Please check any that apply to you

☐ Tingling	☐ Cold hands and feet	☐ Snoring	☐ Use blood thinners
☐ Easily angered	☐ Seasonal allergies	☐ Grey hair	☐ Neck pain
☐ Weak knees	☐ Hair loss	☐ Shoulder pain	☐ Physical weakness
☐ Osteoporosis	☐ Back pain	☐ Low sex drive	☐ Arthritis
☐ Hip pain	☐ Swollen legs	☐ Dark urine	☐ Knee pain
☐ Need daily naps	☐ Cloudy urine	☐ Ankle/foot pain	☐ Always feel cold
☐ Urinary pain	☐ Arm pain	☐ Always thirsty	☐ Dribbling urine
☐ Wrist/hand pain	☐ Thirsty at night	☐ Night urination	☐ Abdominal pain
☐ No thirst	☐ Urinary frequency	☐ Recent antibiotic use?	☐ Weak voice
☐ Short of breath	☐ Cough	☐ Heart disease	☐ Asthma
☐ Nasal congestion	☐ High cholesterol	☐ Emphysema	☐ Bronchitis
☐ Chest pain	☐ Wheezing	☐ Hoarse voice	☐ Palpitations
☐ Hepatitis	☐ Fever	☐ Eczema	☐ STD's
☐ Chills	☐ Skin rash	☐ HIV/AIDS	☐ Sore throat
☐ Acne	☐ Genital warts	☐ Sinus pain	☐ Frequent nosebleeds
☐ Any metal implants in your body?			

Women Only:

Number of pregnancies	Number of births	Miscarriages	Abortions
Date of last period	How many days is the flow?	Number of days between periods	
☐ Heavy flow	☐ Light flow	☐ Clots	Colour of flow
☐ Infertility	☐ Menopause	☐ Hysterectomy	☐ Irregular periods
Do you have PMS symptoms:	☐ Irritable ☐ Crying	☐ Angry	
	☐ Back pain ☐ Cramping	☐ Breast tenderness	
☐ Uterine Fibroids	☐ Spotting between periods	☐ Frequent vaginal discharge	☐ Yeast infections
☐ Endometriosis	☐ Ovarian Cysts		
☐ IUD	☐ Hormone cream/HRT	☐ Birth control pills	☐ Birth control patch

Are you pregnant? ☐ No ☐ Yes If yes, due date:

Men Only:

☐ Impotence	☐ Erectile dysfunction	☐ Premature ejaculation	☐ Prostate problems
☐ Infertility	☐ Testicle pain/swelling	☐ Viagra use	☐ Penile implant

Do you have regular prostate exams? ☐ No ☐ Yes If yes, date of last exam:

Men and Women: Please list any other concerns or problems: