



Symptoms Form

Please check (circle specifics) if any of these symptoms have been a concern for you in the past year

General ☐ Chills/Excess heat ☐ Bleed/Bruise easy ☐ Muscle weakness/fatigue ☐ Poor sleep ☐ Night sweats ☐ Palpitations ☐ Fatigue ☐ Sweat easily ☐ Poor balance ☐ Poor memory ☐ Anxiety/Stress ☐ Cold hands/feet ☐ Edema ☐ Trouble w. weather changes	Head/Ears/Eyes/Nose ☐ Headaches ☐ Migraines ☐ Dizziness ☐ Tinnitus ☐ Hearing loss ☐ Earaches/Infections ☐ Eye pain ☐ Cataracts ☐ Poor vision/Eye strain ☐ Near/Far sighted ☐ Poor night vision ☐ Floaters ☐ Sinus problems ☐ Allergies/Hayfever ☐ Runny nose/Post-nasal drip ☐ Nose ☐ Grinding teeth ☐ TMJ ☐ Dental/Gum problems ☐ Cold Sores	Skin/Hair ☐ Rashes/Itching ☐ Eczema ☐ Psoriasis ☐ Dermatitis ☐ Ulcerations ☐ Changes in skin ☐ Skin growths (moles, tags) ☐ Brittle nails Urinary ☐ Painful urination ☐ Incontinence ☐ Frequent urination ☐ Urination at night ☐ Kidney stones ☐ Urinary tract infection ☐ Scanty urination ☐ Urgency ☐ Excessive urination ☐ Burning urination ☐ Bloody urine
Gastrointestinal ☐ Poor appetite ☐ Excessive appetite ☐ Cravings ☐ Weight Loss/Gain ☐ Strong thirst ☐ Nausea/Vomiting ☐ Gas/Belching ☐ Gallstones ☐ Trouble w. fatty foods ☐ Indigestion ☐ Heartburn/Reflux ☐ Bloating ☐ Bad breath ☐ Constipation ☐ Loose stool/Diarrhea ☐ Black/Pale stools ☐ Hemorrhoids ☐ Hernia ☐ Abdominal pain/cramp	Respiratory ☐ Difficulty swallowing ☐ Persistent sore throat ☐ Swollen glands ☐ Cough/Wheeze ☐ Frequent colds ☐ Pneumonia ☐ Coughing blood ☐ Tightness in chest ☐ Tuberculosis ☐ Emphysema ☐ Bronchitis	Other Any other health concerns or conditions you'd like us to know about?