

Health Inventory

Please Return at Least 2 Days Prior to Appointment

Client Name: _____ Date: _____
Address: _____
Phone Number: _____
Email Address: _____
Emergency Contact: _____ Phone No.: _____ Relationship: _____

Doctor Name: _____
Doctor Contact Information: _____

Age: _____

Primary Health Concerns: _____

Please check the following that apply. Use one check (√) for mild conditions, two checks (√√) for moderate, and three (√√√) checks for frequent or strong conditions. If you have had past problems, mark the line with a "P."

Upper GI

- ___ Mouth frequently too dry
- ___ Occasional foul burps
- ___ Butterflies in stomach
- ___ Often skip or don't finish meals
- ___ Gum &/or teeth problems
- ___ Frequent use of alcohol
- ___ Bitter taste or bad breath in morning
- ___ Excess fullness after eating
- ___ Food feels like it sits in the stomach
- ___ Poor fat digestion
- ___ Food sensitivities
- ___ Food combination problems
- ___ Frequent canker sores
- ___ Smoke to aid digestion
- ___ Sometimes excess salivation
- ___ Strong demanding hunger
- ___ Urge to defecate soon after eating

- ___ Enjoy eating all types of foods
- ___ Enjoy/prefer eating high protein & fat foods
- ___ Frequent nausea
- ___ Acid reflux or heartburn
- ___ Ulcer
- ___ Burning pain in stomach or throat

Lower GI

- ___ Frequent constipation
- ___ Often bloated or gassy
- ___ Frequent need for laxatives
- ___ Alternating diarrhea & constipation
- ___ Varicose veins on inner thighs
- ___ Hemorrhoids
- ___ Don't always obey need to defecate
- ___ Often eat too many fats to digest
- ___ Poor sleep after fatty or high protein meal

- ___ Stools loose with gas
- ___ Overly rapid digestion
- ___ Loose stools when tired or stressed
- ___ Exaggerated rapid a.m. bowel movements
- ___ Stools of mixed textures in same movement
- ___ Stools resemble toothpaste squeezings
- ___ Colitis, Crohn's, Inflammatory Bowel Disease
- ___ Diverticulitis
- ___ Irritable Bowel Syndrome (IBS)

Liver

- ___ Dry &/or scaly skin and mucosa
- ___ Hay fever
- ___ Asthma
- ___ Acne on face and buttocks
- ___ Work with solvents or chemicals
- ___ Chemical or spray poisoning
- ___ Excessive or frequent exposure to radiation
- ___ Don't sweat when sick or hot
- ___ Atopic allergies of skin, sinus, bronchial mucosa
- ___ Poor fat &/or protein digestion
- ___ Brown spots, bronzing of skin
- ___ History of viral hepatitis
- ___ Moist &/or oily skin
- ___ Hives from food or drugs
- ___ Crave proteins, fats
- ___ Sweat freely
- ___ Elevated cholesterol
- ___ Hypertension

Kidneys

- ___ Standing too quickly makes you faint, dizzy
- ___ Wake up at night to urinate
- ___ Blush or flush easily
- ___ Water retention or edema
- ___ Moderate low blood pressure
- ___ Frequent thirst
- ___ Craving for salt
- ___ Standing quickly makes pulse roar in ears
- ___ Moderate high blood pressure
- ___ Crave fats
- ___ Hypertension from salt intake
- ___ Kidney stones

- ___ Kidney infection

Lower Urinary Tract

- ___ Frequent urination, small amounts
- ___ Sometimes dribble urine after peeing
- ___ Frequent bladder infections (UTIs)
- ___ Demanding and sudden need to urinate
- ___ Mucus in urine
- ___ Dull ache after urination
- ___ Alkaline urine
- ___ Urine usually light colored
- ___ Benign Prostatic Hypertrophy (men)
- ___ Infrequent urination, copious
- ___ Acidic urine
- ___ Dark, concentrated urine
- ___ Difficulty urinating
- ___ Burning urination
- ___ Incontinence
- ___ Interstitial cystitis or prostatitis

