General Symptomatology

*Please indicate any current or recurring symptoms that pertain to you*

* Fatigue
* Feel cold easily
* Cold hands / feet
* Night sweats
* Flushes or feel hot easily
* Hot palms or feet
* Sweating easily or a lot
* Floating black spots
* Blurry vision

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* Palpitations
* Restlessness / anxiety
* Insomnia
* Dizziness

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* Cough
* Phlegm in throat
* Sinus congestion / discharge
* Allergies
* Sore throat
* Catch colds easily or often
* Asthma or difficulty breathing

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* Indigestion
* Poor appetite
* Large appetite
* Diarrhea / loose stools
* Constipation
* Abdominal pain
* Gas / bloating
* Tired after eating
* Heavy sensation in body
* Reflux / heart burn
* Stomach ache
* Bad breath
* Mouth sores
* Nausea
* Vomiting
* Bleeding gums
* Rectal bleeding
* Easy bruising
* Neck & shoulder tension or pain
* Numb hands or feet
* Joint pain
* Muscle spasms, twitching, or cramping
* Seizures / convulsions
* Chest oppression / tension
* Red or irritated eyes
* Headaches
* Anger easily
* Bitter taste in mouth
* Frequent sighing
* Mood swings
* Depression

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* Low back pain
* Knee pain / weakness
* Frequent urination
* Dribbling urination
* Incontinence
* Hair loss
* Memory problems
* Ringing in ears

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Urine is:

* Light yellow
* Clear
* Dark yellow
* Reddish
* Cloudy
* Scanty
* Burning
* Strong odor
* Painful
* Difficult
* Urgent

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Libido (sex drive)

* Normal
* High
* Low

**Female Reproductive Info**

Are you pregnant now or

currently trying to get pregnant?

 yes  no

Number of children \_\_\_\_\_\_\_\_\_\_\_\_

Number of pregnancies \_\_\_\_\_\_\_\_\_\_

Age of first period \_\_\_\_\_\_\_\_\_\_\_\_

Age of menopause \_\_\_\_\_\_\_\_\_\_\_\_

Average days in cycle \_\_\_\_\_\_\_\_\_\_\_

Average length of flow \_\_\_\_\_\_\_\_\_\_\_

Cycle info:

* Regular (28 day cycle)
* Irregular (different every time)
* Short cycle (26 days or less)
* Long cycle (30 days or more)

Period info:

* Normal flow
* Heavy flow
* Light flow
* Dark flow
* Clotted
* Painful
* Nausea / diarrhea
* Breast distention
* Mood swings
* Spotting
* Bleeding between periods
* Discharge between periods
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Male Reproductive Info**

* Pain with urination
* Dribbling urination
* Stop & start urination
* Pain with ejaculation
* Pain / swelling of testicles
* Numbness of external genitalia
* Premature ejaculation
* Impotence
* Erectile dysfunction
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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