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| General |  | Gastro-Intestinal |  | Cardiovascular |
| chills  depression dizziness fainting fainting  fever  forgetfulness  headaches  loss of sleep  loss of weight  nervousness  numbness sweats  low energy | bloating  constipation diarrhea excessive hunger excessive thirst  gas  hemorrhoids  indigestion  nausea  poor appetite  rectal bleeding  stomach pain vomiting vomiting blood | chest pain  high blood pressure irregular heartbeat low blood pressure poor circulation  rapid heartbeat  swelling of the ankles  Respiratory  chronic cough difficulty breathing spitting up phlemp  spitting up blood  MEN ONLY  erection difficulties lump in testicles change in sexual performance  prostate problems  WOMEN ONLY  menstrual pain hot flashes irregular cycle  painful intercourse  PMS symptoms  menstrual cramps  excessive flow  lump in breast  ANY other conditions or diseases?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E.E.N.T.  bleeding gums  blurred vision crossed eyes difficulty swallowing double vision  earache  ear discharge  hay fever  hoarseness  loss of hearing  nosebleeds  persistent cough ringing in the ears  sinus problems  vision flashes  vision halos |  | Muscle, Joint & Bone  difficulty sleeping genital pain gluteal pain neck pain  upper-mid back pain  low back pain  muscle spasms  numbness & tingling  soreness  stomach pain  stress tighntess  leg pain  arm pain  foot pain  hand pain |  |
| Genito-urinary  blood in urine  frequent urination lack of bladder control painful urination |  | Skin  changes in moles  bruises easily hives itching rashes  scares  sores that won’t heal |  |
| Do you smoke? Y or N  Frequency?\_\_\_\_\_\_\_\_\_\_  How much alcohol do you drink?  \_\_\_\_\_drinks every\_\_\_\_ for  \_\_\_\_years |  | Do you exercise? If so, please describe what you do. |  | What is your present level of stress?  Lowest  Medium  highest |