Respiratory

- ___ Shortness of breath
- ___ Asthma
- ___ Breathe better when smoking
- ___ Difficulty swallowing mucus
- ___ Rapid, shallow breather
- ___ Sometimes wake up choking or gasping for breath
- ___ Yawn or sigh frequently
- ___ Frequent chest colds
- ___ Frequent lung problems
- ___ Dry membranes with poor expectoration
- ___ Excess mucus in lungs or throat
- ___ Sometimes hyperventilate under stress
- ___ Tendency toward congestion

Muscular/Skeletal

- ___ Weakness in limbs
- ___ Sore muscles
- ___ Pronounced lethargy after eating
- ___ Osteoporosis or osteopenia
- ___ Bone aches (ie: after exercise)
- ___ Tight muscles and tendons in neck, back, and legs

- Muscles over stimulated when used
 - Muscles taut at rest
 - Tight, emotionally guarded muscles in abdomen, arm & shoulder (ie: hiding breasts), or upper back
 - Headaches or migraines
 - Osteoarthritis &/or joint pain
 - Rheumatoid arthritis
 - Lower back pain
 - Frequent muscle cramps
 - Teeth grinding/TMJ
 - Pain,
- Type _____

Cardiovascular & Vascular

- Fast, light pulse
- Cold bodied, cold hands/feet
- Sometimes dizzy or faint
- Hypertension, doesn't respond to diuretics
- Skin flushes/blanches with weather or stress
- Slow, strong pulse
- Frequent physical activity
- Warm bodied, warm skin/hands/feet
- Palpitations in adolescence or before menses
- Hypertension that responds to diuretics
- High blood viscosity (ie: when giving blood)
- General hypertension
- High cholesterol
- High triglycerides
- Heart palpitations
- Heart pain or angina
- Varicose veins
- Hemorrhoids
- Frequent nosebleeds
- Bruise easily
- Tendency to anemia
- High blood pressure
- Low blood pressure
- Congestive heart failure
- History of heart attack(s)
- Other heart condition(s)

Lymphatic & Immune

- Recuperate slowly if sick
- Injuries, bruises heal slowly
- Asthma
- Allergies (seasonal, mold, dust...)
- Chemical sensitivity
- Frequent low-level respiratory infections, colds & flus
- Earaches
- Allergies and hypersensitivities
- Chronic moderate immuno-deficiency
- Auto-immune disease
- Chronic fatigue, Lupus, Lyme, Fibromyalgia, Multiple Sclerosis (highlight which one)
- Mononucleosis
- Shingles, Herpes, Cold sores
- Warts
- Constant subtle infections that don't go away
- Candida, yeast, or fungal infections
- Chronic sinus infections
- Emotional stress that induces depression or frustration
- Digest fats poorly
- Recuperate quickly if ill
- Injuries heal quickly
- Digest fats easily
- Cancer – Type(s) _____

Skin & Mucosa

- Dry skin &/or hair
- Deep skin eruptions, sores
- Cracks, fissures on hands/ feet, slow healing
- Dry, flakey skin problems, rough spots
- Weak, brittle nails
- Frequent mouth, rectal and vaginal sores or inflammation
- Sores, cracks, on mouth, anus, vagina
- Lips often dry, chapped
- Food causes intestinal pain passing through
- Frequent sore throats
- Eczema
- Psoriasis
- Dermatitis or unexplained rashes

- ___ Skin eruptions superficial, come to a head
- ___ Oily skin, scalp or hair (not just face)
- ___ Acne
- ___ Thick membranes (ingrown hair, sebaceous cysts)
- ___ Radiate body heat
- ___ Strong body scent

Male ~ Reproductive

- ___ Frequent cannabis use
- ___ Pain or ache after orgasm
- ___ BPH/Enlarged prostate (before age 45)
- ___ Difficult maintaining erection even if you are in the mood
- ___ Low sperm count
- ___ Decreased sexual desire
- ___ Sweat freely with strong scent
- ___ Oily skin, facial acne
- ___ Recent increases in skin, scalp oiliness
- ___ Regular alcohol consumption

