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ome Phone		Work		Cell
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eferred by				
•	dow	Uava van had	a a remain a turna	Chinese herbal medicine
eason for visit to	ouay	Have you had before? □ Yo	<u>-</u>	
ore laws have reason	h - J 4h : J:4: 9	pelore: U 1	es 🗀 No	□ Yes □ No
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it getting worse?		her your 🗆 Sleep 🚨	Work U Other (s	specify)
hat seemed to be				
hat seems to mak	te it better?			
hat seems to mak	ke it worse?			
re you under the	care of a physician nov	w? 🗆 Yes 🗀 No	If yes, for what?	
hysician's name			Physician's p	hone
ther concurrent t	herapies		v	
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ity, State, Zip mily Medical	History		Phone	
ity, State, Zip mily Medical	☐ Arteriosclerosis	☐ Cancer (type)	☐ Diabetes (Type:) □ Seizures
ity, State, Zip mily Medical		☐ Cancer (type) ☐ Depression	_	☐ Stroke
ity, State, Zip mily Medical	☐ Arteriosclerosis ☐ Asthma ☐ Alcoholism	***	☐ Diabetes (Type: ☐ Heart disease	☐ Stroke
Address City, State, Zip Amily Medical Ellergies (list) Our Past Medical Electric Medical	Arteriosclerosis Asthma Alcoholism	☐ Depression	☐ Diabetes (Type: ☐ Heart disease ☐ High blood pressure	□ Stroke
lity, State, Zip mily Medical llergies (list) our Past Medic ck any of the following conditi	☐ Arteriosclerosis ☐ Asthma ☐ Alcoholism Cal History Dons you currently have, or have had in ☐ Diabetes (Type:	☐ Depression the past. Please also check if you fee Multiple Sclerosis	☐ Diabetes (Type: ☐ Heart disease ☐ High blood pressure	Stroke cant part of your medical history.) Tuberculosis
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City, State, Zip Imily Medical Illergies (list) Our Past Medical ack any of the following conditions/HIV	☐ Arteriosclerosis ☐ Asthma ☐ Alcoholism Cal History Dons you currently have, or have had in ☐ Diabetes (Type:	☐ Depression the past. Please also check if you fee Multiple Sclerosis	Diabetes (Type: Heart disease High blood pressure stany of the following are a signif Surgery (list)	Stroke cant part of your medical history.) Tuberculosis
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ity, State, Zip mily Medical lergies (list) Our Past Medic ck any of the following conditi IDs/HIV coholism lergies opendicitis rteriosclerosis sthma rth trauma rth trauma rrown birth) ancer nicken pox Our Diet etite Low High	Arteriosclerosis Asthma Alcoholism Cal History Ons you currently have, or have had in Diabetes (Type: Emphysema Epilepsy Goiter Gout Heart disease Hepatitis (Type: Herpes (Type: High blood pressure Measles Coffee/Tea Protein Intelligence	Depression the past. Please also check if you fee Multiple Sclerosis Mumps Pacemaker (Date: Pleurisy Pneumonia Polio Rheumatic fever Scizures Stroke	Diabetes (Type: Heart disease High blood pressure Surgery (list) Thyroid disorders Major trauma (Car, fall, etc—list)	icant part of your medical history.) Tuberculosis Typhoid fever Ulcers Venereal disease Whooping cough Other (Specify)
mily Medical lergies (list) Our Past Medical Charles (list) Our Die Horizon (list) Our Die Charles (list)	Arteriosclerosis Asthma Alcoholism	Depression the past. Please also check if you fee Multiple Sclerosis Mumps Pacemaker (Date: Pleurisy Pneumonia Polio Rheumatic fever Scizures Stroke Low Artificial High Sweeteners	Diabetes (Type: Heart disease High blood pressure Surgery (list) Thyroid disorders Major trauma (Car, fall, etc—list) Sugar Salty foods	icant part of your medical history.) Tuberculosis Typhoid fever Ulcers Venereal disease Whooping cough Other (Specify) Thirst for water: # glasses per day:

Vitamins/supplements taken in the last 2 months:

Practitioner Use Only

Your Lifestyle				
□ Alcohol □ Tobacco	☐ Marijuana ☐ Drugs	☐ Stress ☐ Occupational hazards	Regular Exercise Type Type	Frequency
General Sympton	ms			
☐ Poor appetite	☐ Poor sleep	☐ Bodily heaviness	□ Chills	☐ Bleed or bruise easily
☐ Heavy appetite	☐ Heavy sleep	☐ Cold hands or feet	☐ Night sweats	Peculiar taste (Describe)
Strongly like cold drinks	Dream-disturbed sleep	Poor circulation	Sweat easily	
Strongly like hot drinks	☐ Fatigue	☐ Shortness of breath	☐ Muscle cramps	
☐ Recent weight loss/gain	☐ Lack of strength	☐ Fever	☐ Vertigo or dizziness	
Head, Eyes, Ears	s, Nose, Throat			
Glasses (What age:	☐ Night blindness	☐ Gum problems	☐ Recurrent sore throat	☐ Headaches
☐ Eye strain	Myopia or Presbyopia	☐ Sores on lips or tongue	Swollen glands	☐ Migraines
Eye pain	Glaucoma	Dry mouth	Lumps in throat	☐ Concussions
Red eyes	Cataracts	Excessive saliva	☐ Enlarged thyroid	Other head or neck problems
□ Itchy eyes □ Spots in eyes	☐ Teeth problems ☐ Grinding teeth	☐ Sinus problems ☐ Excessive phlegm	Nosebleeds	
☐ Poor vision	☐ TMJ	Color:	☐ Ringing in ears (High or Low?)☐ Poor hearing	
☐ Blurred vision	☐ Facial pain	Color.	☐ Earaches	
Respiratory				
Difficulty breathing when	Tight obest	D.C.	Colon of -11	
lying down	☐ Tight chest ☐ Asthma/wheezing	☐ Cough Wet or Dry?	Color of phlegm	Coughing up blood
Shortness of breath	☐ Astrima/wheezing ☐ Difficult inhalation? exhalation?	Thick or thin?		☐ Pneumonia
Cardiavasavlar				
Cardiovascular	_	_		
☐ High blood pressure ☐ Blood clots	☐ Low blood pressure ☐ Fainting	☐ Chest pain☐ Difficulty breathing	☐ Tachycardia ☐ Heart palpitations	☐ Phlebitis ☐ Irregular heartbeat
		— — — — — — — — — — — — — — — — — — —	- Treatt parpitations	— Integuial licariocal
Gastrointestinal				
Nausea	☐ Diarrhea	☐ Intestinal pain or cramping	Bowel movements:	
☐ Vomiting	☐ Constipation☐ Black stools	☐ Burning anus	P	T
□ Acid regurgitation □ Gas	☐ Bloody stools	☐ Rectal pain ☐ Anal fissures	Frequency	Texture/form
⊒ Hiccup	☐ Mucous in stools	☐ Laxative use	Color	Odor
☐ Bloating	☐ Hemorrhoid	What kind?		<u> </u>
☐ Bad breath	☐ Itchy anus	How often?		
Musculoskeletal				
□ Neck/shoulder pain	Upper back pain	☐ Joint pain	☐ Limited range of motion	O4h (Dih)
Muscle pain	Low back pain	Rib pain	Limited use	Other (Describe)
Skin and Hair				
		_	_	
Rashes	☐ Eczema	☐ Dandruff	☐ Change in hair/skin texture	Other hair or skin problems
☐ Hives ☐ Ulcerations	☐ Psoriasis ☐ Acne	☐ Itching ☐ Hair loss	☐ Fungal infections	
- Cicciations	- Arche	C Han 1055		
Neuropsychologi	cal			
☐ Seizures	☐ Poor memory	☐ Irritability	☐ Considered/attempted	Other (Specify)
Numbness	☐ Depression	☐ Easily stressed	suicide	
☐ Tics	☐ Anxiety	☐ Abuse survivor	☐ Seeing a therapist	- · · · · · · · · · · · · · · · · · · ·
Genitourinary				
☐ Pain on urination	☐ Blood in urine	☐ Venereal disease	☐ Increased libido	☐ Impotence
☐ Frequent urination	Unable to hold urine	☐ Bedwetting	☐ Decreased libido	☐ Premature ejaculation
Urgent urination	☐ Incomplete urination	☐ Wake to urinate	☐ Kidney stone	☐ Nocturnal emission
Gynecology				618 TK
Age menses began	☐ Duration of flow	☐ Vaginal discharge	☐ Breast lumps	Date of last PAP
ge memee wegan		(color)	# Pregnancies	- mere ve ambé à l'ER
Length of cycle (day 1 to day 1)	☐ Irregular periods	☐ Vaginal sores	# Live births	
	Painful periods	☐ Vaginal odor	# Premature births	Date last period began
	□ PMS	☐ Clots	Age at menopause	
Other				
