# HEALTH HISTORY

## CONFIDENTIAL

**NAME** (LAST, FIRST, MIDDLE) | **DATE**

**PLEASE CHECK ANY SYMPTOMS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST YEAR**

### GENERAL
- ○ Cold hands/feet
- ○ Low energy
- ○ Dizziness
- ○ Allergies
- ○ Fatigue
- ○ Hot flashes
- ○ Insomnia
- ○ Spontaneous sweating
- ○ Night sweating
- ○ Lack of sweating
- ○ Recent weight loss
- ○ Recent weight gain
- ○ Aversion to heat
- ○ Aversion to cold
- ○ Weak immune system
- ○ Sleep Apnea

### NECK AND HEAD
- ○ Blurred vision
- ○ Heaviness in the head
- ○ Headache
- ○ Phlegm in throat
- ○ Cataracts
- ○ Double vision
- ○ Earache
- ○ Ear discharge
- ○ Eye pain/strain
- ○ Corrected vision
- ○ Nasal obstruction
- ○ Nasal discharge
- ○ Loss of sense of smell
- ○ Hearing loss
- ○ Hoarseness
- ○ Nosebleeds
- ○ Recurrent sore throat
- ○ Red/inflamed eyes
- ○ Ringing in ears
- ○ Sinus problems
- ○ Sores on lips
- ○ Sores on tongue
- ○ Taste change
- ○ Teeth problems
- ○ Vision: seeing halos/floaters

### RESPIRATORY
- ○ Asthma
- ○ Persistent cough
- ○ Coughing blood
- ○ Shortness of breath
- ○ Recurrent bronchitis
- ○ Phlegm production
- ○ Difficulty inhaling
- ○ Difficulty exhaling

### CARDIOVASCULAR
- ○ Chest pain
- ○ High blood pressure
- ○ Low blood pressure
- ○ Irregular heart beat
- ○ Poor circulation
- ○ Swelling of ankles
- ○ Varicose veins
- ○ Rib-side pain

### GASTROINTESTINAL
- ○ Abdominal pain
- ○ Bloating
- ○ Belching
- ○ Gas
- ○ Constipation
- ○ Diarrhea/loose stools
- ○ Bloody stools
- ○ Black stools
- ○ Difficulty swallowing
- ○ Poor appetite
- ○ Heartburn/acid reflux
- ○ Hemorrhoids
- ○ Indigestion
- ○ Stomach ache
- ○ Nausea
- ○ Vomiting
- ○ Food sensitivities

### DIET/LIFESTYLE
- ○ Vegetarian
- ○ Healthy diet
- ○ Eat fried foods
- ○ Eat much meat
- ○ Smoke
- ○ Drink alcohol
- ○ Drink coffee
- ○ Eat a lot of sweets
- ○ Exercise regularly
- ○ Exercise excessively
- ○ Lack of exercise

### GENITOURINARY
- ○ Dilute urine
- ○ Dark urine
- ○ Blood in urine
- ○ Cloudy urine
- ○ Burning urination
- ○ Scanty urine
- ○ Profuse urine
- ○ Frequent urination
- ○ Poor bladder control
- ○ Urgency to urinate
- ○ Prolapsed bladder

### MUSCULOSKELETAL
Pain, weakness, numbness in:
- ○ Arms
- ○ Feet
- ○ Hands
- ○ Joints
- ○ Legs
- ○ Hips
- ○ Neck
- ○ Shoulders
- ○ Knees
- ○ Back
- ○ Pain all over
- ○ Lack of strength
- ○ Numbness

### SKIN
- ○ Broken blood vessels
- ○ Blood not clotting
- ○ Bruise easily
- ○ Discoloration
- ○ Dark circles around eyes
- ○ Bags under eyes
- ○ Swollen lymph nodes
- ○ Dry skin
- ○ Acne
- ○ Brittle nails
- ○ Premature gray hair
- ○ Dry, brittle hair
- ○ Hair falling out

### NEUROLOGIC
- ○ Fainting
- ○ Convulsions
- ○ Handwriting change
- ○ Paralysis
- ○ Stroke
- ○ Seizures
- ○ Tremor
- ○ Recent clumsiness
- ○ Drowsiness
- ○ Vertigo

### EMOTIONAL
- ○ Nervousness
- ○ Irritability
- ○ Depression
- ○ Troubling dreams
- ○ Cry uncontrollably
- ○ Feel sad a lot
- ○ Forgetful
- ○ Mind not clear
- ○ Anxiety
- ○ Much fear
- ○ Unrestrained joy
- ○ Terrors
- ○ Difficulty expressing emotions
- ○ Often feel angry

### SEX ORGANS
- ○ Genital pain
- ○ Impotence
- ○ Genital sores
- ○ Lump in testicles
- ○ Discharge from penis
- ○ Nocturnal emission
- ○ Low sexual energy
- ○ Abnormal pap smear
- ○ Bleed between periods
- ○ Irregular periods
- ○ Heavy periods
- ○ Painful periods
- ○ Premenstrual tension
- ○ Breast lumps
- ○ Low sexual energy
- ○ Vaginal discharges
- ○ Menopausal
- ○ Uterine prolapse
- ○ Facial hair
- ○ May be pregnant
- ○ Pain with intercourse
- ○ Tipped uterus

BLOOD TYPE IF KNOWN: _____

### WEIGHT
- ○ Underweight
- ○ Normal for height
- ○ Overweight
- ○ Very overweight

**PLEASE USE THE REVERSE OF THIS FORM TO WRITE DOWN A SAMPLE OF YOUR DAILY DIET: ---------->**


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