

System Review

Eyes:

- Blurring of vision
- Double Vision
- Eye Fatigue easily
- Excessive tearing
- Light bothers eyes
- Excessive itching
- Pain in eyeball

Ears:

- Loss of hearing
- Pain in ears
- Discharge from ears
- Vertigo
- Ringing in ears

Nose/Sinus:

- Unusual nasal discharge
- Nose bleeds
- Pressure over eyes
- Pressure under eyes
- Obstruction of nose
- Frequent Colds
- Sinusitis
- Nasal allergies
- Loss of smell
- Nasal trauma

Mouth/Throat:

- Pain in mouth
- Pain in throat
- Bleeding gums
- Cavities
- Abscessed teeth
- Dentures
- Difficulty swallowing
- Changes in voice

Respiratory:

- Shortness of breath
- Cannot breathe while lying
- Cannot sleep while lying
- Dry cough
- Productive cough
- Coughing up blood
- Wheezing

Gastrointestinal:

- Poor appetite
- Constant nibbling
- Difficult swallowing
- Indigestion
- Some foods bother
- Nausea, vomiting
- Jaundice
- Abdominal pain
- Change in bowel
- Diarrhea
- Constipation
- Hemorrhoids

Genitourinary:

urination is: frequent

normal

infreq

amount is: high

normal

low

Need to get up at night to urinate

Abnormal intense desire to urinate

Difficulty starting urination

Decreased output

Pain on urination

Dribbling

Blood in urine

Cloudy urine

Lack of bladder control

Abdominal pain

Skin/Hair/Nails:

Eczema

Itchy skin

Dry scalp

Oily scalp

Rough, scaly skin

Dry/oily skin

Psoriasis

Yellow skin

Bruise easily

Paper thin nails

Nail biting

Baldness

Venereal Disease:

AIDS

Syphilis

Gonorrhea

Other

Social History:

Smoking

Tobacco, other

Alcohol use

Drink coffee, tea

Nervousness

Irritability

Fatigue

Depression

Generally run-down

Crave sweets

Crave salt

Diet:

Balanced

Not balanced

Rest:

Sufficient

Not sufficient

Recreation:

Sufficient

Not sufficient

Stress Levels:

Family Job

severe severe

mod mod

min min

none none

Work:

I like it very much?

It' ok

I hate it

For Women:

Painful period

Spotting

Vaginal discharge

PMS

Irregular periods

Lumps in breast

pregnancies _____

deliveries _____

Family history:

Cancer ___yes ___no

Relationship _____

Diabetes ___yes ___no

Relationship _____

Heart ___yes ___no

Relationship _____

Kidney ___yes ___no

Relationship _____

Lung ___yes ___no

Relationship _____

Osteoporosis ___yes ___no

Relationship _____

Scoliosis ___yes ___no

Relationship _____