

J E N N I F E R M. C A R I Ñ O, L.Ac., MSTCM

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Patient Information:

Last Name	First Name	Middle Initial	

Home Address	City	State	Zip

Home Phone #	Mobile Phone #	Email	

Date of Birth	Age	Height	Weight

Employment:

_____		Employer
Occupation		
_____		Work Phone #
Work Address		

Emergency Contact Information:

Name	Relationship	Day Phone #	Evening Phone #

Name of Spouse/Significant Other (if different than above)			

Referred to this office by _____ May we contact this person to say thank you? ___Yes ___No

Physician Information:

Physician's Name	Address	Phone #

Patient Name:

Date:

Have you ever had an acupuncture treatment? When and for what reason?

Are you presently being treated for a medical condition? Please describe.

What health issue would you like treated? What is the diagnosis (if any) by an MD?

What treatment have you been using for relief of this issue?

Birth History (any medical procedures or medications?)

Vaccination history (any reactions to vaccines? Unusual vaccinations?)

Childhood Illnesses (0-12) any surgeries, accidents, major events? Please list in chronological order

Age: _____

Age: _____

Age: _____

Age: _____

Adolescence Illnesses (12-18) any surgeries, accidents, major events? Please list in chronological order

Age: _____

Age: _____

Age: _____

Age: _____

Adulthood Illnesses surgeries, accidents, major events? List in chronological order and indicate duration

Age: _____

Age: _____

Age: _____

Age: _____

Age: _____

Age: _____

Age: _____

Please place an X if any of the following pertains to you or a relative:

	Myself	Parent(s)	Sibling
Allergies	_____	_____	_____
Blood disorder/anemia	_____	_____	_____
Stomach or intestinal disorder	_____	_____	_____
Diabetes	_____	_____	_____
Drug abuse	_____	_____	_____
Cancer or tumors	_____	_____	_____
Tuberculosis	_____	_____	_____
Seizures	_____	_____	_____
Heart disease	_____	_____	_____
High blood pressure	_____	_____	_____
Stroke	_____	_____	_____
Depression/Mental illness	_____	_____	_____
Kidney or bladder disorder	_____	_____	_____

Other (please explain) _____

Total number of pregnancies: _____

Living____ **Ectopic**____ **Miscarriages**____ **Induced abortions**____

Please list any medications or vitamins that you are currently taking:

Are you allergic to any drugs? Please list:

PLEASE DESCRIBE YOUR MENSTRUAL PERIODS OR THE GENERAL PATTERN

Duration: How many days does it last? _____

Menarche: How old were you when you first got your period? _____

Date of beginning of last menstrual period: _____

Have you taken Birth Control Pills? Yes No How long: _____ months _____ years

Regularity:

- regular, every...(28, 30, 35) days
- irregular, tends to be early
- irregular, tends to be late
- irregular, sometimes early, sometimes late

Color, consistency and volume:

- pale red
- dark red
- rusty
- bright red
- begins dark red, becomes bright red
- begins bright red, becomes dark red
- mixed with dark clots
- few clots
- larger and a lot of clots
- excessive flow
- scant flow
- begins scanty, becomes excessive
- inconsistent flow (stops and starts and stops)

Pain:

- precedes period, relieved by flow
- associated with passing clots
- with distension and bloating
- after period
- diffuse cramping
- sharp and piercing
- fixed in locations
- resists pressure
- feels better with pressure
- better with heat
- better with movement
- worse with movement
- worse with lack of movement
- better with rest
- localized on the lower abdomen, sides of abdomen, lower back, legs

Premenstrual symptoms:

- breast distension
- sharp breast pain
- abdominal distension
- water retention
- cravings (salt, sweets, chocolate, other)
- water retention
- pain in low back, sacrum, hips
- achy joints
- need to sleep a lot
- more difficulty sleeping
- significant changes in emotions

Other:

- fibroids
- ovarian cysts
- endometriosis
- fibrocystic breasts
- tubal ligation
- miscarriages
- pregnancies
- infertility

COMMENTS specific to the menstrual cycle or the reproductive system:

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Informed Consent for Acupuncture Treatment and Care

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures, including various modes of physio-therapy on me (or on the patient named below, for whom I am legally responsible) by the below named licensed acupuncturist and/or other licensed acupuncturist who now or in the future treat me while employed by, working or associated with or serving as a back-up for the treating acupuncturist named below, including those working at this office/clinic or any other office or clinic.

I understand that methods or treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), shiatsu, Chinese or Western herbal medicine, and nutritional counseling.

I have had the opportunity to discuss with the acupuncturist named below and/or with other office or clinic personnel the nature and purpose of acupuncture treatments and other procedures.

