

PATIENT MEDICAL SYMPTOMS

Please check all symptoms that pertain to you at the current time.

- Cold hands/feet
 - Fatigue
 - Feverish in the afternoon or flushes
 - Heat sensation in hands, feet, chest
 - Night sweats
 - Catch colds easily
 - Sweats easily during daytime
 - Dizziness
 - See floating black spots
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- Palpitations
 - Sore on tongue
 - Restlessness
 - Anxiety
 - Chest pain
 - Insomnia
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- Cough
 - Sinus congestion
 - Dry mouth, throat, nose, or skin
 - Allergies seasonal or food
 - Chills and fever
 - Stiff neck/shoulders
 - Sore throat
 - Difficult breathing
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- Low appetite
 - Loose stools
 - Constipation
 - Abdominal bloating or gas after eating
 - Feeling tired after eating
 - Prolapsed organs (previously diagnosed)
 - Bruises easily
 - General feeling of heaviness in body
 - Mental heaviness or foginess
 - Swollen hands/feet
 - Burning sensation after eating
 - Bad breath
 - Large appetite
 - Mouth, canker or cold sores
 - Bleeding, swollen or painful gums
 - Heartburn/belching
 - Stomach pain
 - Vomiting/nausea
 - Diarrhea alternating with constipation
 - Tight/suffocating feeling in chest
 - Bitter taste in mouth
 - Blood shoot eyes/dry eyes
 - Anger easily
 - Skin rashes
 - Headache
- Numbness of hands and feet
 - Muscle spasms, twitching, cramping
 - Seizures/convulsions
 - Sore, cold or weak knees
 - Low back pain
 - Frequent urination
 - Get up more than once a night to urinate
 - Lack of bladder control
 - Memory problems
 - Hair loss
 - Ringing in ears
- Urine is:
- Normal color Clear
 - Dark yellow Reddish
 - Cloudy Scanty
 - Bad odor
 - Burning Painful
 - Difficult Urgent
- Libido (sex drive) is:
- Normal Low High

Women only:

1. Are you pregnant now?

- Yes No

2. Number of children: _____

3. Number of pregnancies: _____

4. Age of first period: _____

5. Age of menopause if applicable: _____

6. Is your menses cycle regular?

- Yes No

a. Average number of days in flow: _____

b. The flow is:

- Normal Heavy Light

c. The color is:

- red dark purple
 light brown brown

d. Do you have the following menstruation related symptoms?

- Blood clots
 Cramps
 Nausea
 Breast distension
 PMS
 Bleeding between periods
 Heavy vaginal discharge between periods

e. Birth control: _____

Men Only:

Discharge

Pain or swelling of testicles

Ejaculatory problems

Impotence/erectile dysfunction

Signature _____

Date _____

