

SYMPTOMS SURVEY

Your Information will be held in complete confidence! It is of utmost importance to us that you feel comfortable working with us.

Please mark whatever is bothering you and indicate whether it is a current condition (C) or in the past (P). Your symptoms are guidelines for your awareness of your body's process of change. We do not address symptoms directly and we do not diagnose or treat physical conditions. What we can do is help you balance your bioenergy field and stimulate your body's natural ability to heal itself.

Name _____ Age _____ Date _____

Occupation _____ Phone (home/cell) _____

Address _____ City _____ State _____ Zip _____

Email _____ DOB _____ Referred by _____

GENERAL CONDITION

tired, low energy
chronic fatigue
muscular weakness
neurological difficulty
loss of balance
dizziness/fainting
fuzzy brain, forgetful
numbness limbs/face
dropping things
muscle twitching, tremor
cramps, spasms, legs/back
can't sleep, light sleeper
wake up afraid
nightmares/night terrors
sleep too much
hard to wake up
headaches, migraines
cold hands, feet
swelling in face, arms, legs, ankles
swollen glands
chronic fever, chronic virus
overweight, underweight

JOINTS, BONES, TENDONS

spinal misalignment
can't hold adjustments
TMJ misalignment, jaw tension
joint pain, aching, stiffness
arthritis, inflammatory/osteo
tendonitis, bursitis
tendons too flexible, not repairing
osteoporosis, threats of fracture

ALLERGIES

taking shots now _____ past _____
known allergies _____

RESPIRATORY SYSTEM

chronic cough
sinus congestion
stuffy nose
sneezing fits
frequent colds, bronchitis
allergy
asthma
emphysema

DIGESTIVE SYSTEM

cramps in throat
dry mouth, lacking saliva
gas - after a meal or later
nausea
ulcer, pre-ulcer
heartburn, indigestion
constant thirst
diagnosed pancreas problems

diagnosed gall bladder problems
diagnosed liver problems
anorexia
bulimia
colitis, cramps in intestine
diverticula
parasites
candida or other fungus
constipation
diarrhea

EATING HABITS

eating more than you want
eating when not hungry
getting up at night to eat
never hungry, no appetite
shaky before meals
sleepy after meals
cravings for sugar, bread, pasta
other cravings_____

cholesterol-free/fat-free diet
vegetarian
mostly organic food
mostly regular “commercial” food
cola drinks, diet Pepsi
tea, coffee, wine, beer, liquor
water-filtered, tap, bottled

URINARY TRACT

kidney pain, backache
kidney stone history
cramps, pain in urethra
bladder leakage
repeated bladder infections
frequent urination

REPRODUCTIVE SYSTEM

menstrual tension, cramps, PMS
menstruation
 delayed
 too frequent
 too much flow
migraine associated with periods
spotting between periods
can't get pregnant; use fertility clinic
birth control questions
menopausal problems, hot flashes
fibroid cysts, breast lumps
endometriosis

vaginal pain
yeast infection

orgasm questions
prostate infection
prostate enlarged
erection difficulty
low sperm count, low motility
lumps on testicles

EARS

hearing loss
stuffy, pressure
pain, itching
chronic infection
ringing sounds
vertigo
dizzy spells

EYES

blurred vision
cataracts
glaucoma
narrowing peripheral range
words swim on page
reading fatigue
pain in/behind the eyes
itching, burning
insufficient tears
frequent styes
puffy lids
enlarged pupils
dyslexia and/or related difficulty
difficulty shifting focus
difficulty adapting to darkness

SKIN, HAIR, NAILS

acne
skin redness, rash
skin thickening, rough patches
yellow cast, gray, red
dry areas, cracks, wrinkles
itchy, painful
fatty lumps
warts, moles, bumps
slow wound healing
eczema
psoriasis
hives

vitiligo, non-pigmented areas
sores around the mouth, herpes
sores inside the mouth, canker, thrush
tooth problems
gum infections
tongue - sore, too red, shiny coated, white
spots, nervous movements
hair doesn't grow
prematurely gray
hair loss on head, body
dandruff, dry scalp
flimsy, dull hair
soft nails
splitting nails
fungus under nails
ridged, spotted, distorted nails

HEART/CIRCULATION

heartbeat: irregular, too fast/slow
pain in the chest on exertion
high blood pressure
incomplete valve closure
sudden fluttering, dizziness
high cholesterol diagnosed
high blood lipids
capillary fragility
history of stroke, heart attack, coronary
varicosities
dark areas on legs
circulatory ulcerations
circulatory insufficiency
anemic- low hemoglobin or white cells
low platelet
difficulty clotting
red cells clumping together

EMOTIONAL SYMPTOMS

listless, drifting, spaced
forgetful, confused
depressed
clinical diagnosis of depression
lonely, shy
crying spells
fearful without cause
angry without cause
anxiety attacks
clinical diagnosis of panic attacks
feeling overwhelmed
irritable, critical

suspicious, cynical, untrusting
cyclic mood swings
aimlessly active, hyped up
clinical diagnosis of Bipolar I
clinical diagnosis of Bipolar II
feels like a martyr, victim
constant self-depreciation
clinical diagnosis of PTSD

ENVIRONMENTAL EXPOSURES IN EXCESS OF USUAL

paints, paint thinners, wood stains/resin
new rugs, mobile home
damp, moldy surroundings, plants, books,
kerosene
gasoline/exhaust fumes, diesel/jet fuel
solvents, chemical/industrial exposure
house fumigation/routine maintenance spray
pesticide/herbicide

SIGNIFICANT TRAUMA

car accident
other accident (sports, etc.)
violence to the body
animal attack, dog bite
explosion, war, fire
surgery
c-section
child abuse, verbal, physical
abandonment, or threats of
prolonged anger, fear, grief
separation by death
chemotherapy, radiation therapy
separation by divorce
loss of job, money, housing, lifestyle
isolation, confinement
adult abuse, verbal, physical

DRUGS, SELF-PRESCRIBED

Aspirin, Tylenol, ibuprofen
tobacco
alcohol, moderate use
alcohol, more than you want
designer drugs, MDMA
hallucinogens, cocaine, crystal meth, marijuana
diuretics
diet pills
sleeping pills
decongestants, inhalers
digestive aids
other _____

DRUGS, MEDICALLY PRESCRIBED

Please add/note anything else that you think
might be helpful for us to know _____

