

WHOLE FAMILY HEALTH, LLC

What health concern(s) bring you in today? _____

How do these affect your daily life? _____

Severity of symptoms on a good day: (1 is least severe, 10 is most severe)

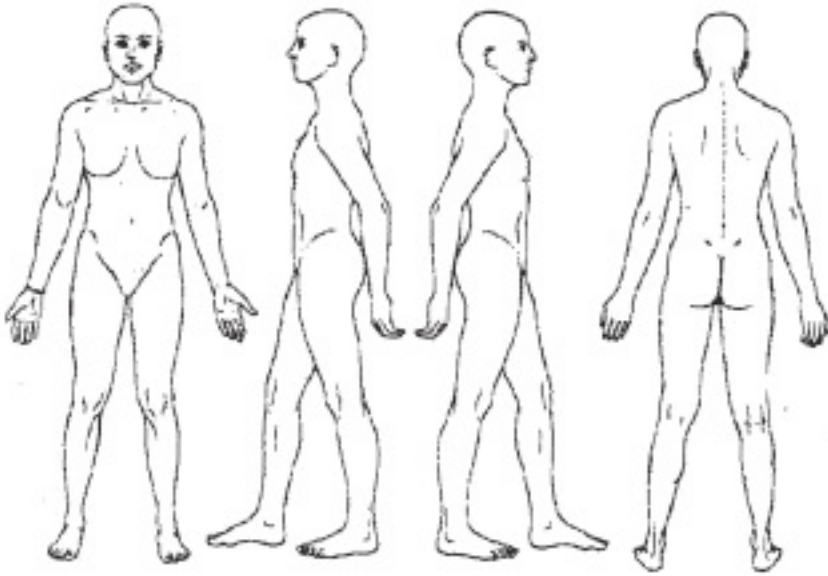
1 2 3 4 5 6 7 8 9 10

Severity of symptoms on a bad day: (1 is least severe, 10 is most severe)

1 2 3 4 5 6 7 8 9 10

Severity of symptoms on an average day: (1 is least severe, 10 is most severe)

1 2 3 4 5 6 7 8 9 10



If applicable, please circle any areas where you are currently experiencing pain, tingling or numbness.

Have you been examined by another health care practitioner for this condition? yes _____ no _____

If yes, what was the diagnosis? _____

What treatment did you receive? _____

List any major surgeries you've had. _____

Significant trauma (accidents, falls) _____

Family medical history: _____

WHOLE FAMILY HEALTH, LLC

GENERAL HEALTH HISTORY

TEMPERATURE

- Colder than people around you
- Warmer than people around you
- Hot flashes
- Feverish in the afternoon
- Cold hands
- Cold feet, especially at night
- Cold nose

PERSPIRATION/THIRST

- Sweat with little exertion
- Night sweats
- Sweat excessively, especially on chest
- Can't sweat
- Thirsty and drink cold
- Thirsty and drink hot
- Thirsty but don't drink
- Not thirsty

ENERGY

- High energy/nervous
- Good energy
- Okay energy/slightly low
- Low energy/fatigue
- Tend to fidget
- I feel better/have more energy with exercise
- I feel worse/very fatigued with exercise

HEAD

- Headaches
- Migraines
- Dizzy/lightheaded, especially when standing quickly
- Fainting
- Foggy-headedness
- Tremors
- Sinus congestion
- Nasal discharge

SENSES

- Declining vision
- Eyes sensitive to light
- Red/itchy eyes
- Floating spots in vision
- Poor hearing

MOUTH

- Frequent sore throats
- Poor teeth
- Mouth/canker sores
- Lip sores
- Dry/chapped lips

SKIN, HAIR AND NAILS

- Thin skin/nails
- Dry skin/nails
- Easily bruised
- Varicose veins
- Dark under eyes
- Lumps
- Red acne
- Cystic or pustular acne
- Abscesses/infection
- Prematurely gray hair
- Hair loss
- Dry/brittle hair

LUNGS & HEART

- Wheezing
- Coughing
- Short of breath
- Tight sensation in chest
- Frequent colds
- Seasonal allergies
- Slow heart rate
- Fast heart rate
- Irregular rhythm
- Palpitations/fluttering sensation
- Chest pain
- High blood pressure
- Low blood pressure

