



Name \_\_\_\_\_

For any current conditions, or conditions you have had in the past, please provide the date, duration, frequency and intensity of pain for each condition.

**General Symptoms**

Tremors \_\_\_\_\_  
Headache \_\_\_\_\_  
Fever \_\_\_\_\_  
Sweats \_\_\_\_\_  
Fainting \_\_\_\_\_  
Dizziness \_\_\_\_\_  
Convulsions \_\_\_\_\_  
Insomnia \_\_\_\_\_  
Fatigue \_\_\_\_\_  
Nervousness \_\_\_\_\_  
Depression \_\_\_\_\_  
Loss of Weight \_\_\_\_\_  
Forgetfulness \_\_\_\_\_  
Confusion \_\_\_\_\_  
Numbness or Pain in arms, hands,  
elbows, shoulders, hips, legs, knees,  
or feet \_\_\_\_\_  
Paralysis \_\_\_\_\_

**Eyes, Ears, Nose and Throat**

Blurred Vision \_\_\_\_\_  
Eye Pain \_\_\_\_\_  
Eye Strain \_\_\_\_\_  
Cross Eyed \_\_\_\_\_  
Eye Congestion \_\_\_\_\_  
Glaucoma \_\_\_\_\_  
Deafness \_\_\_\_\_  
Ear pain or Stuffy \_\_\_\_\_  
Ear Discharge \_\_\_\_\_  
Ear Noises (Tinnitus) \_\_\_\_\_  
Nose Bleeds \_\_\_\_\_  
Nasal Obstruction \_\_\_\_\_  
Nasal Drainage \_\_\_\_\_  
Loss of Smell \_\_\_\_\_  
Sinus Infection \_\_\_\_\_  
Allergies (Easy Sneezing) \_\_\_\_\_  
Sore Throat \_\_\_\_\_  
Hoarseness \_\_\_\_\_  
Difficult Speech \_\_\_\_\_  
Difficult Swallowing \_\_\_\_\_  
Loss of Taste \_\_\_\_\_  
Change in Tastes \_\_\_\_\_  
Dental Decay \_\_\_\_\_  
Gum Troubles \_\_\_\_\_  
Tonsillitis \_\_\_\_\_  
Enlarged Thyroid \_\_\_\_\_  
Enlarged Glands \_\_\_\_\_

**Skin**

Skin Eruptions \_\_\_\_\_  
Clammy Skin \_\_\_\_\_  
Dryness \_\_\_\_\_  
Bruises Easily \_\_\_\_\_

Boils \_\_\_\_\_  
Rashes \_\_\_\_\_  
Sensitive Skin \_\_\_\_\_  
Hives or Allergy \_\_\_\_\_

**Respiratory**

Frequent Colds \_\_\_\_\_  
Chronic Colds \_\_\_\_\_  
Spitting up Phlegm \_\_\_\_\_  
Spitting up Blood \_\_\_\_\_  
Chest Pain \_\_\_\_\_  
Difficult Breathing \_\_\_\_\_  
Wheezing \_\_\_\_\_

**Cardio-Vascular**

Rapid Beating Pulse \_\_\_\_\_  
Slow Beating Pulse \_\_\_\_\_  
Irregular Beating Pulse \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_  
Low Blood Pressure \_\_\_\_\_  
Pain over Heart \_\_\_\_\_  
Previous Heart Stroke \_\_\_\_\_  
Hardening of Arteries \_\_\_\_\_  
Swelling of Ankles \_\_\_\_\_  
Poor Circulation \_\_\_\_\_  
Varicose Veins \_\_\_\_\_

**Gastrointestinal**

Poor Appetite \_\_\_\_\_  
Excessive Hunger \_\_\_\_\_  
Difficult Chewing \_\_\_\_\_  
Belching \_\_\_\_\_  
Nausea \_\_\_\_\_  
Gas \_\_\_\_\_  
Vomiting \_\_\_\_\_  
Vomiting of Blood \_\_\_\_\_  
Gastric Pain \_\_\_\_\_  
Distention of Abdomen \_\_\_\_\_  
Constipation \_\_\_\_\_  
Diarrhea \_\_\_\_\_  
Black Stool \_\_\_\_\_

Blood in Stool \_\_\_\_\_  
Colon Trouble \_\_\_\_\_  
Hemorrhoids (Piles) \_\_\_\_\_  
Parasite \_\_\_\_\_  
Pain in the Ribs and Hypochondrium \_\_\_\_\_  
Gall Bladder Stone \_\_\_\_\_  
Jaundice \_\_\_\_\_  
Overweight \_\_\_\_\_

**Muscle and Joints**

Stiff Neck \_\_\_\_\_  
Bone Spur \_\_\_\_\_

Foot Trouble \_\_\_\_\_  
Herniated Disc \_\_\_\_\_  
Lower back Pain \_\_\_\_\_  
Spinal Scoliosis \_\_\_\_\_  
Faulty Posture \_\_\_\_\_  
Swollen Joints \_\_\_\_\_  
Stiff Joints \_\_\_\_\_  
Painful Joints \_\_\_\_\_  
Sore Muscles \_\_\_\_\_  
Weak Muscles \_\_\_\_\_  
Walking Problems \_\_\_\_\_  
Sciatica \_\_\_\_\_

**Urinary**

Frequent Urination \_\_\_\_\_  
Scanty Urine \_\_\_\_\_  
Painful Urination \_\_\_\_\_  
Blood in Urine \_\_\_\_\_  
Foul Smelling Urine \_\_\_\_\_  
Discolored Urine \_\_\_\_\_  
Pus in Urine \_\_\_\_\_  
Kidney infection or stones \_\_\_\_\_  
Bed Wetting \_\_\_\_\_  
Inability to Control Urine \_\_\_\_\_  
Prostate Trouble \_\_\_\_\_

**Female**

P.M.S. \_\_\_\_\_  
Painful Menstrual Periods \_\_\_\_\_  
Excessive Flow \_\_\_\_\_  
Irregular Cycle \_\_\_\_\_  
Cramps or Back Pain \_\_\_\_\_  
Previous Miscarriage \_\_\_\_\_  
Vaginal Discharge \_\_\_\_\_  
Vaginal Pain \_\_\_\_\_  
Congested Breast \_\_\_\_\_  
Breast Pain \_\_\_\_\_  
Lump in Breast \_\_\_\_\_  
Menopausal Symptoms \_\_\_\_\_  
Hot Flashes \_\_\_\_\_  
Abnormal Bleeding \_\_\_\_\_  
Reduced Sexual Activity \_\_\_\_\_  
Pregnancy Complications \_\_\_\_\_

**Male**

Pain Associated with Genitals \_\_\_\_\_  
Reduced Sexual Activity \_\_\_\_\_  
Premature Ejaculation \_\_\_\_\_  
Seminal Emission \_\_\_\_\_  
Impotence \_\_\_\_\_  
Discharges \_\_\_\_\_

**Signature** \_\_\_\_\_