

Name \_\_\_\_\_ Date \_\_\_\_\_

**What is your chief complaint?** \_\_\_\_\_

Please check the symptoms or conditions you experience frequently.

<b>Sp/St</b>	<b>Ht/P</b>	<b>Lu/LI</b>	<b>Ki/UB</b>	<b>Liv/GB</b>
<input type="checkbox"/> excessive appetite	<input type="checkbox"/> insomnia	<input type="checkbox"/> cough	<input type="checkbox"/> low back pain	<input type="checkbox"/> eye problems
<input type="checkbox"/> loose stool/diarrhea	<input type="checkbox"/> palpitations	<input type="checkbox"/> shortness of breath	<input type="checkbox"/> knee problems	<input type="checkbox"/> jaundice
<input type="checkbox"/> digestive problems	<input type="checkbox"/> cold hands/feet	<input type="checkbox"/> decreased sense of smell	<input type="checkbox"/> hearing impairment	<input type="checkbox"/> gall stones
<input type="checkbox"/> vomiting	<input type="checkbox"/> nightmares	<input type="checkbox"/> nasal problems	<input type="checkbox"/> ear ringing	<input type="checkbox"/> light-colored stool
<input type="checkbox"/> belching, burping	<input type="checkbox"/> mentally restless	<input type="checkbox"/> skin problems	<input type="checkbox"/> kidney stones	<input type="checkbox"/> soft/brittle nails
<input type="checkbox"/> heartburn/reflux	<input type="checkbox"/> laughing w/no cause	<input type="checkbox"/> claustrophobia	<input type="checkbox"/> decreased libido	<input type="checkbox"/> easily angered
<input type="checkbox"/> stomach bloating	<input type="checkbox"/> chest pains	<input type="checkbox"/> colitis/diverticulitis	<input type="checkbox"/> hair loss	<input type="checkbox"/> difficult relations
<input type="checkbox"/> obsession in work	<input type="checkbox"/> poor memory	<input type="checkbox"/> constipation	<input type="checkbox"/> urinary problems	<input type="checkbox"/> difficultly making decisions
<input type="checkbox"/> blood in stool	<input type="checkbox"/> sadness	<input type="checkbox"/> allergies	<input type="checkbox"/> dental problems	<input type="checkbox"/> dizziness
<input type="checkbox"/> lack of appetite	<input type="checkbox"/> depression	<input type="checkbox"/> asthma	<input type="checkbox"/> fatigue	<input type="checkbox"/> headaches
<input type="checkbox"/> hemorrhoids	<input type="checkbox"/> anxiety	<input type="checkbox"/> get sick easily	<input type="checkbox"/> edema	
<input type="checkbox"/> easily bruised				
<input type="checkbox"/> usually feel warm				
<input type="checkbox"/> usually feel chilled				

Please indicate if the following pertain to you.

**Kidney Yin Deficiency**

- lower back weakness, soreness or pain
- ringing in the ears
- prematurely graying hair
- dark circles under eyes
- night sweats
- prone to hot flashes
- "afraid" frequently
- dizziness
- knee problems
- vaginal dryness
- midcycle cervical mucus scanty/missing

**Blood Deficiency**

- dry, flaky skin
- prone to chapped lips
- fingernails/toenails brittle
- hair brittle or dry
- poor night-time vision
- pale lips, inner lower eyelid
- menstrual dizziness
- hair loss on head
- menses s or tongue

**Kidney Yang Deficiency**

- sore or weak back
- cold feet especially at night
- usually colder than others
- low libido
- often fearful
- wake up in night to urinate
- urinate frequently
- early morning loose urgent stools
- premenstrual low back pain
- profuse vaginal discharge
- menstrual cramps relieved by heat

**Spleen: Qi, Blood, +/-or Yang Deficiency**

- often fatigued
- poor appetite
- low energy after a meal
- bloated after meal
- crave sweets
- loose stools, abdominal pain or digestive ills
- cold hands and/or feet
- prone to feeling sluggish
- prone to grogginess i ggish
- varicose veins
- prone to worry
- diagnosed w/ low blood pressure
- sweat easily w/o exertion
- light-headed upon standing quickly
- often sick or allergies
- hypothyroid or anemia
- hemorrhoids or polyps
- menstrual flow thin/watery/pink
- uterine prolapse diagnosis
- more tired at ovulation or menstruation
- menstrual cramps w/ bearing down feeling

(Continued on back)

**Blood Stasis**

- periodic numbness in hands/feet especially at night
- varicose or spider veins
- red cherry spots (raised) on skin
- chronic hemorrhoids
- dark spots in eyes
- vascular problems or blood clotting disorder
- menstrual blood clots
- endometriosis or uterine fibroids
- menstrual cramps, piercing or stabbing
- brown or black menstrual flow
- mid-cycle ovary pain
- breast lumps, painful and unmovable

**Excess Heat**

- mouth/throat usually dry
- often thirsty for cold drinks
- warmer than others near you
- wake up sweating or hot flashes
- pre-menstrual red acne breakouts
- short menstrual cycle
- vaginal irritation

**Liver Qi Stagnation**

- prone to emotional depression
- prone to anger/rage
- pupils usually large and dilated
- difficulty falling asleep at night
- heartburn or bitter taste in morning
- pre-menstrual irritability
- pre-menstrual breast pain/swelling
- nipple pain/discharge
- pre-menstrual bloating
- painful menses
- dark/thick menstrual flow
- menstrual cramps in genital area

**Heart**

- wake up too early
- difficulty falling back asleep
- heart palpitations when anxious
- nightmares
- low spirits/lack of vitality
- easily agitated or restless
- fidgety
- sweat excessively especially chest

**Dampness**

- tired/sluggish after meal
- cystic or pustular acne
- foul-smelling urgent stools
- overweight
- wet, slimy tongue
- sensitive to barometric pressure changes
- prone to yeast infection/vaginal itching
- fibrocystic breasts