

Questionnaire

Date: _____
Name: _____ Date of birth: _____ Age: _____
Address: _____ City: _____ State/Zip _____
Contact Telephone: _____ E-mail: _____
Occupation: _____

Fulltime Part time Unemployed Self-employed At home

Employer _____

Sex: F M Height: _____ Weight: _____ 3 years ago _____

Living situation: Alone Partner Spouse Friends Parents Children Pets

Current diagnosis/main symptoms I would like to address:

Family Doctor: _____ Tel: _____

Last physical exam: _____

Medical History: list all surgeries & dates:

Allergies: _____

Family History: major health issues in the family (mother, father, siblings):

What treatments have you attempted previously (conventional/alternative)? _____

Medications currently taking and for what condition:

Natural supplements currently taking:

Current symptoms most or some of the time:

- Frequent gas/bloating
- Frequent indigestion
- Constipation
- Diarrhea
- Stomach pain after eating
- Nausea/Vomiting
- Fatty foods cause problem
- Loss of appetite

- Sugar cravings
- Irritable if meals missed
- Eating relieves fatigue
- Nervous, agitated

- Crave salt
- Cannot fall or stay asleep
- Slow starter in the morning
- Dizzy if stand up quickly

- Tired/sluggish
- Feel cold (hands, feet, all over)
- Needs a lot of sleep
- Gain weight even on low calorie diet
- Depression/mental sluggishness
- Outer third of eyebrows thins

- Intolerance to smells, chemicals, cosmetics
- Skin outbreaks/acne
- Foul smelling sweat
- Edema/swollen ankles or wrists

- Frequent cold sores
- Get sick often
- Sinus/nasal congestion
- Chronic cough
- Asthma
- Shallow breathing
- Sensitive to smog
- Sore throat
- Bleeding gums

- Bumpy skin on arms
- Gets boils/sties
- Chest pain
- Nosebleeds
- Tendency to anemia
- Bruise easily
- Shortness of breath
- Numbness in extremities
- Weakness/fatigue

- Ringing in the ears
- Frequent urination
- Painful urination
- Strong smelling urine
- Lower back pain
- Dark circles under eyes
- Frequent infections?
Where? _____

MEN:

- Decreased libido/problem with erection
- Pain inside of legs
- Legs twitching at night
- Inability to concentrate
- Muscle soreness
- Decreased physical stamina

WOMEN:

- Irregular, too short or too long menstrual cycle
- Painful period/cramping
- PMS
- Heavy bleeding
- Mood swings
- Hot flashes/night sweats