# 

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please place an “**X**” by any symptoms you currently have, or have had in the past 6 weeks

**General**

\_\_\_Recent weight gain/loo

\_\_\_ Fatigue

\_\_\_ Weakness

\_\_\_Fever

**Muscles/Joints/Bones**

\_\_\_ Morning stiffness

Lasting: \_\_\_ minutes

\_\_\_ hours

\_\_\_ Joint pain

\_\_\_ Muscle weakness

\_\_\_ Muscle tenderness

\_\_\_ Joint swelling

List joints affected in the last 6 months:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Heart and Lungs**

\_\_\_Pain in chest

\_\_\_ Irregular heartbeat

\_\_\_Sudden change in heartbeat

\_\_\_Difficulty breathing at night

\_\_\_ Swollen leg or feet

\_\_\_ High blood pressure

\_\_\_ Heart murmurs

\_\_\_ Cough

\_\_\_ Wheezing

\_\_\_ Night sweats

**Nervous System**

\_\_\_ Headaches

\_\_\_Dizziness

\_\_\_ Fainting

\_\_\_ Muscles Spasm

\_\_\_ Loss of consciousness

\_\_\_ Sensitivity/pain in hand or feet

\_\_\_ Memory loss

**Stomach and Intestines**

\_\_\_ Nausea

\_\_\_ Vomiting of blood or coffee ground material

\_\_\_ Stomach pain relieved by food or milk

\_\_\_ Yellow Jaundice

\_\_\_ Increasing constipation

**Nose**

\_\_\_ Nosebleeds

\_\_\_ Loss of smell

\_\_\_ Dryness

**Kidney/Urine/Bladder**

\_\_\_ Difficult urination

\_\_\_Pain or burning on urination

\_\_\_ Blood in urine

\_\_\_ Cloudy, “smoky” urine

\_\_\_ Pus in urine

\_\_\_ Discharge from penis/vagina

\_\_\_ Frequent urination

\_\_\_ Getting up at night to urinate

\_\_\_ Vaginal dryness

\_\_\_ Rash/ulcers on genitals

**Skin**

\_\_\_ Easy bruising

\_\_\_ Redness

\_\_\_ Rash

\_\_\_ Hives

\_\_\_ Sun sensitivity (sun allergy)

\_\_\_ Tightness

\_\_\_ Nodules/bumps

\_\_\_ Hair loss

\_\_\_ Color changes of hand or feet in cold

**Ears**

\_\_\_ Ringing in Ears

\_\_\_ Loss of hearing

**Eyes**

\_\_\_ Pain

\_\_\_ Redness

\_\_\_ Loss of vision

\_\_\_ Double or blurred vision

\_\_\_ Dryness

\_\_\_ Feels like something in eye(s)

**Mouth**

\_\_\_Sore tongue

\_\_\_ Bleeding gums

\_\_\_ Sore in mouth

\_\_\_ Black Stool

\_\_\_ Heartburn

\_\_\_ Persistent Diarrhea