

HEALTH QUESTIONNAIRE

PLEASE CHECK EACH OF THE CONDITIONS BELOW THAT YOU ARE CURRENTLY EXPERIENCING

MUSCULOSKELETAL SYSTEM

- Low Back Pain
- Mid Back Pain
- Pain between shoulders
- Neck Pain
- Arm Problems
- Leg Problems
- Swollen Joints
- Painful Joints
- Stiff joints
- Sore muscles
- Weak muscles
- Walking problems
- Spasms
- Broken bones
- Shoulder pain

GENITO-URINARY SYSTEM

- Bladder trouble
- Excessive urination
- Scanty urination
- Painful urination
- Discolored urine

FEMALE

- Vaginal discharge
- Vaginal bleeding
- Vaginal pain
- Breast pain
- Lumps on the breast

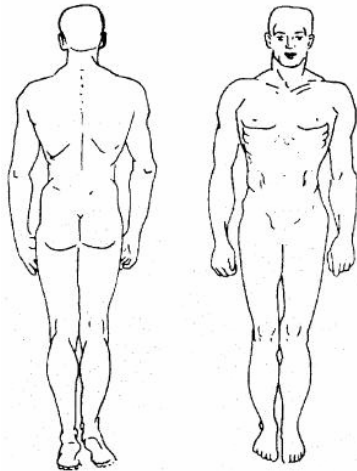
CARDIOVASCULAR/RESPIRATORY

- Chest pain
- Pain over heart
- Difficult breathing
- Persistent cough
- Coughing phlegm
- Coughing blood
- Rapid heartbeat
- Irregular heartbeat
- Blood pressure problems
- Heart problems
- Lung problems
- Varicose veins

ARE YOU PREGNANT?

- YES NO

Symptom Localization



P__ Pain T__ Tender
N__ Numb S__ Spasm

Pain Index

Least 1 2 3 4 5 6 7 8 9 10 Worst

NERVOUS SYSTEM

- Numbness
- Loss of feeling
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscle jerking
- Convulsions
- Forgetfulness
- Confusion
- Depression
- Insomnia

HABITS

- Cigarettes
- Alcohol Abuse
- Coffee or Tea
- Drug Abuse

EYE, EAR, NOSE AND THROAT

- Eye strain
- Eye inflammation
- Vision problems
- Ear pain
- Ear noises
- Ear discharge
- Hearing loss
- Nose pain
- Nose bleeding
- Nose discharge
- Difficult breathing through nose
- Sore gums
- Sore mouth
- Dental problems
- Sore throat
- Hoarseness
- Difficult speech
- Sinus
- Allergy
- Jaw pain

GASTROINTESTINAL SYSTEM

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Excessive hunger | <input type="checkbox"/> Difficult chewing | <input type="checkbox"/> Difficult swallowing | <input type="checkbox"/> Excessive thirst |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting blood | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Black Stool | <input type="checkbox"/> Bloody Stool | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Liver trouble | <input type="checkbox"/> Weight trouble |