



Please fill out completely: Rate any symptoms you are currently having: 1=Mild 2=Moderate 3=Severe

**EARS**

- \_\_\_ Noise (Ring/Hiss/Pound)
- \_\_\_ Plugged
- \_\_\_ Popping
- \_\_\_ Ache | Infection
- \_\_\_ Draining
- \_\_\_ Itchy
- \_\_\_ Hearing Loss
- \_\_\_ Dizziness | Vertigo
- \_\_\_ Excessive Ear Wax
- \_\_\_ Other \_\_\_\_\_

**EYES**

- \_\_\_ Burn | Tear | Itchy
- \_\_\_ Ache | Dry | Red
- \_\_\_ Crust in a.m. | Film
- \_\_\_ Bouts of Blurriness
- \_\_\_ Floaters | Spots
- \_\_\_ Tired | Puffy
- \_\_\_ Stye
- \_\_\_ Twitching Around Eye
- \_\_\_ Dark Circles
- \_\_\_ Light Sensitive

**SINUS**

- \_\_\_ Nosebleeds
- \_\_\_ Dry
- \_\_\_ Drain
- \_\_\_ Stuffy | Plugged
- \_\_\_ Sneeze Frequently
- \_\_\_ Taste | Smell Loss
- \_\_\_ Post Nasal Drip
- \_\_\_ Color

**STOMACH**

- \_\_\_ Heartburn
- \_\_\_ Indigestion
- \_\_\_ Stomach
- \_\_\_ Ache | Cramps
- \_\_\_ Nausea | Vomiting
- \_\_\_ Bloat After Eat
- \_\_\_ Gas | Flatulence
- \_\_\_ Belching
- \_\_\_ Ulcer

**CHEST**

- \_\_\_ Tension
- \_\_\_ Tight
- \_\_\_ Pressure
- \_\_\_ Heaviness
- \_\_\_ Congestion
- \_\_\_ Chest | Sternal Pain
- \_\_\_ Palpitations
- \_\_\_ Heart Skip
- \_\_\_ Heart
- \_\_\_ Racing | Slowing

**RESPIRATORY**

- \_\_\_ Short of Breath Constant
- \_\_\_ Short of Breath Exertion
- \_\_\_ Wheeze
- \_\_\_ Air Hunger | Yawn
- \_\_\_ Frequent sighs
- \_\_\_ Upper Respiratory Infection
- \_\_\_ Asthma

**BOWELS**

- \_\_\_ Movements \_\_\_ per Week
- \_\_\_ Diarrhea
- \_\_\_ Constipation
- \_\_\_ Incomplete
- \_\_\_ Bulky
- \_\_\_ Cramps in Abdomen
- \_\_\_ Pain w/Bowel Movement
- \_\_\_ Laxative | Suppository Use
- \_\_\_ Colonics | Enemas
- \_\_\_ Anal Itching
- \_\_\_ Hemorrhoids
- \_\_\_ Swollen
- \_\_\_ Achy
- \_\_\_ Burning/Itchy
- \_\_\_ Blood

**SLEEP**

- \_\_\_ Hours in Bed
- \_\_\_ Hours Asleep
- \_\_\_ Quality of Sleep
- \_\_\_ Poor | Fair | Good | Great
- \_\_\_ Difficulty Falling Asleep
- \_\_\_ Difficulty Staying Asleep
- \_\_\_ Interrupted \_\_\_ per Night
- \_\_\_ Waking at \_\_\_ a.m.
- \_\_\_ Crave Sleep During Day
- \_\_\_ Awaken Suddenly (Jolt)
- \_\_\_ Don't Dream
- \_\_\_ Nightmares | Epic dreams
- \_\_\_ Night Sweats
- \_\_\_ Restlessness
- \_\_\_ Restless Leg Syndrome

**FECAL CONSISTENCY**

- \_\_\_ Normal
- \_\_\_ Light Colored Feces
- \_\_\_ Soft
- \_\_\_ Hard
- \_\_\_ Pebbles
- \_\_\_ Ribbon-like
- \_\_\_ Mucous
- \_\_\_ Contain string-like
- \_\_\_ Black/White Specks
- \_\_\_ Contains Undigested Food

