



Patient Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height \_\_\_\_\_

Checklist Date: \_\_\_\_\_

**SYMPTOM SCALE:** please read over the following symptoms and indicate whether: you've had the symptoms in the past (P), never had the symptom (N), have the symptom occasionally (O) or have the symptom frequently (F) and it is affecting your daily living

**N = never had the symptom**  
**P = had the symptom in the past**  
**O = occasionally have the symptom**  
**F = frequently have it and effect is severe**

**HEAD**

- \_\_\_ Headaches
- \_\_\_ Migraines
- \_\_\_ Faintness
- \_\_\_ Dizziness
- \_\_\_ Facial flushing
- \_\_\_ Insomnia
- \_\_\_ Sleep disorder (i.e. narcolepsy)
- \_\_\_ Head hair loss
- \_\_\_ Head injur

**MIND**

- \_\_\_ Poor memory
- \_\_\_ Difficulty completing projects
- \_\_\_ Difficulty with mathematics
- \_\_\_ Underachiever
- \_\_\_ Poor/short attention span
- \_\_\_ Confusion
- \_\_\_ Easily distracted
- \_\_\_ Difficulty making decisions
- \_\_\_ Learning disabilities (i.e. dyslexia)

**DIGESTIVE TRACT**

- \_\_\_ Nausea
- \_\_\_ Vomiting
- \_\_\_ Diarrhea
- \_\_\_ Constipation
- \_\_\_ Bloating feeling
- \_\_\_ Stomach pains or cramps
- \_\_\_ Heart burn
- \_\_\_ Blood and/or mucous in stools
- \_\_\_ Change thirst and/or appetite

**EYES**

- \_\_\_ Watery or itchy eyes
- \_\_\_ Red, swollen or sticky eyelids
- \_\_\_ Bags or dark circles under eyes
- \_\_\_ Blurred or tunnel vision
- \_\_\_ Eye infection (i.e. stye, pinkeye)
- \_\_\_ Double vision
- \_\_\_ Eye pain

**EMOTIONS**

- \_\_\_ Mood swings
- \_\_\_ Anxiety, fear, nervousness
- \_\_\_ Anger, irritability, aggressiveness
- \_\_\_ Argumentative
- \_\_\_ Frustrated, cries easily
- \_\_\_ Depression

**WEIGHT**

- \_\_\_ Binge eating
- \_\_\_ Craving certain foods
- \_\_\_ Excessive weight
- \_\_\_ Compulsive eating
- \_\_\_ Binge drinking
- \_\_\_ Water retention
- \_\_\_ Weight loss

**EARS**

- \_\_\_ Itchy ears
- \_\_\_ Ear aches, ear infections
- \_\_\_ Drainage from ear
- \_\_\_ Ringing in ears
- \_\_\_ Hearing loss
- \_\_\_ Reddening of ears
- \_\_\_ Discharge

**SKIN**

- \_\_\_ Acne
- \_\_\_ Itching
- \_\_\_ Hives, rash, dry skin
- \_\_\_ Hair loss
- \_\_\_ Flushing or hot flashes
- \_\_\_ Weak nails
- \_\_\_ Moles

**JOINTS & MUSCLES**

- \_\_\_ Pains or aches in joints
- \_\_\_ Arthritis
- \_\_\_ Stiffness or limited movement
- \_\_\_ Pain or aches in muscles
- \_\_\_ Feeling of weakness or tiredness
- \_\_\_ Swollen tender joints
- \_\_\_ Growing pains in legs

**NOSE**

- \_\_\_ Stuffy nose
- \_\_\_ Chronically red, inflamed nose
- \_\_\_ Sinus problems
- \_\_\_ Hay fever
- \_\_\_ Sneezing attacks
- \_\_\_ Excessive mucous formation

**LUNGS**

- \_\_\_ Chest congestion
- \_\_\_ Asthma
- \_\_\_ Bronchitis
- \_\_\_ Shortness of breath
- \_\_\_ Difficulty in breathing
- \_\_\_ Persistent cough
- \_\_\_ Wheezing

**ENERGY & ACTIVITY**

- \_\_\_ Apathy, lethargy
- \_\_\_ Attention deficit
- \_\_\_ Fatigue
- \_\_\_ Hyperactivity or restlessness
- \_\_\_ Poor physical condition
- \_\_\_ Stuttering or stammering
- \_\_\_ Slurred speech

**MOUTH & THROAT**

- \_\_\_ Chronic coughing
- \_\_\_ Gagging, often clearing throat
- \_\_\_ Sore throat, hoarse, loss of voice
- \_\_\_ Difficulty in swallowing
- \_\_\_ Swollen or discolored tongue, lips
- \_\_\_ Canker sores or cold sores
- \_\_\_ Itching on roof of mouth
- \_\_\_ Cleft palate
- \_\_\_ Gum Problems

**HEART**

- \_\_\_ Irregular or skipped heartbeat
- \_\_\_ Rapid or pounding heartbeat
- \_\_\_ Chest pain
- \_\_\_ Chest tightness
- \_\_\_ High blood pressure
- \_\_\_ Palpitations
- \_\_\_ Swelling in ankles
- \_\_\_ Murmurs, past ECG
- \_\_\_ Cyanosis

**OTHER**

- \_\_\_ Frequent or urgent urination
- \_\_\_ Anal itching
- \_\_\_ Genital itch or discharge
- \_\_\_ Frequent illness
- \_\_\_ Other symptoms (please specify below)

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\_\_\_\_\_



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**PERIPHERAL VASCULAR**

- Deep leg pain
- Cold hands/feet
- Varicose veins
- Leg cramps
- Numbness
- Coldness
- Swelling
- Ulcers

**NEUROLOGIC**

- Paralysis
- Numbness/tingling
- Involuntary movement
- Loss of balance
- Speech problems
- Tripping and falling

**ENDOCRINE**

- Heat/cold intolerance
- Thyroid issues
- Excess thirst
- Excess hunger
- Excess sweating
- Diabetes
- Hypoglycemia

**BLOOD/LYMPHATIC**

- Anemia
- Easy bleeding or bruising
- Lymph node swelling
- Past transfusions

**URINARY**

- Pain on urination
- Increased frequency
- Frequency at night
- Frequent infections
- Kidney stones
- Blood in urine
- Inability to hold urine
- Urgency
- Hesitancy

**BREAST HEALTH**

- Do you self exam?
- Lumps
- Pain or tenderness
- Nipple discharge
- Fibrocystic breasts
- History breast cancer

**EMOTIONAL**

- Depression in family
- Anxiety in family
- Mood swings
- Phobia
- Alcohol/drug abuse
- Low self confidence
- Performance anxiety
- Perfectionism attitude
- Obsessive compulsive

**FEMALE REPRODUCTIVE**

- Length of cycle
- Bleeding between periods
- Cycles regular
- Pain during intercourse
- Painful menses
- Heavy flow
- Clots
- PMS
- Birth control
- Number of pregnancies
- Miscarriage/abortion
- Difficulty conceiving
- Fertility issues
- Sexually active
- Vaginal itching/discharge
- Last menstrual period

**MALE REPRODUCTIVE**

- Hernias
  - Testicular masses
  - Testicular pain
  - Sexual difficulties
  - Discharge or sores
  - Sexually active
  - Wheezing
  - Enlarged prostate
  - Fertility issues
  - Family history of Prostate or Testicular cancer
  - Erectile difficulties
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