# Please put a “C” in the blank for experiencing currently and a “P” in the blank for past experience

**General**

\_\_\_ trouble falling asleep

\_\_\_trouble staying asleep

\_\_\_ frequent nightmares

\_\_\_ irritability

\_\_\_ depression

\_\_\_ mood swings

\_\_\_fatigue

\_\_\_ poor memory

\_\_\_recent weight gain/loss

\_\_\_cold hands or feet

\_\_\_chills

­­­­­\_\_\_frequent fevers

\_\_\_stress

\_\_\_strong thirst

\_\_\_low energy

\_\_\_cancer, if so, kind:\_\_\_\_\_

**Head & Neck**

\_\_\_headaches

\_\_\_migraines

\_\_\_ stiff neck

\_\_\_dizziness

\_\_\_fainting/lightheadedness

\_\_\_swollen glands

**Eyes**

\_\_\_glasses/contacts

\_\_\_blurred vision

\_\_\_poor night vision

\_\_\_spots or floaters

\_\_\_eye inflammation

\_\_\_double vision

\_\_\_Glaucoma

\_\_\_Cataracts

**Nose, Throat & Mouth**

\_\_\_frequent sinus infections

\_\_\_hay fever/allergies

\_\_\_frequent sore throat

\_\_\_difficulty swallowing

\_\_\_mouth/lip sores

\_\_\_frequent colds

\_\_\_nosebleeds

\_\_\_frequent nasal

 congestion

\_\_\_excessive phlegm

\_\_\_TMJ

\_\_\_facial pain

\_\_\_gum problems

\_\_\_dry mouth

**Skin/Hair**

\_\_\_hives

\_\_\_rashes

\_\_\_eczema/psoriasis

\_\_\_night sweating

\_\_\_excess sweating

\_\_\_dry skin

\_\_\_easy bruising

\_\_\_changes in moles

\_\_\_acne

\_\_\_hair loss

**Respiratory**

\_\_\_difficulty breathing when

 lying down

\_\_\_wheezing

\_\_\_asthma

\_\_\_chronic cough

\_\_\_wet cough

\_\_\_dry cough

\_\_\_coughing up blood

\_\_\_shortness of breath

\_\_\_tight chest

\_\_\_Pneumonia

\_\_\_painful breathing

**Cardiovascular**

\_\_\_high blood pressure

\_\_\_low blood pressure

\_\_\_chest pain or tightness

\_\_\_palpitations

\_\_\_rapid heartbeat

\_\_\_irregular heartbeat

\_\_\_swelling of body parts

 name locations:

\_\_\_anemia

\_\_\_heart attack

\_\_\_blood clots

**Gastrointestinal**

\_\_\_nausea

\_\_\_vomiting

\_\_\_indigestion

\_\_\_stomach pain

\_\_\_diarrhea

\_\_\_constipation

\_\_\_poor appetite

\_\_\_excessive hunger

\_\_\_ulcer

\_\_\_intestinal gas

\_\_\_acid regurgitation/GERD

\_\_\_bloating/belching

\_\_\_bad breath

\_\_\_chronic laxative use

\_\_\_blood in stool

\_\_\_mucus in stool

\_\_\_hemorrhoids

**Musculoskeletal**

\_\_\_joint pain

\_\_\_sore muscles

\_\_\_weak muscles

\_\_\_scoliosis

\_\_\_shoulder pain

\_\_\_upper back pain

\_\_\_lower back pain

\_\_\_rib pain

\_\_\_limited range of motion

\_\_\_cramping of body parts

\_\_\_increased pain with hot

 or cold weather

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