APPETITE & DIGESTION

- Excessive appetite
- Poor appetite
- Food sensitivities
- Excessive saliva
- Heartburn/reflux
- Nausea/vomiting
- Gas
- Tired after eating
- Bloating after eating
- Bad breath
- Abdominal pain
- Stomach pain
- Bleching/hiccups
- Gall stones
- Pain under ribs

WHOLE FAMILY HEALTH, LLC

CRAVINGS

- Sweet
- Salty
- Sour
- Bitter
- Hot/spicy
- Strong flavor/pungent
- Bland
- Carbohydrates
- Other _____

BOWEL MOVEMENTS

- Constipation
- Loose stool
- Loose or urgent BM in morning
- Alternating constipation and diarrhea
- Cramps with BM
- Burning with BM
- Incomplete BM
- Hemorrhoids
- Bowel incontinence
- Blood or mucus in stool
- Foul odor

URINATION

- Dark urine
- Cloudy urine
- Burning urine
- Scanty urine
- Profuse urine
- Decreased bladder control
- Frequent urination
- Wake at night twice or more to urinate
- Frequent UTIs
- Kidney stones

SLEEP

- Insomnia
- Excessive sleep
- Difficulty falling asleep
- Wake during the night
- Lots of vivid dreams
- Disturbing dreams
- Don't get enough sleep
- Wake unrefreshed
- Number of hours of sleep each night _____

MENTAL & EMOTIONAL

- Forgetful/poor memory
- Poor concentration
- Irritable/angry
- Tense/overwhelmed
- Sad
- Tearful/weepy
- Restless/fidgety
- Anxious/worried
- Can't stop thinking
- Fearful/easily startled
- Manic
- Depressed
- Frequent sighing or yawning

DIET & LIFESTYLE

- Vegan or vegetarian
- Poor diet
- Gain weight easily
- Overweight/trouble controlling weight
- Consume caffeine daily
- Smoke cigarettes
- Chew tobacco
- Drink alcohol
- # of drinks per week _____
- Use drugs
- Too little activity/exercise
- Exercise excessively
- Eating disorder
- Job stress/concerns
- Family stress/concerns
- Other stress/concerns

Musculoskeletal

- All over body pain
- Muscle tightness
- Cold back or knees
- Sore or weak back or knees
- Lack strength in legs and arms

- Periodic numbness of hands and feet, especially at night
- Body heaviness
- Swelling/edema

WHOLE FAMILY HEALTH, LLC

WOMEN'S HEALTH HISTORY

GENERAL GYNECOLOGY

- High sexual energy
- Low sexual energy
- Chronic vaginal discharge
- Regular yeast infections
- Vaginal dryness
- Breast lumps/nodules
- Nipple pain or discharge
- Mastitis
- Cysts
- Endometriosis
- Pelvic abnormalities/
adhesions
- Fibroids
- PID
- STDs
- Abnormal pap smear
- Uterine or bladder prolapse

REPRODUCTIVE HISTORY

- Currently using birth control
- Currently trying to conceive
- Currently lactating
- Number of pregnancies _____
- Number of children _____
- Number of miscarriages _____
- Number of D&Cs _____

Have you had any:

- High-risk pregnancies
- Difficult labor/deliveries
- Postpartum concerns
- Lactation concerns

MENOPAUSE

- Peri-menopausal
- Post-menopausal since _____

(Please answer menstruation questions to the best of your recollection)

Have your cycles changed since they began? Yes / No
How? _____

General

- Age when menses began _____
- Cycle is regular and _____ days
- Cycle is irregular
_____ to _____ days
- Flow lasts _____ days
- Flow is (circle one)
Light Moderate Heavy
- Flow stops and starts
 - Spotting before period
 - Spotting after period

Ovulation

- Increase in cervical mucus
- Cramping
- Spotting
- Breast tenderness

Symptoms around period

- Fatigue
- Light-headed
- Headache
- Loose stool
- Breast tenderness
- Mood changes
- Acne
- Retain water

Color of menstrual blood

- Red
- Thin and watery
- Pinkish instead of red
- Brownish or black
- Blood with stringy tissue or mucus

Menstrual cramps are:

- Mild
- Moderate
- Severe
- Better with heating pad
- Piercing or stabbing
- Cramping, colicky
- Better after passing a clot
- Downbearing sensation in vagina or thighs

Location of cramps:

- Low back
- Lower abdomen
- External genitalia