

PATIENT MEDICAL HISTORY

Name: _____

Put a check mark by the symptoms that pertain to you.

- cold hands/feet
 - fatigue
 - feverish in the afternoon or flushes
 - heat sensations in hands, feet, chest
 - night sweats
 - catch colds easily
 - sweat easily
 - dizziness
 - see floating black spots

 - palpitations
 - sore on tip of tongue
 - restlessness
 - anxiety
 - chest pain radiating to shoulder
 - insomnia

 - cough
 - sinus congestion
 - dry mouth, throat, nose or skin
 - allergies
 - chills alternating with fever
 - stiff neck/shoulders
 - sore throat
 - difficult breathing

 - low appetite
 - loose stools
 - constipation
 - abdominal bloating and/or gas after eating
 - feeling tired after eating
 - prolapsed organs (previously diagnosed)
 - bruise easily
 - general feeling of heaviness in body
 - mental heaviness, sluggishness or foginess
 - swollen hands/feet
 - burning sensation after eating
 - large appetite
 - bad breath
 - mouth (canker) sores
 - bleeding, swollen painful gums
- heartburn/belching
 - stomach pain
 - vomiting

 - diarrhea alternating with constipation
 - tight feeling in chest
 - bitter taste in mouth
 - blood shot eyes/dry eyes
 - anger easily
 - skin rashes
 - headache
 - numbness of hands and feet
 - muscle spasms, twitching, cramping
 - seizures/convulsions

 - sore, cold or weak knees
 - low back pain
 - frequent urination
 - get up more than once a night to urinate
 - lack of bladder control
 - memory problems
 - hair loss
 - ringing in ears
- Urine is:
- normal color
 - clear
 - dark yellow
 - reddish
 - cloudy
 - scanty
 - has odor
 - burning
 - painful
 - difficult
 - urgent
- Libido (sex drive) is:
- normal
 - low
 - high

Women only

Please answer each question or check the appropriate response.

- 1. Are you pregnant now?
 Yes No
- 2. Number of Children _____
- 3. Number of pregnancies _____
- 4. Age of first period _____
- 5. Age of menopause (if applicable) _____
- 6. Is your menses regular?
 Yes No

Average number of days of flow _____
 Average number of days of cycle _____

The flow is: Normal Heavy Light

The color is:
 Normal Dark Purple
 Light Brown Brown Other

Do you have the following menstruation related signs/symptoms?

- Blood clots
 Approximate size _____
- Cramps
- Nausea
- Breast distension
- PMS
- Bleeding between periods
- Heavy vaginal discharge between periods

Other information that you think I should know about: _____

Men Only

Please put a check mark by the symptoms that pertain to you.

- Feeling of coldness or numbness in external genitalia.
- Pain or swelling of testicles
- Premature ejaculation
- Impotence/erectile dysfunction

Other information that you think I should know about: _____

