

Please check those symptoms/areas of concern which you have experienced.

**GENERAL**

Anxiety \_\_\_\_\_  
 Binge eat/drink \_\_\_\_\_  
 Chills \_\_\_\_\_  
 Convulsions \_\_\_\_\_  
 Dizziness \_\_\_\_\_  
 Fainting \_\_\_\_\_  
 Fatigue \_\_\_\_\_  
 Fever \_\_\_\_\_  
 Headache \_\_\_\_\_  
 Loss of sleep \_\_\_\_\_  
 Allergy to what \_\_\_\_\_  
 \_\_\_\_\_  
 Loss of weight \_\_\_\_\_  
 Nervousness \_\_\_\_\_  
 Wheezing \_\_\_\_\_  
 Bronchitis \_\_\_\_\_  
 Numbness in both \_\_\_\_\_  
 Hands/feet \_\_\_\_\_

**CARDIOVASCULAR**

High Blood Pressure \_\_\_\_\_  
 Low Blood Pressure \_\_\_\_\_  
 Pain over heart \_\_\_\_\_  
 Poor Circulation \_\_\_\_\_  
 Rapid Heartbeat \_\_\_\_\_  
 Previous Heart Problems \_\_\_\_\_  
 Describe \_\_\_\_\_  
 Slow heart rate \_\_\_\_\_  
 Stroke \_\_\_\_\_  
 TIA \_\_\_\_\_  
 \_\_\_\_\_  
 Swollen Ankles \_\_\_\_\_  
 Varicose Veins \_\_\_\_\_  
 Aortic Aneurysm \_\_\_\_\_  
 Bruise Easy \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DISEASE/CONDITION**

Appendicitis \_\_\_\_\_  
 Anemia \_\_\_\_\_  
 Arthritis \_\_\_\_\_  
 Alcoholism \_\_\_\_\_  
 Abdominal Surgery \_\_\_\_\_  
 Autoimmune Disease \_\_\_\_\_  
 Bleeding Disorder \_\_\_\_\_  
 Blood Clots \_\_\_\_\_  
 Breathing difficulties \_\_\_\_\_  
 Cancer \_\_\_\_\_  
 Cholesterol – High \_\_\_\_\_  
 Colon Problems \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Depression \_\_\_\_\_  
 Epilepsy \_\_\_\_\_  
 Eczema \_\_\_\_\_  
 Eating Disorder \_\_\_\_\_  
 Glaucoma \_\_\_\_\_  
 HIV positive \_\_\_\_\_  
 Heart Disease \_\_\_\_\_  
 Hernia \_\_\_\_\_  
 Headaches \_\_\_\_\_  
 Influenza \_\_\_\_\_  
 Infertility \_\_\_\_\_  
 Kidney Disease \_\_\_\_\_  
 Liver Disease \_\_\_\_\_  
 Low Back Pain \_\_\_\_\_  
 Mental Illness \_\_\_\_\_  
 Measles \_\_\_\_\_  
 Mumps \_\_\_\_\_  
 Pleurisy \_\_\_\_\_  
 Pneumonia \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Prostate Problems \_\_\_\_\_  
 Hyperthyroid \_\_\_\_\_  
 Hypothyroid \_\_\_\_\_  
 Rectal Surgery \_\_\_\_\_  
 STD \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EAR/EYE/  
NOSE/THROAT**

Asthma \_\_\_\_\_  
 Crossed Eye \_\_\_\_\_  
 Double Vision \_\_\_\_\_  
 Blurred Vision \_\_\_\_\_  
 Difficulty swallowing \_\_\_\_\_  
 Deafness \_\_\_\_\_  
 Hearing Loss \_\_\_\_\_  
 Ear Pain \_\_\_\_\_  
 Thyroid Problems \_\_\_\_\_  
 Nose Bleeds \_\_\_\_\_  
 Sinus Problems \_\_\_\_\_  
 Sore Throats \_\_\_\_\_

**GASTRO-INTESTINAL**

Gas \_\_\_\_\_  
 Colon Trouble \_\_\_\_\_  
 Constipation \_\_\_\_\_  
 Diarrhea \_\_\_\_\_  
 Gallbladder Trouble \_\_\_\_\_  
 Heartburn \_\_\_\_\_  
 Hemorrhoids \_\_\_\_\_  
 Liver Trouble \_\_\_\_\_  
 Nausea \_\_\_\_\_  
 Stomach Ache \_\_\_\_\_  
 Poor Appetite \_\_\_\_\_  
 Poor Digestion \_\_\_\_\_  
 Vomiting \_\_\_\_\_  
 Vomiting Blood \_\_\_\_\_  
 Rectal Bleeding \_\_\_\_\_  
 Bloating \_\_\_\_\_

**GENITO-URINARY**

Blood in urine \_\_\_\_\_  
 Frequent urination \_\_\_\_\_  
 Inability to control urine \_\_\_\_\_  
 \_\_\_\_\_  
 Kidney Infection \_\_\_\_\_  
 Painful Urination \_\_\_\_\_  
 Prostate Trouble \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR MEN ONLY**

Lump in Testicles \_\_\_\_\_  
 Penis Discharge \_\_\_\_\_

**FOR WOMEN ONLY**

Menstrual Cramps \_\_\_\_\_  
 Excessive Menstrual \_\_\_\_\_  
 Flow \_\_\_\_\_  
 Hot Flashes \_\_\_\_\_  
 Irregular Cycle \_\_\_\_\_  
 Painful Periods \_\_\_\_\_  
 Birth Control Pills \_\_\_\_\_  
 Abnormal Pap Smear \_\_\_\_\_

**MUSCLE/JOINT/BONE**

Backache \_\_\_\_\_  
 Foot Trouble \_\_\_\_\_  
 Pain between Shoulders \_\_\_\_\_  
 \_\_\_\_\_  
 Painful Tailbone \_\_\_\_\_  
 Stiff Neck \_\_\_\_\_  
 Spinal Curvature \_\_\_\_\_  
 Swollen Joints \_\_\_\_\_  
 Morning Stiffness \_\_\_\_\_

**NEUROLOGIC**

Seizures \_\_\_\_\_  
 Dizziness \_\_\_\_\_  
 Hand Trembling \_\_\_\_\_  
 Weakness \_\_\_\_\_  
 Difficulty with Speech \_\_\_\_\_  
 \_\_\_\_\_  
 Loss of Memory \_\_\_\_\_  
 Loss of Coordination \_\_\_\_\_  
 Stuttering/Stammering \_\_\_\_\_  
 \_\_\_\_\_

**RESPIRATORY**

Chest Pain \_\_\_\_\_  
 Chronic Cough \_\_\_\_\_  
 Difficulty Breathing \_\_\_\_\_  
 Coughing/Spitting Blood \_\_\_\_\_  
 \_\_\_\_\_