Female ~ Reproductive

- ___ Crave sweets & carbohydrates
- ___ Cycle more than 28 days
- ___ Water retention before menses in hands/feet
- ___ Crave sweets before menses usually
- ___ Miss some periods, erratic cycles
- ___ Menses slow starting with cramps
- ___ Menses with spotting that lasts too long
- ___ Menstruation lengthy
- ___ Menstruation with frequent cramps
- ___ Frequent Class II Pap smears
- ___ History of PID, cervicitis, HPV
- ___ Miscarriages, problem pregnancy
- ___ Period late with altitude change
- ___ Tried but couldn't handle birth control pills
- ___ Frequent candida-type infections
- ___ Vaginal and/or uterine inflammation
- ___ Cervical erosion
- ___ History of class 2 & 3 PAPs
- ___ Feel better in the first half of cycle (Day 1/period-14/ovulation)
- ___ Decreased sexual desire

- ___ Sweat freely with strong scent
- ___ Oily skin, facial acne
- ___ Cycle less than 28 days
- ___ Water retention before menses in hips & breasts
- ___ Often crave fat and protein before menses
- ___ Sides of breasts tender before menses
- ___ Menstruation short, defined w/ few cramps
- ___ Period early with altitude change
- ___ Feel better in the last half of cycle (Day14/ovulation-28/period)
- ___ Regular cannabis or alcohol use
- ___ Menopause symptoms
- ___ Crave chocolate

Metabolic & Endocrine Systems

- ___ Use artificial sweeteners (aspartame, Splenda)
- ___ Frequent dieting
- ___ Eating disorder (bulimia, anorexia)
- ___ Frequent or compulsive overeating
- ___ Can't gain weight
- ___ Can't lose weight
- ___ Diabetes, Type 1
- ___ Diabetes, Type 2 (adult onset)
- ___ Insulin resistance (Syndrome X, Metabolic disorder)
- ___ Blood sugar wobbles (ie: hypoglycemia)
- ___ Eat or else faint/nervous
- ___ Enjoy hot weather
- ___ Enjoy cold weather
- ___ Enjoy humid/damp weather
- ___ Hyperthyroid or borderline high thyroid
- ___ Hypothyroid or borderline low thyroid
- ___ Adrenal-related disorder (ie: Addison's)

Nervous System & Emotional Health

- ___ Often sluggish
- ___ Often over-energized, hyperactive
- ___ Can't get started without coffee
- ___ Like stimulants (caffeine, uppers)
- ___ Like downers/depressants
- ___ Awaken, can't go back to sleep (insomnia)
- ___ Bad dreams

- Difficulty falling asleep (insomnia)
- Sleep too much
- Sleep too little
- Anxiety
- Panic attacks
- Obsessive Compulsive Disorder or tendencies
- Post Traumatic Stress Disorder
- Depression
- Loneliness
- Sadness, easy crying
- Easily angered, frustrated
- Poor concentration &/or ADD/ADHD
- Sensitivity to alcohol (allergy or addiction)
- Drink more than 2 drinks/night or 14 drinks/week
- Alcoholism (past or present?)

- Drug addiction or abuse
- Smoker
- Addictive tendencies
- Facial twitches
- Tremors in hands or neck
- Seizures
- Lack of muscle control
- Lack of sensation somewhere in the body
- Ringing in ears (tinnitus)

Vision & Microcirculation

- Macular degeneration
- Glaucoma
- Cataracts
- Night blindness
- Impaired or blurry vision
- Impaired hearing
- Memory loss

ADDITIONAL INFORMATION

Please list any pharmaceutical drugs you take on a regular basis with amounts, how long you are taking them, and why.

Feel free to use a separate sheet if necessary.

Drug	Dose/Per Day	Length of Time	Why

Please list any herbs, supplements, and vitamins you take on a regular basis with amounts, how long you are taking them, and why.

Feel free to use a separate sheet if necessary.

Supplement/Herb	Form	Dose/Per Day	Length of Time	Why

MEDICAL HISTORY

Past surgeries:

Do you have any allergies to pharmaceuticals or other substances?

Food allergies or sensitivities?

Family History of Disease?

LIFESTYLE

Do you exercise and how often?

Do you find time for relaxation and how often?

Sleep: How many hours/night?

Is your sleep quality sleep or fragmented?

Do you have stress at work?

Do you have stress at home?

How do you feel emotionally?

What therapies have you tried for your primary health concerns that did NOT work or with which you experienced side effects?

Is there anything you'd like to add to this intake?

THANK YOU