Cough
Wet or Dry? _____
Thick or thin? _____
- Color of phlegm _____
- Coughing up blood
- Pneumonia

Cardiovascular

- High blood pressure
- Blood clots
- Low blood pressure
- Fainting
- Chest pain
- Difficulty breathing
- Tachycardia
- Heart palpitations
- Phlebitis
- Irregular heartbeat

Gastrointestinal

- Nausea
- Vomiting
- Acid regurgitation
- Gas
- Hiccup
- Bloating
- Bad breath
- Diarrhea
- Constipation
- Black stools
- Bloody stools
- Mucous in stools
- Hemorrhoid
- Itchy anus
- Intestinal pain or cramping
- Burning anus
- Rectal pain
- Anal fissures
- Laxative use
What kind? _____
How often? _____
- Bowel movements:
Frequency _____ Texture/form _____
Color _____ Odor _____

Musculoskeletal

- Neck/shoulder pain
- Muscle pain
- Upper back pain
- Low back pain
- Joint pain
- Rib pain
- Limited range of motion
- Limited use
- Other (Describe) _____

Skin and Hair

- Rashes
- Hives
- Ulcerations
- Eczema
- Psoriasis
- Acne
- Dandruff
- Itching
- Hair loss
- Change in hair/skin texture
- Fungal infections
- Other hair or skin problems _____

Neuropsychological

- Seizures
- Numbness
- Tics
- Poor memory
- Depression
- Anxiety
- Irritability
- Easily stressed
- Abuse survivor
- Considered/attempted suicide
- Seeing a therapist
- Other (Specify) _____

Genitourinary

- Pain on urination
- Frequent urination
- Urgent urination
- Blood in urine
- Unable to hold urine
- Incomplete urination
- Venereal disease
- Bedwetting
- Wake to urinate
- Increased libido
- Decreased libido
- Kidney stone
- Impotence
- Premature ejaculation
- Nocturnal emission

Gynecology

- Age menses began _____
- Duration of flow _____
- Irregular periods
- Painful periods
- PMS
- Vaginal discharge (color) _____
- Vaginal sores
- Vaginal odor
- Clots
- Breast lumps
- # Pregnancies _____
- # Live births _____
- # Premature births _____
- Age at menopause _____
- Date of last PAP _____
- Date last period began _____

Other