

CONSULT FORM

(CONFIDENTIAL)

Name: _____ Age: _____ Date: _____

Main Complaint: _____ Severity 1 2 3 4 5 6 7 8 9 10

Additional Complaint: _____ 1 2 3 4 5 6 7 8 9 10

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How long has the Main Complaint been an issue? _____

Is the severity constant or variable? _____

How do these health challenges affect your life? _____

Have you had to give up anything you love because of this? _____

How are you feeling about this?		
<input type="checkbox"/> Worried	<input type="checkbox"/> Depressed	<input type="checkbox"/> Frustrated
<input type="checkbox"/> Angry	<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Afraid
<input type="checkbox"/> Lonely	<input type="checkbox"/> Exhausted	<input type="checkbox"/> Anxious

How motivated are you to resolve this? _____

What have you tried so far? _____

Are you willing to modify your diet to get better? _____

Are you willing to adopt new habits? _____

Do you have any major medical procedures or changes in medications coming up? _____

- Your friends or partner might describe you as grumpy, irritable, snippy/snappy, impatient, frustrated, hot tempered, short-fused, easily triggered
- You sigh frequently
- You have "11" lines between eyebrows (knitted brow)
- You have unfulfilled desires and goals in your life.
- You blush easily or your face flushes, turns red, feels hot when you get upset/angry.
- You have vague discomfort, and/or pain in your chest ribs, or stomach (abdomen).

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- Fatigue (any time, regular or intermittent, after eating)
 - Cold hands/fingers/cold nose (constant)
 - Dizziness especially/specifically when standing up
 - Weak feeling/lack of strength in arms and legs
 - Easy bruising (bruises seem to just appear, not sure how)
 - Carb/sugar/sweets cravings

Bowels:

- Formed, Daily, Easy to Pass (if selected, go to next section)
- Sticky Wipe more than 3-4 times?
- Loose/Unformed
- Require deep breathing/pushing to start or go
- Incomplete evacuation
- Daily Every 2-3 days 1X/week

Thirst/Urination:

- Mouth feels dry Cloudy urine
- Crave large amounts of liquid (large gulps)
- Crave small amounts of liquid (little sips)
- Phlegm/mucus (from chest, nose, throat, abnormal vaginal discharge)

- Poor night vision/blurry vision Cramping/twitching muscles (esp. calfs in the night)
- Dizziness Poor memory/forgetfulness
- Pale nails, brittle nails, ridges/lines on nails

- Low Back/Leg/Knees cold/sore/weak
- Frequent urination Wake at night to urinate
- Incontinence (leaking urine any time)
- Cold feet/toes (constant)
- Low libido/Interest in sex
- Ringing in the ears/difficulty hearing

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- Varicose/Spider veins (feet, ankles, legs)
 - Fixed, sharp/stabbing pain anywhere
 - Cherry hemangioma (tiny red bumps) Dark skin spots/Liver spots
 - Purple lips/spots on lips

Menstruation:(practitioner may ask follow-up questions)

Painful: Sharp Fixed Dull Achy

Excessive volume: Yes No

Mid-cycle spotting Mid-cycle Pain

Cycle length: 20-27 days 28-33 days >33 days

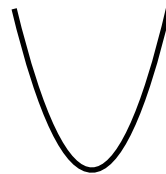
Menses: 1-2 days 3-7 days >7 days

Clots in menses

Pulse Dx



Tongue:



Patterns:

Notes: