## **MEDICAL SYMPTOMS QUESTIONNAIRE**



Patient Na		Date:			
Rate each	of the following symptoms ba	ased on your typical hea	alth profile for the		
	Past Month	Past Week		Past 48 Hours	
int Scale:	<ul><li>0 Never or almost never had</li><li>3 Frequently have it, effect</li></ul>		nally have it, effect is so	not servere 2 Occasionally have evere	e it, effect is sever
Head	Headaches		Digestive	Nausea, vomiting	
<u>-</u>	Faintness		Tract	 Diarrhea	
	 Dizziness			Constipation	
	Insomnia	Total		Bloated feeling	
				Belching, passing gas	
Eyes	Watery or itchy eyes			Heartburn	
	Swollen Reddened eyes or sticky			 Intestinal/stomach pa	in <b>Total</b>
	Eyelids	• • • • • • • • • • • • • • • • • •	Joint/	Pain or aches in joints	
	Bags or dark circles unde	r avac	Muscle	Arthritis	
	Blurred or tunnel vision	Total	IVIUSCIC	Stiffness or limitation	of movement
	Bidifed of tufffer vision	10tai		Feeling of weakness of	
	Itahu oora			Pain or aches in musc	
Ears	Itchy ears			r ann or aches in musc	ie iotai
	Earaches, ear infections		Maicht	Dingo opting/alvialving	
	Drainage from ear Ringing in ears, hearing loss <b>Total</b>		Weight	Binge eating/drinking	
	Kinging in ears, nearing it	oss lotal		Craving certain foods	
				Excessive weight	
Mouth	Chronic coughing			Water retention	
Throat	Gagging, Frequent need	to		Underweight	Takal
	Clear throat			Compulsive eating	Total
	Sore throat, hoarsement		Energy/	Fatique,sluggishness	
	Loss of voice		Activity	Apathy, lethargy	
	Swollen or discolored			Hyperactivity	
	Tongue, gums, lips			Restlesness	Total
	Canker sores	Total	Mind	Poor memory	
				Confusion, poor comp	rehension
Skin	Acne			Difficulty in making de	ecisions
	Hives, rashes,dry skin			Stuttering or stamme	ring
	Hair loss			Slurred speech	
	Flushing, Hot Flashes			Learning disabilities	
	Excessive sweating	Total		Poor concentration	
					Total
Heart	Chest pain		<b>Emotions</b>	Mood swings	
	Irregular or skipped heart beat			Anxiety fear, nervousness	
	Rapid or pounding		Anger, irritablitiy, aggressiveness		ressiveness
	Heartbeat	Total		Depression	Total
Lungs	Chest Congestion		Other	Frequent illness	
	Asthma, bronchitis		· ·	Frequent or urgent ur	ination
	Shortness of breath		_	Genitial itch or discha	
	Difficulty breathing	Total	<del></del>		<u> </u>
			<b>Grand Total</b>		Total

Phone: 224-535-8707