

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**

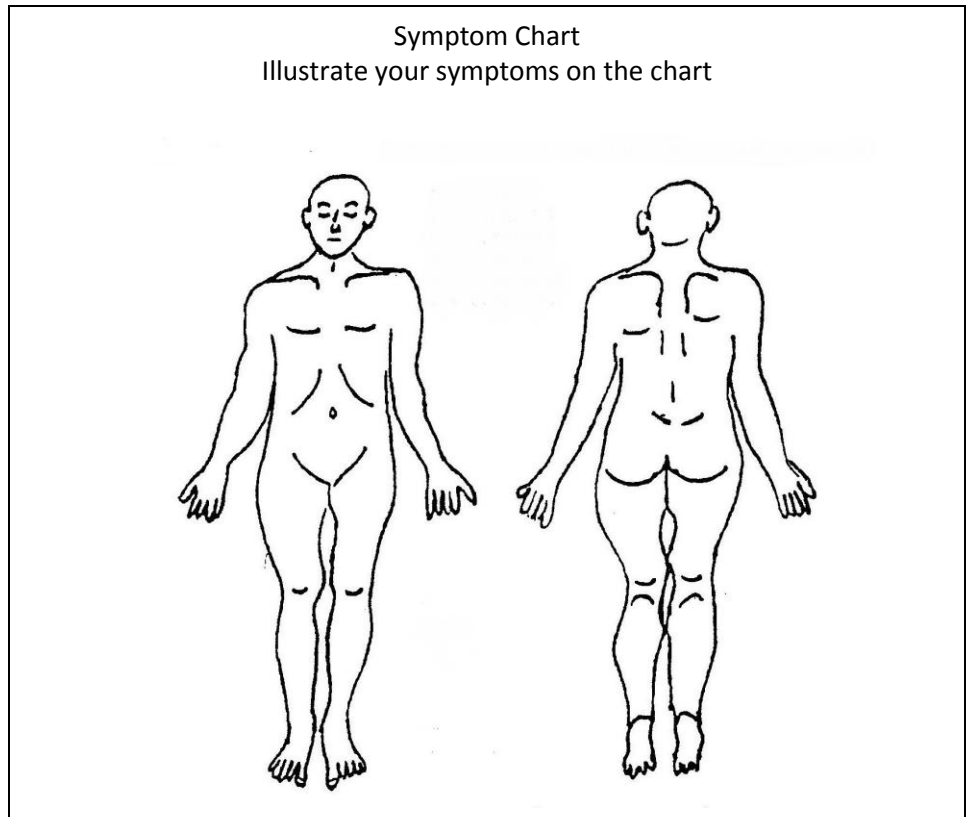
- Skin Eruption
- Itching
- Bruise Easily
- Dryness
- Sensitive Skin

**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) \_\_\_\_\_