**MEMORY**

- \_\_\_ Forget Names/Numbers
- \_\_\_ Forget Words
- \_\_\_ Forget Actions
- \_\_\_ Difficulty Concentrating

**EMOTIONS**

- \_\_\_ Sadness | Depression
- \_\_\_ Moodiness
- \_\_\_ Irritable
- \_\_\_ Frustrated | Angry
- \_\_\_ Nervous | Anxiety
- \_\_\_ Grief
- \_\_\_ Panic | Fear
- \_\_\_ Cry
- \_\_\_ S.A.D.
- \_\_\_ OCD
- \_\_\_ Other \_\_\_\_\_

**APPETITE/DIET**

- \_\_\_ Low/Norm/High Appetite
- \_\_\_ Crave Starch | Sweets
- \_\_\_ Crave Chocolate | Ice Cream
- \_\_\_ Eat Lots of Spicy Foods
- \_\_\_ Nighttime Snack
- If Meals are Missed:
- \_\_\_ Nausea
- \_\_\_ Extreme Hunger
- \_\_\_ Cold/ Clammy
- \_\_\_ Rapid Heartbeat
- \_\_\_ Moodiness

**HEADACHES**

- \_\_\_ Base of Skull (Back)
- \_\_\_ Side of Head (Temples)
- \_\_\_ Frontal (Above Eyes)
- \_\_\_ Top of Head
- \_\_\_ Entire Head
- \_\_\_ Migraines

**LIBIDO**

- \_\_\_ Low | Normal | High

**ENERGY**

- \_\_\_ Normal/Low/Variable/High
- \_\_\_ Slow to Start in a.m.
- \_\_\_ Low Energy After Meals
- \_\_\_ Energy Crash at \_\_\_ a.m./p.m.

**URINATION**

- \_\_\_ Times During the Night \_\_\_
- \_\_\_ Urgency
- \_\_\_ Burning
- \_\_\_ Pain
- \_\_\_ Odor
- \_\_\_ Dark Color
- \_\_\_ Foamy
- \_\_\_ Incontinence
- \_\_\_ Urinary Tract Infection
- \_\_\_ Kidney Troubles

**MALE ONLY**

- \_\_\_ Erectile Dysfunction
- \_\_\_ Prostate Problems
- \_\_\_ Burning
- \_\_\_ Achy | Pain
- \_\_\_ Restriction
- \_\_\_ Emission
- \_\_\_ Swelling

**FEMALE ONLY**

- \_\_\_ Date Last Period \_\_\_\_\_
- \_\_\_ Cycle - Length (28-30 days):
- \_\_\_ # Days of Flow
- \_\_\_ Heavy Flow
- \_\_\_ Large Clots
- \_\_\_ Cramps
- \_\_\_ (Mild | Mod | Severe)
- \_\_\_ PMS (Mild | Mod | Severe)
- \_\_\_ Yeast Infection
- \_\_\_ Menopause
- \_\_\_ Hot Flashes
- \_\_\_ Other \_\_\_\_\_

**SKIN/HAIR/NAILS**

- \_\_\_ Skin Rash
- \_\_\_ Butt Acne
- \_\_\_ Dry Skin
- \_\_\_ Eczema
- \_\_\_ Psoriasis
- \_\_\_ Nails (White Spots/Ridges)
- \_\_\_ Nails (Weak/Peeling)
- \_\_\_ Hair Loss
- \_\_\_ Limp Hair
- \_\_\_ Varicose/Spider Veins
- \_\_\_ Damp Hands/Feet
- \_\_\_ Dandruff
- \_\_\_ Red Freckles
- \_\_\_ Bruise Easily
- \_\_\_ Missing Outer 1/3 of Eyebrow
- \_\_\_ Cold Hands | Cold Feet

**OTHER HEALTH EVENTS/ISSUES:**

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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OFFICE USE ONLY	Iodine Patch:	Zinc:
pH:	WHR:	BMI:
Eyes:	Ears:	Tongue:
Skin:	Nails:	Weight:
Moist Sense:	BP:	Clinician Initials: