Name:_____ Date_____

General Health- Part 1a

Primary Complaint:Allergies-Cold&Flu-Dizzy-Hepatitis-Lack of Appetite-General Body Pain-Headache

Instructions: There are six (6) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your future should this condition continue.

Name most significant issue:_____

If previously diagnosed condition please name or from the group below identify your main complaint.

Indicate all abnormalities that occur simultaneously with your main complaint:

☐ Balance	☐ Appetite	☐ Blood pressure	☐ Energy	☐ Addiction	☐ Injury (Past)
☐ Hearing	☐ Defecation	☐ Cardio	☐ Libido	☐ Attitude change	☐ Injury (Recent)
☐ Smell	☐ Digestion	☐ Respiratory	☐ Menses	☐ Behavior change	☐ Fertility
☐ Speech	☐ Thirst	☐ Skin	☐ Semen flow	☐ Cravings	☐ Weight
☐ Swallowing	☐ Urination		☐ Sleep	☐ Emotions	☐ Pain (physical)
☐ Taste	☐ Bleeding		☐ Excess naps	☐ Mental function	☐ Twitching-Ticks
☐ Touch	☐ Mucus flow			☐ Memory	☐ Hiccups
☐ Vision	☐ Swelling			☐ Pain & Emotions	

Is the current episode the first time this primary complaint has occured? ☐ Yes ☐ No, it has occurred _____

When did the primary complaint become disruptive to your Activites of Daily Living or caused significant impairment?

_____

How many days, weeks, months or years ago or the date.

When did the primary complaint or associated symptoms begin before the condition became disruptive to your Activities of Daily Living or caused significant impairment?

_____

Indicate the number of days, weeks, months or years or the date.

How frequently does the primary complaint or associated symptoms interfere with Activities of Daily Living?

_____

Indicate number of minutes, hours in a day or number of days/weeks

What do you think is the origin or cause of the primary complaint? _____

_____

What provides relief to the primary complaint? _____

_____

_____

_____

Type of Pain or Sensation:

☐ Sharp	☐ Cramping
☐ Shooting	☐ Tightening
☐ Throbbing	☐ Stiffness
☐ Burning	☐ Swelling
☐ Dull	☐ Heat
☐ Aching	☐ Cold
☐ Tingling	☐ Crawling
☐ Numbness	☐ Itching

Quality.of Primary Complaint:

☐ Constant
☐ Intermittent

Trigger or Aggrivates PC:

☐ Cold ☐ Heat
☐ Physical activity
☐ Emotional upset
☐ Stress ☐ Weather

What provides relief of Pain or sensation? _____

_____

Rate your pain at it's most and least painfulness:

☐ 0 None
☐ 1 Mild - nagging, annoying, interferes little with ADLs
☐ 2 Mild - nagging, annoying, interferes little with ADLs
☐ 3 Mild - nagging, annoying, interferes little with ADLs
☐ 4 Moderate - Interfere's significantly with ADLs
☐ 5 Moderate - Interfere's significantly with ADLs
☐ 6 Moderate - Interfere's significantly with ADLs
☐ 7 Severe - Disabling, unable to perform ADLs (need med's)
☐ 8 Severe - Disabling, unable to perform ADLs (need med's)
☐ 9 Severe - Disabling, unable to perform ADLs (need meds)
☐ 10 Severe - Disabling, unable to perform ADLs (need hospital)

