



**SYMPTOMS FORM**

NAME: \_\_\_\_\_

Please circle any conditions presently causing you problems. Please check those conditions which were causing a problem in the past.

**GENERAL SYMPTOMS**

- Headache
- Fever
- Fainting
- Dizziness
- Convulsions
- Loss of Sleep
- Nervousness
- Loss of Weight
- Numbness, Pain or Tingling

**MUSCLES & JOINTS**

- Stiff Neck
- Back Ache
- Swollen Joints
- Painful Tailbone
- Foot Trouble
- Shoulder Pain
- Elbow Pain
- Wrist Pain
- Hand Pain
- Hip Pain
- Knee Pain
- Arthritis

**E.E.N.**

- Failing Vision
- Crossed Eyes
- Eye Pain
- Deafness
- Earache
- Asthma
- Frequent Colds
- Sinus Infection
- Enlarged Glands
- Enlarged Thyroid

**RESPIRATORY**

- Chronic Cough
- Spitting up Phlegm
- Spitting up Blood
- Chest Pain
- Difficult Breathing

**CARDIOVASCULAR**

- Rapid Heart Beat
- High Blood Pressure
- Pain Over Heart
- Stroke
- Hardening of Arteries
- Varicose Veins
- Swelling of Ankles
- Poor Circulation
- Angina

**GENITOURINARY**

- Troubles Urinating
- Blood in Urine
- Kidney Infection
- Bed Wetting

**G.U. FOR WOMEN**

- Painful Menstruation
- Excessive Flow
- Hot Flashes
- Irregular Cycle
- Cramps or Backache
- Vaginal Discharge
- Swollen Breasts
- Lumps in Breasts
- Pregnancies \_\_\_\_\_
- Children \_\_\_\_\_
- Abortions \_\_\_\_\_
- Menopausal Symptoms

**GASTROINTESTINAL**

- Poor Appetite
- Indigestion
- Excessive Hunger
- Belching or Gas
- Nausea
- Vomiting (blood?)
- Pain Over Stomach
- Constipation
- Diarrhea
- Hemorrhoids
- Jaundice
- Gall Bladder
- Intestinal Worms
- Ulcer

Have you ever had any fractures?

YES NO

Have you ever been hospitalized?

YES NO

**SKIN**

- Rashes/Itching
- Bruises Easily
- Dryness
- Boils
- Hives

