

**Injuries and Surgeries**

Spinal taps/injection	Description: _____	Date: _____
Accident/falls	Description: _____	Date: _____
Head injuries	Description: _____	Date: _____
Broken bones	Description: _____	Date: _____
Dislocations	Description: _____	Date: _____
Surgeries	Description: _____	Date: _____

**Medications**

\_\_\_\_\_ Taking for: \_\_\_\_\_

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Vitamins/Supplements: \_\_\_\_\_

**Review of Symptoms: (Circle current problems, Check significant past problems)****Constitutional**

Decreased sleep

Irregular sleep

Excessive sleep

Poor appetite

Fevers

Chills

Fatigue

Food cravings

Weight loss

Weight gain

**Immune System**

Too many infections

Allergies to food or environment

Other concerns \_\_\_\_\_

**Eyes**

Eye pain

Blurred vision

Poor vision

Corrective lenses

Near-sighted

Far-sighted

Other: \_\_\_\_\_

**Skin, Hair, Breasts**

Breast lumps or pain

Rashes

Menopause

Hair loss

Dry skin

**Ears, Nose, Mouth, Throat**

Ringing ears

Nose bleeds

Postnasal drip

Sinus problems

Trouble with taste/smell

Poor hearing

Earaches

Bad breath

Headaches

Facial pain

Jaw clicks

Teeth problems

Grinding teeth

Trouble chewing

Sore throat

Mouth sores

**Breathing and Lungs**

Shortness of breath

Wheezing or asthma

Repeated colds and flus

Cough - dry or irritating

Cough up mucous or blood

**Digestion and Intestines**

Indigestion

Belching

Difficulty swallowing

Heartburn

Diarrhea

Liver trouble

Hemorrhoids, piles

Vomiting

Nausea

Rectal pain or itching

Abdominal pain

Cramping bowels

Gassy gut

Constipation

Foods that upset system: \_\_\_\_\_

**Nerves, Movement, Brain**

Seizures

Poor balance

Poor coordination

Tremors or shaking

Numbness

Dizziness

Poor memory

Trouble sleeping

**Heart and Circulation**

Chest pain

Lightheadedness

Palpitations

Fainting

Cold hands/feet

Swelling feet

Varicose veins

**Urine, Kidneys, Bladder**

Decreased urine flow

Painful urination

Frequent urination

Sudden urges to urinate

Blood or pus in urine

**Blood System**

Lymph gland swelling

Easy bruising

**Hormones and Metabolism**

Thyroid trouble

Weight and diet trouble

Fluid retention

**Moods, Thought, Emotions**

Manic episodes

Energy problems

Spiritual needs

Depression

Anxiety

Anger problems

Panic or fear attacks

**Muscles, Bones, Joints**

Neck pain

Back pain

Muscle pain

Muscle weakness

Muscle cramps

Joint swelling

Painful joints

Elbow?  Shoulder?

Hip?  Knee?

Ankle?  Foot?

Toes?  Fingers?

Wrist?  Hands?