

Symptom List

Please ***Circle*** what you are experiencing now and Underline what affected you in the past.

Skin: eczema acne rashes itchy furuncles fungal infections warts psoriasis dry

Heart/Vascular: fast/ slow/ irregular pulse tight chest palpitations chest pain migraine

Shortness of breath dizziness headache with nausea cold hands/feet Raynaud's

High blood pressure low blood pressure anemia dizzy/faint when quickly standing up

Gastrointestinal: constipation diarrhea no appetite stomach pain indigestion heartburn gas

Belching ulcer gastritis hemorrhoids pancreatitis irritable bowel polyps strong odor stools

Respiratory: asthma bronchitis emphysema cough wheeze pneumonia easily get sick

Endocrine: low thyroid overactive thyroid diabetes hypoglycemia other_____

Male: impotence premature ejaculation prostate issues infertility

Female: menstrual cramps heavy/ light/ irregular periods PMS _____

Infertility low libido vaginal burning/pain UTIs menopause_____

Autoimmune: Hashimoto's rheumatism vulvitis lupus colitis Crohn's alopecia allergies

Connective Tissue: arthritis tendinitis other:_____

ENT: deafness tinnitus ear pain ear infections sinus headaches yellow/green mucous

Post nasal drip Vertigo strep throat frequent sore throat swollen glands frequent sinus infections

General: insomnia exhaustion angry/ irritable/ depressed/ anxious ADD motion sickness

Unusual sweating/ never sweat How much water do you drink/day:_____glasses/bottles

Drugs: cigarettes alcohol cocaine marijuana _____

Other:_____