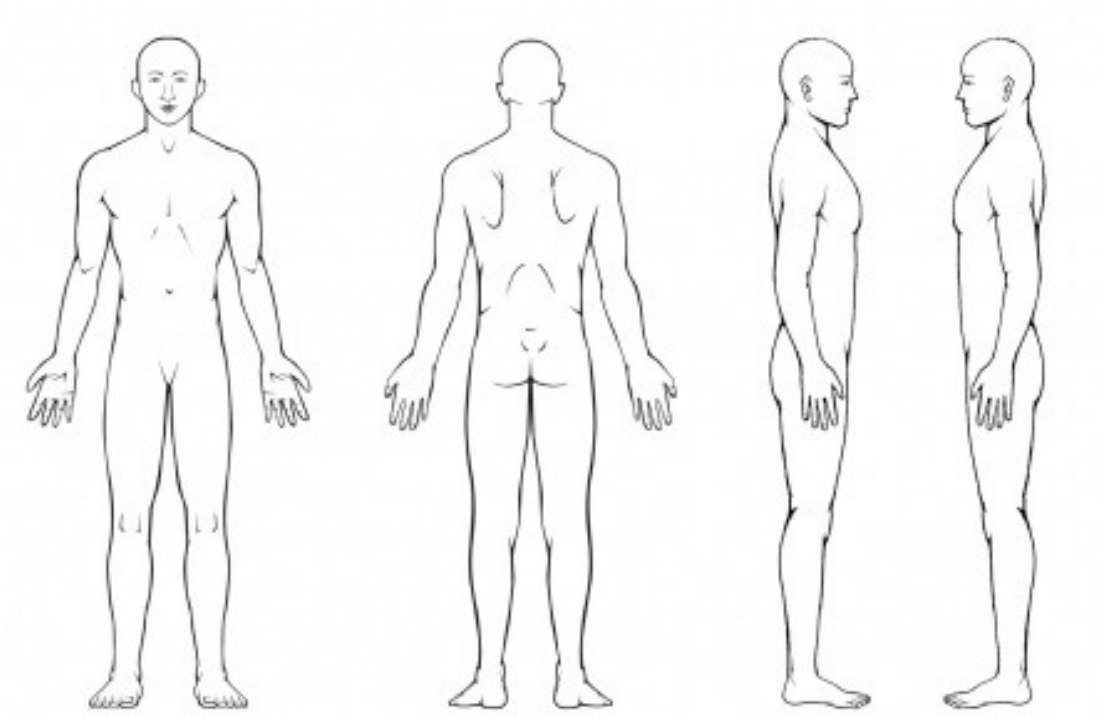
If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_General Health Part 1a

Name:_____ Date_____

General Health - Part 1b

Primary Complaint:Allergies-Cold&Flu-Dizzy-Hepatitis-Lack of Appetite-General Body Pain-Headache

Instructions: Please place a "Number" on the area of the Primary Complaint and/or the associated symptoms.



Front Rear Right Left

Describe the Pain or Sensation you experience at the locations marked above. List them by their "Number".

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_General Health Part 1b

Name:_____ Date_____

Use the next four (4) pages to embellish upon the details of your Primary Complaint and Life Experiences.

General Health - Part 2

Primary Complaint:Allergies-Cold&Flu-Dizzy-Hepatitis-Lack of Appetite-General Body Pain-Headache

Instructions: The Day Your Primary Complaint became disruptive to your ADL or caused significant impairment

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order starting with the morning of and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012. Then describe the following:

- where you were located when you noticed the problem (or a medical diagnosis that was given),
- how you felt and any pain and/or emotional responses
- what ADL you could not do or what bodily functions were significantly impaired
- the duration of the symptom(s) and characteristics (qualities)
- anything that seemed to make it worsen or improve it
- any observations by other people of your behavior, emotions or physical condition

Date your Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_General Health Part 2

Name:_____ Date_____

Genral Health - Part 3

Primary Complaint:Allergies-Cold&Flu-Dizzy-Hepatitis-Lack of Appetite-General Body Pain-Headache

Instructions: Your Life Prior to the Day the Primary Complaint became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back to the earliest date when you noticed the Chief Complaint and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Primary Complaint became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarceration institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date of earliest recall of Primary Complaint or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_General Health Part 3

Name:_____ Date_____

General Health - Part 4

Primary Complaint:Allergies-Cold&Flu-Dizzy-Hepatitis-Lack of Appetite-General Body Pain-Headache

Instructions: Your Life 1 year Prior to the Earliest Date you noticed the Primary Complaint or associated symptoms cited in Part 3.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back 1 year prior to the earliest date when you noticed the Chief Complaint and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your Primary Complaint became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date 1 year prior to the earliest recall of the Primary Complaint or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_General Health Part 4

Name:_____ Date_____

General Health - Part 5

Primary Complaint:Allergies-Cold&Flu-Dizzy-Hepatitis-Lack of Appetite-General Body Pain-Headache

Instructions: Your Symptoms and Actions since the day your Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Describe to best of you abilities the chronological sequences of the following starting from the Day the Primary Complaint or associated symptoms became disruptive to your ADL or caused significant impairment through to today. Include the following:
  - changes of the symptoms over time (duration, intensity, improvements, worsening, etc)
  - the actions you have employed to treat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as home remedies. Include the diagnosis, therapies, medications and natural remedies (herbs, homeopathy, nutritional) that have been used. Include any and all improvements or worsening of the problem/condition due to any of the actions you employed.
- Include the events of your life that occurred during this tme period. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Symptoms and Actions since the Primary Complaint or associated symptoms became disruptive to ADL or causative to significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and Chief Complaint.
Example: John_Doe_General Health Part 5