Acupuncture has the effect to normalize physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that last a few days. There have been very rare instances reported of fainting, infections and scarring. There have been extremely rare instances reported of spontaneous miscarriage and pneumothorax. There may be some bruising after cupping.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. I understand that some herbs may be inappropriate during pregnancy. If I experience any gastro-intestinal upset or allergic reactions to the herbs I will inform the acupuncturist.

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise judgement during the course of the procedure which the acupuncturist feels at the time, based upon the facts then known, is in my best interests.

I understand the clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent from to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

I understand that I may be charged the full appointment fee for any appointment cancelled with less than 24 hours notice.

Patient's Name _____
(Please Print)

Patient's Signature _____

Date Signed _____

SYSTEMS SURVEY FORM

Patient _____ Doctor _____ Date _____
 Birth Date _____ Approximate Weight _____ Sex: Male Female
 Pulse: Recumbent _____ Standing _____ Vegetarian: Yes No
 Blood Pressure: Recumbent _____ Standing _____ Gallbladder Removed:

INSTRUCTIONS: Fill in **only** the circles which apply to you. Leave circles **blank** if they don't apply to you! Some questions will repeat.

1
 2
 3
 MILD symptoms (occurs infrequently)
 MODERATE symptoms (occurs frequently)
 SEVERE symptoms (chronic, always present)

1
 2
 3
 53. Crave candy or coffee in afternoons
 54. Moods of depression - "blues" or melancholy
 55. Abnormal craving for sweets or snacks

GROUP 1

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Acid foods upset
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Get chilled often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. "Lump" in throat
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Dry mouth-eyes-nose
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Pulse speeds after meal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Keyed up - fail to calm
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Cut heals slowly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Gag easily
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Unable to relax; startles easily
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Extremities cold, clammy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Strong light irritates
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Urine amount reduced
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Heart pounds after retiring
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Nervous stomach
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Appetite reduced
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Cold sweats often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Fever easily raised
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Neuralgia-like pains
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Staring, blinks little
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Sour stomach often

GROUP 4

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	56. Hands and feet go to sleep easily, numbness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	57. Sigh frequently, "air hunger"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	58. Aware of "breathing heavily"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	59. High altitude discomfort
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	60. Opens windows in closed rooms
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	61. Susceptible to colds and fevers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	62. Afternoon "yawner"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	63. Get "drowsy" often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	64. Swollen ankles, worse at night
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	65. Muscle cramps, worse during exercise: get "charley horses"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	66. Shortness of breath on exertion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	67. Dull pain in chest or radiating into left arm, worse on exertion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	68. Bruise easily, "black and blue" spots
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	69. Tendency to anemia
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	70. "Nose bleeds" frequent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	71. Noises in head, or "ringing in ears"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	72. Tension under the breastbone, or feeling of "tightness", worse on exertion

GROUP 2

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Joint stiffness on arising
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Muscle-leg-toe cramps at night
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. "Butterfly" stomach, cramps
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Eyes or nose water
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Eyes blink often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Eyelids swollen, puffy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Indigestion soon after meals
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Always seems hungry; feels "lightheaded" often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Digestion rapid
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Vomiting frequent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. Hoarseness frequent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Breathing irregular
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33. Pulse slow; feels "irregular"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34. Gagging reflex slow
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35. Difficulty swallowing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36. Constipation, diarrhea alternating
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37. "Slow starter"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38. Get "chilled" infrequently
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39. Perspire easily
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40. Circulation poor, sensitive to cold
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41. Subject to colds, asthma, bronchitis

GROUP 5

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	73. Dizziness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	74. Dry skin
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	75. Burning feet
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	76. Blurred vision
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	77. Itching skin and feet
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	78. Excessive falling hair
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	79. Frequent skin rashes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	80. Bitter, metallic taste in mouth in mornings
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	81. Bowel movements painful or difficult
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	82. Worrier, feels insecure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	83. Feeling queasy; headache over eyes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	84. Greasy foods upset
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	85. Stools light colored
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	86. Skin peels on foot soles
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	87. Pain between shoulder blades
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	88. Use laxatives
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	89. Stools alternate from soft to watery
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	90. History of gallbladder attacks or gallstones
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	91. Sneezing attacks
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	92. Dreaming, nightmare type bad dreams
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	93. Bad breath (halitosis)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	94. Milk products cause distress
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	95. Sensitive to hot weather
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	96. Burning or itching anus
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	97. Crave sweets

GROUP 3

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42. Eat when nervous
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43. Excessive appetite
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44. Hungry between meals
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45. Irritable before meals
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46. Get "shaky" before meals
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47. Fatigue, eating relieves
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48. "Lightheaded" if meals delayed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49. Heart palpitates if meals missed or delayed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50. Afternoon headaches
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51. Overeating sweets upsets
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52. Awaken after few hours sleep - hard to go back to sleep

