

Circle all symptoms you are having now
Underline symptoms you have had in the past

General Symptoms

- Headaches
- Fever
- Dizziness
- Loss of Sleep
- Fatigue
- Loss of Weight
- Numbness / Tingling (arms - legs)

Muscle & Joint Symptoms

- Neck stiff pain
- Mid Back stiff pain
- Low Back stiff pain
- Muscle Spasms
- Tail Bone pain
- Rib Pain
- Arthritis
- Shoulder Pain
- Arm / Hand Pain
- Leg / Foot Pain

Cardio – Vascular

- Rapid Heartbeat
- Slow Heartbeat
- High Blood Pressure
- Low Blood Pressure
- Pain over the Heart
- Previous Stroke
- Hardening of the Arteries
- Poor Circulation

Genito – Urinary

- Frequent Urination
- Painful Urination
- Blood in Urine
- Kidney Infection or Stones
- Bed Wetting
- Loss of Urine Control
- Prostate Trouble

For Women Only

- Painful Menstrual Periods
- Excessive Flow
- Hot Flashes
- Irregular Cycle
- Cramps or Backache
- Menopausal Symptoms
- Are you Pregnant? Yes No

Gastrointestinal

- Poor Appetite
- Difficult Digestion
- Belching or Gas
- Nausea
- Vomiting
- Stomach Pain
- Abdomen Distension
- Constipation
- Diarrhea
- Colon Trouble
- Gall Bladder Trouble
- Liver Trouble
- Colitis

Skin

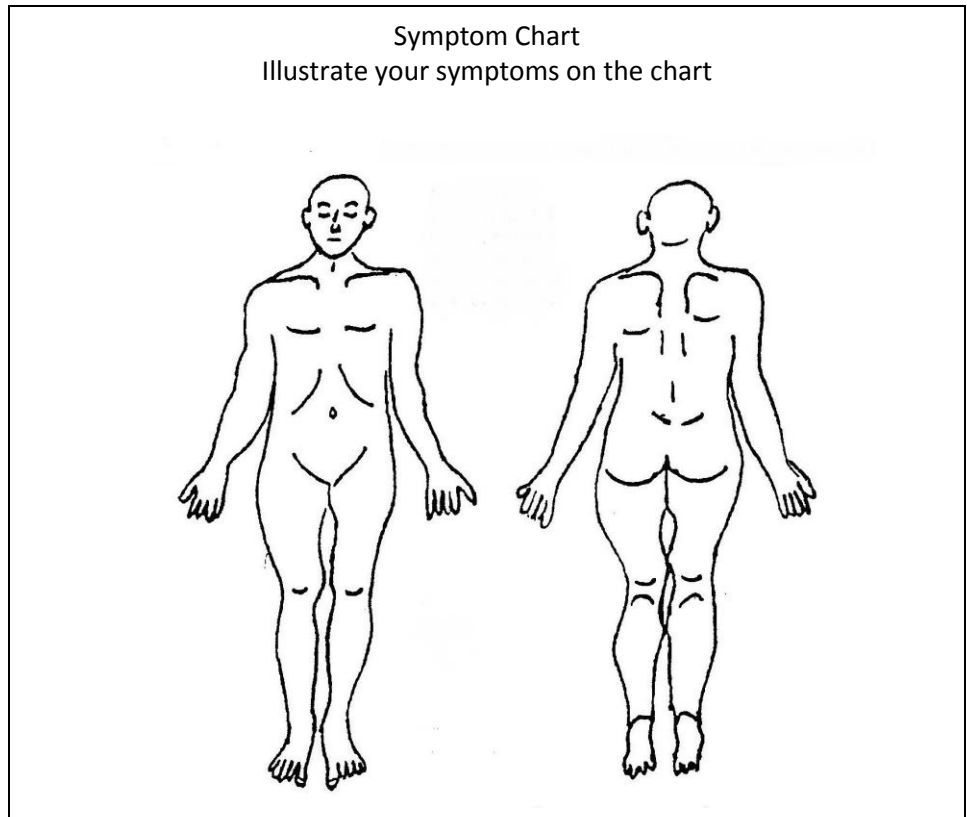
- Skin Eruption
- Itching
- Bruise Easily
- Dryness
- Sensitive Skin

Ears - Eyes - Nose - Throat

- Vision Problems
- Eye Pain / Strain
- Deafness
- Earaches
- Ear Noises
- Nose Bleeds
- Nasal Obstruction
- Sore Throat
- Hoarsness
- Frequent Colds / Hay Fever
- Enlarged Thyroid
- Sinus Infection
- Nasal Drainage

Respiratory

- Asthma
- Chronic Cough
- Spitting up Phlegm
- Chest Pain
- Difficulty Breathing



Patient Name _____ Date _____

Signature (guardian if minor) _____