



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please place a check mark beside any of the following symptoms or problems if you have experienced them recently or have concerns about them. If you don't understand something, place a question mark by it. Your doctor will discuss any positive responses with you.

**A. General:**

- Fevers, chills or sweat
- Recent loss of appetite
- Fatigue
- Recent unexpected weight loss

**B. Eyes:**

- Blurred or double vision
- Eye pain or irritation
- Eye discharge
- Eye pain
- Failing vision
- Sensitivity to light

**C. Ears, Nose, Throat**

- Earache
- Ringing in ears
- Decreased hearing
- Difficulty swallowing
- Frequent nose bleeds
- Frequent sore throat
- Prolonged hoarseness
- Sinus trouble or congestion

**D. Cardiovascular:**

- Chest pain
- Fainting spells
- Palpitation (fast, irregular heart)
- Shortness of breath with exertion
- Swollen ankles

**E. Respiratory:**

- Chronic cough
- Chronic shortness of breath
- Chronic wheezing
- Coughing up blood
- Excessive phlegm

**I. If you are a woman:**

- Unusual vaginal discharge
- Loss of control of your urine
- Painful urination
- Blood in urine
- Increased frequency of urination
- Have your periods stopped?
- Do you have excessive flow, pain, or other menstrual symptoms that disrupt your life?
- Genital sores
- Nipple discharge
- Breast mass or tenderness
- Desires discussion on HIV
- Desires Hormone Replacement Therapy
- Desires Birth Control

**J. If you are a man:**

- Painful urination
- Blood in urine
- Increased frequency of urination
- Urinating more than twice a night
- Loss of control of your urine
- Difficulty getting or maintaining an erection
- Decreased desire for sexual intercourse
- Desires discussion on HIV

**K. Musculoskeletal:**

- Back pain
- Joint pain
- Swelling in joints
- Muscle cramping
- Muscle weakness
- Muscle stiffness
- Arthritis

**F. Gastrointestinal:**

- Persistent nausea/vomiting
- Diarrhea
- Constipation
- Change in appearance of stool
- Chronic abdominal pain
- Bloody or very black stool
- Jaundice (yellow skin)

**G. Skin:**

- Skin rashes
- Itching
- Chronic dry skin
- Suspicious moles or other skin abnormalities you are concerned about

**H. Neurologic:**

- Headache
- Unable to move parts of your body at times
- Weakness
- Numbness/tingling sensations
- Seizures/convulsions
- Fainting spells
- Tremor/hands shaking
- Dizziness/vertigo

**L. Psychological:**

- Feeling depressed, sad
- Memory loss
- Difficulty concentrating
- Phobias/unexplained fears
- No pleasure in life anymore

**M. Endocrine:**

- Cold or heat intolerance
- Excessive appetite
- Excessive thirst and urination
- Significant weight change

**N. Heme/Lymphatic:**

- Excessive bruising or bleeding
- Swollen glands in neck, armpits, or groin

**O. Allergic/Immunologic:**

- Hives
- Hay fever
- Getting lots of infections

**P. Anything else you want your doctor to be aware of?**

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Please print this form, fill it to the best of your knowledge.  
 Fax it to 832-201-7711 or email it to admin@vedic-healing.com

[www.vedic-healing.com](http://www.vedic-healing.com)

*“Turning Ancient Wisdom into Personalized Wellness”*