Primary Concern:
Consistent:
Month:

Headaches: Basal/Temper/Crown/TMJ/Frontal/Migraine (prodromal-halluc./photophobia/olfaction/nausea)

Ears: Creases R & L/Noise(Ring/Hiss/Pound)/Plug/Pop/Ache/Drain/Itch/Loss/Dizzy/Wax

Tongue: Cracks/Patches/Red spots/Swollen/Color/Veins/Frenular cyst/Coated pH:

Eyes: Burn/Tear/Ache/Red/Dry/Film/Blur/Floaters/Spots/Tired/Puffy/Style/Twitch/Circles

Sinus: Dry/Drain/Plug/Post(white/yellow/green/brown/blood/clear)/Sneezing/Smell loss/Taste loss/Thirst

Sore Throat/Hoarseness/Cough(dry/productive)/Allergies/URI/Fever/Chills/Halitosis/Cankers/Blisters/Flu

Neck Stiffness/Shoulder Tension/Chielosis/Dry mouth/Cold & sweaty hands,feet/gums/teeth/glands/dysphagia

Chest: Tension/Tight/Pressure/Heavy/Anxiety/Congestion/Pain/Sternal

Sharp Heart Pain/Palpitations/MVP/Tachy/Brady/Murmur/Arm pain

Shortness of Breath: Constant/Exertion/Asthma/Wheeze/Air hunger/Yawning

Heartburn/Indigestion(aches/cramps/nausea/queasy)/Bloat/Gas/Belch/Ulcer/H.H.

Bowels: Regular/Incomplete/Sluggish(every ___ days)/Cramps/Laxative/Suppositories/Softeners/Enemas/Colonics/Bulk

Fecal Consistency: Soft/Ribbons/Mucous/Normal/Hard/Pebbles/Dry/Pain/Diarrhea/Constipation

Hemorrhoids: History/Current (swollen/burn/blood/distend/itch/ache/cramp)

Prostate: History/Current (burn/ache/pain/restrict/dribble/emission/swell)

Vagina (burn/itch/dry/pain/blood) Discharge (clear/white/yellow/green/brown/odor)

Menses: Regular/Incomplete (early/late)/Skip BC pill LMP

Flow (heavy/moderate/light/long/brief) Cramps-mild/med/severe/back

Low Abdominal Puffiness/Fluid-face/hands/feet/body

Breast Tenderness/Acne(pre/mid/post)/Spotting/Clots

PMS -(Mood swing/irritable/depression)/Breast/Fluid/Tired

Ovulation: Pains/Cysts/Discharge/Regular/Irregular/Fibroids

Breast Feeding/Fibrosis/Lump/Discharge/Prosthesis/Reduction/Tender

Menopause: Natural/Surgical(parital/complete)/Hormones/Patch/Flashes/Formication

Cramps/Aches/Anxiety: Legs/Feet/Arms/Hands Rash/Itch/Fungus/Spot/Fluid/Cellulite/Nails/Spots/Luna/Hair Loss/Limp

Urination: Nocturnal___/night___/week Frequency/Urgent/Burn/Pain/Odor/Spasm/Leak/UTI

Sleep: Difficulty Falling Asleep/Insomnia/Interrupted(____/night) sleep craving/jolts

Dreams/Nightmares/Night sweats/Restlessness/___hrs per nt.

Sad/Grief/Depression/Moodiness/Irritable/Worrisome/Angry/Nervous/Frustrated/Anxiety/Panic/Cry/Fear/Shame

Appetite: Low/High/Sweet/Salt/Coffee/Tea/Chocolate/Beer/Wine/Starch/Spices/Ice Cream/Soda Stress

Energy: Low/Variable/Up/Slow to start (improving/worse)__am/pm/meals low/Exercise

Memory(name/number/word) Coordination/Concentration Sexuality(flat/low/normal)/ED/Orgasm

Slow Healing/Brusing/Arthralgia:

Weight: (+/-___lbs) Overall (+/-____) Height: BF% ( ) Pulse BP: / Chol. HDL Tri.

Medications: Surgery/Allergy: