



**Brief Health History: (list major diseases, surgeries, etc.)**

How many times per year do you get a cold or the flu? \_\_\_\_\_

**Diet: (summarize how you eat; list any special diet such as high protein, raw food, etc.)**

**Family Medical History:**

**Emotions:**

Normal \_\_\_\_ Problem \_\_\_\_

Page 3

depression \_\_\_\_ sadness \_\_\_\_ panic attack \_\_\_\_ sensitive \_\_\_\_  
 worries \_\_\_\_ overly excited \_\_\_\_ angry \_\_\_\_ anxiety \_\_\_\_

Describe: \_\_\_\_\_

**Energy:**

Normal \_\_\_\_ Problem \_\_\_\_

low \_\_\_\_ up and down \_\_\_\_ exhausted \_\_\_\_  
 hyperactive \_\_\_\_ nervous energy \_\_\_\_ abundant \_\_\_\_

Describe: \_\_\_\_\_

**Sleep Pattern:**

Normal \_\_\_\_ Insomnia \_\_\_\_

Falling asleep: sometimes difficult \_\_\_\_ always difficult \_\_\_\_  
 sometimes very difficult \_\_\_\_ always very difficult \_\_\_\_  
 sleepy in daytime \_\_\_\_ take naps \_\_\_\_

Waking up: times per night \_\_\_\_ wake up too early \_\_\_\_  
 wake up at night and cannot go back to sleep again \_\_\_\_

**Sleep Quality:**

Deep \_\_\_\_ Light \_\_\_\_ Bad \_\_\_\_

many dreams \_\_\_\_ bad dreams \_\_\_\_ grinding teeth \_\_\_\_  
 talking in sleep \_\_\_\_ other \_\_\_\_

Describe: \_\_\_\_\_

**Menstrual Cycle:**

Age of onset: \_\_\_\_ years old Date of last period: / /

Regular \_\_\_\_ Irregular \_\_\_\_

How many days per cycle? \_\_\_\_ How many days did it last? \_\_\_\_

Color: pale red \_\_\_\_ dark red \_\_\_\_ bright red \_\_\_\_ purplish \_\_\_\_

Were there clots? yes \_\_\_\_ no \_\_\_\_

Menstrual Pain: yes \_\_\_\_ no \_\_\_\_

Before flow \_\_\_\_ during flow \_\_\_\_ after flow \_\_\_\_

Abdomen \_\_\_\_ back \_\_\_\_ breast \_\_\_\_

Emotion around period: Normal \_\_\_\_ Abnormal \_\_\_\_

before flow \_\_\_\_ during flow \_\_\_\_ after flow \_\_\_\_

depression \_\_\_\_ irritability \_\_\_\_ anger \_\_\_\_

sadness \_\_\_\_ crying \_\_\_\_ other \_\_\_\_

Describe: \_\_\_\_\_

**Temperature:**

Normal \_\_\_\_

Abnormal \_\_\_\_

feel cold easily \_\_\_\_

cold hands \_\_\_\_

cold feet \_\_\_\_

alternating hot & cold \_\_\_\_

feel hot easily \_\_\_\_

hot flash \_\_\_\_

sensitive to weather changes \_\_\_\_

Describe: \_\_\_\_\_

**Sweating:**

Normal \_\_\_\_

Abnormal \_\_\_\_

too easily \_\_\_\_

too much \_\_\_\_

difficult \_\_\_\_

too little \_\_\_\_

night sweats \_\_\_\_

other \_\_\_\_

Describe: \_\_\_\_\_

**Sensitivity and Allergy:**

No \_\_\_\_

Yes \_\_\_\_

Temperature : Cold \_\_\_\_

Hot \_\_\_\_

Dampness \_\_\_\_

Light \_\_\_\_

Noise \_\_\_\_

Airborn particles \_\_\_\_

Food \_\_\_\_

Drugs \_\_\_\_

Other \_\_\_\_

Describe: \_\_\_\_\_

**Appetite and Digestion:**

Normal \_\_\_\_

Abnormal \_\_\_\_

Rapid hungering \_\_\_\_

poor appetite \_\_\_\_

nausea \_\_\_\_

anorexia \_\_\_\_

hungry, but no desire to eat \_\_\_\_

bloating \_\_\_\_

gas \_\_\_\_

other \_\_\_\_

Describe: \_\_\_\_\_

**Bowel Movement:** Normal \_\_\_\_ Abnormal \_\_\_\_ Time of day: \_\_\_\_\_ Page 5

constipation \_\_\_\_ diarrhea \_\_\_\_ loose \_\_\_\_ watery \_\_\_\_

incomplete \_\_\_\_ hard and dry \_\_\_\_ strong smell \_\_\_\_

with mucous \_\_\_\_ with blood \_\_\_\_ other \_\_\_\_

Describe: \_\_\_\_\_

---

---

**Body Weight:** Normal \_\_\_\_ Overweight \_\_\_\_ Underweight \_\_\_\_

If overweight:

How many pounds would you like to lose? \_\_\_\_

How many years ago did you first start to gain weight? \_\_\_\_

Are you following a weight control program at this time? \_\_\_\_

Describe: \_\_\_\_\_

---

---

**Drinking:** Normal \_\_\_\_ Abnormal \_\_\_\_

Thirsty \_\_\_\_ Dry Mouth \_\_\_\_ Drink a lot \_\_\_\_

Dry Mouth but no desire to drink \_\_\_\_

Not thirsty, but drink a lot of water anyway \_\_\_\_

Describe: \_\_\_\_\_

---

---

**Urination:** Normal \_\_\_\_ Abnormal \_\_\_\_

frequent \_\_\_\_ urgent \_\_\_\_ burning \_\_\_\_ painful \_\_\_\_ cloudy \_\_\_\_

dark color \_\_\_\_ foul smell \_\_\_\_ bloody \_\_\_\_ difficult \_\_\_\_ retention \_\_\_\_

Number of times per day \_\_\_\_ Number of times per night \_\_\_\_ other \_\_\_\_

Describe: \_\_\_\_\_