

PATIENT INITIAL INTAKE

Name _____ Date ____/____/____

DIET omnivore carnivore vegetarian vegan

Atkins raw foods other

Morning

Noon

Evening

Snacks

Circle ALL that apply

CHILLS, FEVER, SWEATING

feverishness or chills

aversion to wind

excessive / spontaneous sweating

night sweats

other

SKIN

rashes or hives

acne or eruptions

dryness

itching

easy bruising

changes in moles / lumps

other

EARS

infection or pain

ringing or decreased hearing

wax build-up or discharge

other

EYES

blurred vision, floaters or spots

visual changes

red, dry, tearing, or painful eyes

poor night vision

other

NOSE, THROAT & MOUTH

nasal discharge or nosebleeds

allergies = _____

canker sores or oral ulcers

dental problems

other

HEAD & NECK

headaches

dizziness or fainting

vertigo

TMJ, teeth grinding or toothaches

enlarged lymph nodes

neck / shoulder tension

other

RESPIRATORY

frequent colds

shortness of breath

sighing - frequent

acute / chronic cough

coughing up phlegm or blood

even been a smoker?

other

CARDIOVASCULAR

palpitations/ rapid heartbeat

chest pain

tightness or heaviness in the chest

poor circulation

swelling in extremities

blood clot/ bleeding disorders

other

MUSCULOSKELETAL

muscle or joint pain

muscle or joint weakness

joint pain / "arthritis"

stiffness

heavy limbs

back ache / back pain

other

NEUROLOGICAL

numbness or paralysis

seizures or tremors

other

PSYCHOLOGICAL

anxiety

depression

panic attacks

other

DIGESTION

reduced / excessive thirst
reduced / excessive appetite
food craving = _____
heartburn or reflux
nausea or vomiting
sluggish digestion
belching, flatulence or bloating
stomach pain
gallbladder disease
recent change in weight + / -
loss of taste
bad taste in the mouth
other

ELIMINATION

constipation
diarrhea / loose stools
abdominal pain
hemorrhoids
blood in stools
other

URINATION

urinary tract infections
urinary frequency = _____x/ day
urinary discomfort or pain
incontinence
night urination (waking to urinate)
blood in urine
bladder or kidney stones
other

SLEEP & ENERGY

insomnia - difficulty falling asleep
insomnia - frequent waking
dream disturbed sleep
fatigue or energy drops
hyperactivity or restlessness
anger or irritability
poor memory
low libido, sexual energy / interest
depression
other

FEMALE

vaginal infections / discharge
painful periods
irregular periods
abnormal bleeding
Pre menstrual syndrome
painful ovulation
pain, dryness, itching of genitalia
genital lesions / discharge
abnormal PAP smear
breast lumps
uterine fibroids
menopausal symptoms
other

MALE

pain or itching of genitalia
genital lesions / discharge
impotence / erectile dysfunction
weak urinary stream
testicles lumps/ enlarged prostate
hernias
PSA test
other

INFECTION SCREENING

TB risk: self or household
Hepatitis risk: self or household
sexual transmitted disease
herpes: oral / genital
sore throats or hoarseness
HIV risk: self or partner

EXERCISE

type
amount/ duration
type
amount/ duration

OTHER