

Patient Name _____

Date _____

pH _____

Pulse _____

HEADACHES	Base of Skull/Temples/Crown of Head/TMJ/Sinus/Migraine/Cluster/Frontal/Nausea
EARS	Creases R&L/Noise (Ring/hiss/pound) Plug/Pop/Itch/Hearing Loss/Dizzy/Wax/Ache/Drain
EYES	Burn/Tear/Ache/Red/Dry/Film/Itch/Blurry/Floaters/Spots/Tired/Puffy/Stye/Twitch/Circles
SINUS	Dry/draining/Plugged/Postnasal Drip/Smell Loss/Taste Loss/Excessive Thirst/ (white/yellow/green/gray/brown/blood/clear) Sneezing/Allergies/Fever/URI/Flu
BREATHING	Short of Breath/Constant/On Exertion?/Asthma/Wheezing/Air Hunger or Frequent Sighing/Yawning
THROAT/MOUTH	Sore Throat/Cough (dry/productive)/Chills/Bad Breath/Fever Blisters/Hoarseness/Canker Sores/Cold Sores Bleeding Gums/Painful Gum s/Cracking Corners of Mouth/Teeth/Dry Mouth
TONGUE	Cracks/Patches/Red Spots/Swollen/Color/Frenular Cyst/Coated/ Dark Veins Underside of Tongue
NECK STIFFNESS	Shoulder Tension/Cold or Sweaty Hands-Feet/Swollen Glands/Difficulty Swallowing
CHEST	Tension/Tightness/Heavy Chest/Chest Congestion/Sternum Pain or Pressure/Anxiety
HEART	Sharp Pain/Mitro-Valve Prolapse/Mitro-Valve Regurge/Tachycardia/Bradycardia/Heart Murmur/Arm pain
HEARTBURN	Indigestion/Stomach Aches/Cramps/Nausea/Queasy/Bloating/Belching/Gas/Ulcer/Hiatal Hernia
FECAL CONSISTENCY	Soft/Ribbons/Mucous/Normal/Hard Pebbles/Dry/Painful/Diarrhea/Constipation
BOWELS	Regular/Incomplete Evacuation/Sluggish/Bowel Movements per Day ____/Cramps Laxative Use/colonics/suppositories/softeners
HEMORRHOIDS	History/Current=(swollen/burn/blood/distended/itch/sting/ache/cramp)
NAILS/SKIN	Luna/Fungus/Spots/Lines/Weak/Ridges/Rash/Acne/Dry/Itch/Fungus/Patch/Fluid/Cellulite
BLADDER	Nocturnal/Times per night ____/Weak Stream/Frequency/Urgent/Burn/Pain/Odor/Spasm/Leak/UTI
MISCELLANEOUS	Memory(name/number/word) Coordination/Concentration Slow Healing/Bruising/Arthralgia
SLEEP	Difficulty Falling Asleep/Interrupted Sleep (____times per night)/Insomnia/Sleep Cravings/Jolts/Dreams Nightmares/Night Sweats/Restlessness/____hrs. Cramps/Aches/Anxiety Legs/Feet/Arms/Hands
MOOD	Anxiety/Sad/Grief/Moodiness/Irritability/Depression/Worrisome/Nervous/Frustrated/Panic/Cry/Fears/Shame
APPETITE/BEVERAGES	Low/High/Sweet Cravings/Salt cravings/Chocolate/Ice Cream/Coffee/Tea/Beer/Wine/Soda/STRESS
ENERGY	Low/Variable/Up/Slow to Start (improving/worse)/Exercise: yes/no ____times per week/am-pm/meals low
SEXUALITY	Flat/Low/Normal/ED/Orgasm
MALE ONLY	Prostate: History/Current (burn/ache/pain/restrict/dribble/emission/swell)/Impotent
FEMALE ONLY	Vaginal: Burn/Itch/Dry/Blood/Discharge: Clear/White/Yellow/Green/Brown/Odor Menses: Regular/Irregular (Early/Late/Skip)/Birth Control/LMP _____ Flow: Heavy/Moderate/Light/Long/Brief/Spotting/Clots Cramps: Mild/Moderate/Severe/Back Cramps/Acne PMS: Mood Swing/Irritable/Depression/Tired Bloating/Fluid retention in: Face/Hands/Feet/Body Breast: Tenderness Pre/Mid/Post Menstrual Cycle Menopause: Natural/Hysterectomy – Complete/Partial Hormones: Patch/Hot Flashes Ovulation: Pains/Cysts/Discharge/Regular/Irregular/Breast Feeding/Fibrosis/Lump/Breast Reduction