GROUP 6

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	98. Loss of taste for meat
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	99. Lower bowel gas several hours after eating
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	100. Burning stomach sensations, eating relieves
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	101. Coated tongue
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	102. Pass large amounts of foul-smelling gas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	103. Indigestion 1/2-1 hour after eating; may be up to 3-4 hours
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	104. Mucous colitis or irritable bowel
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	105. Gas shortly after eating
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	106. Stomach "bloating" after eating

- | 1 | 2 | 3 | GROUP 7A |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 107. Insomnia |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 108. Nervousness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 109. Can't gain weight |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 110. Intolerance to heat |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 111. Highly emotional |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 112. Flush easily |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 113. Night sweats |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 114. Thin, moist skin |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 115. Inward trembling |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 116. Heart palpitates |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 117. Increased appetite without weight gain |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 118. Pulse fast at rest |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 119. Eyelids and face twitch |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 120. Irritable and restless |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 121. Can't work under pressure |

- | GROUP 7B | | | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 122. Increase in weight |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 123. Decrease in appetite |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 124. Fatigue easily |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 125. Ringing in ears |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 126. Sleepy during day |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 127. Sensitive to cold |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 128. Dry or scaly skin |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 129. Constipation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 130. Mental sluggishness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 131. Hair coarse, falls out |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 132. Headaches upon arising, wear off during day |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 133. Slow pulse, below 65 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 134. Frequency of urination |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 135. Impaired hearing |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 136. Reduced initiative |

- | GROUP 7C | | | |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 137. Failing memory |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 138. Low blood pressure |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 139. Increased sex drive |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 140. Headaches, "splitting or rending" type |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 141. Decreased sugar tolerance |

- | GROUP 7D | | | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 142. Abnormal thirst |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 143. Bloating of abdomen |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 144. Weight gain around hips or waist |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 145. Sex drive reduced or lacking |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 146. Tendency to ulcers, colitis |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 147. Increased sugar tolerance |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 148. Women: menstrual disorders |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 149. Young girls: lack of menstrual function |

- | GROUP 7E | | | |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 150. Dizziness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 151. Headaches |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 152. Hot flashes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 153. Increased blood pressure |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 154. Hair growth on face or body (female) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 155. Sugar in urine (not diabetes) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 156. Masculine tendencies (female) |

- | GROUP 7F | | | |
|-----------------------|-----------------------|-----------------------|--------------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 157. Weakness, dizziness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 158. Chronic fatigue |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 159. Low blood pressure |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 160. Nails weak, ridged |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 161. Tendency to hives |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 162. Arthritic tendencies |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 163. Perspiration increased |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 164. Bowel disorders |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 165. Poor circulation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 166. Swollen ankles |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 167. Crave salt |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 168. Brown spots or bronzing of skin |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 169. Allergies - tendency to asthma |

- | 1 | 2 | 3 | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 170. Weakness after colds, influenza |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 171. Exhaustion - muscular and nervous |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 172. Respiratory disorders |

- | GROUP 8 | | | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 173. Muscle weakness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 174. Lack of stamina |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 175. Drowsiness after eating |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 176. Muscular soreness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 177. Rapid heartbeat |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 178. Hyper-irritable |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 179. Feeling of a band around your head |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 180. Melancholia (feeling of sadness) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 181. Swelling of ankles |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 182. Diminished urination |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 183. Tendency to consume sweets or carbohydrates |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 184. Muscle spasms |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 185. Blurred vision |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 186. Loss of muscular control |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 187. Numbness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 188. Night sweats |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 189. Rapid digestion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 190. Sensitivity to noise |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 191. Redness of palms of hands and bottom of feet |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 192. Visible veins on chest and abdomen |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 193. Hemorrhoids |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 194. Apprehension (feeling that something bad will happen) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 195. Nervousness causing loss of appetite |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 196. Nervousness with indigestion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 197. Gastritis |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 198. Forgetfulness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 199. Thinning hair |

- | FEMALE ONLY | | | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 200. Very easily fatigued |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 201. Premenstrual tension |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 202. Painful menses |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 203. Depressed feelings before menstruation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 204. Menstruation excessive and prolonged |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 205. Painful breasts |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 206. Menstruate too frequently |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 207. Vaginal discharge |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 208. Hysterectomy / ovaries removed (circle: yes / no) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 209. Menopausal hot flashes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 210. Menses scanty or missed |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 211. Acne, worse at menses |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 212. Depression of long standing |

- | MALE ONLY | | | |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 213. Prostate trouble |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 214. Urination difficult or dribbling |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 215. Night urination frequent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 216. Depression |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 217. Pain on inside of legs or heels |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 218. Feeling of incomplete bowel evacuation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 219. Lack of energy |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 220. Migrating aches and pains |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 221. Tire too easily |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 222. Avoids activity |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 223. Leg nervousness at night |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 224. Diminished sex drive |

IMPORTANT: List the five main complaints you have in the order of their importance:

1. _____

2. _____

3. _____

4. _____

5. _____