

Name:    **DOB:**    **Sex:**  **Date:**   
Last First M.I. mm/dd/yyyy

## Review of Systems

- Sleep**  hours of sleep per night, go to bed at  and awake at   
Difficulty:  Falling asleep  Staying asleep  Waking up early; can't fall back asleep  
 Light sleeper  Un-refreshed sleep  Dream disturbed sleep  Restless dreams  
 Talking in sleep  Sleep walking  Wake to use the bathroom  
 Apnea  Narcolepsy

### Lethargy

- Sleepy after eating  
 General feeling of lethargy & heaviness  
 General feeling of lethargy & heaviness with dizziness  
 Extreme lethargy & lassitude w/ cold feeling  
 Lethargic stupor w/ rattling in the throat

### Any unusual taste in mouth

- Constant bitter taste  
 Bitter taste in mornings only(usually after a sleepless night)  
 Sweet  
 Sour  
 Salty  
 Pungent  
 Lack of taste

### Appetite

- Condition relieved by eating  
 Condition aggravated by eating  
 Hunger for hot foods  
 Hunger for cold foods  
 Always hungry  
 Feeling of fullness & distention after eating  
 Lack of appetite  
 Crave any particular foods or tastes

### Vomiting

- Sour vomiting  
 Bitter vomiting  
 Clear-watery vomiting  
 Vomiting soon after eating  Vomiting immediately after drinking  
 Sudden vomiting & w/ loud noise  
 Vomiting which is slow in coming up & with weak noise  
 Vomiting containing blood

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**Temperature**

- Fever  Feel hot  Aversion to heat
- Feel cold  Aversion to cold  Chills (Feeling cold with an aversion to cold)  
Is chilliness relieved with warmer clothes or blankets
- Fever with chills predominate
- Fever predominate with chills
- Alternating fever & chills
- Aversion to drafts or wind

**Thirst:**

- Thirst for hot liquids  Thirst for cold liquids  Big thirst for cold liquids
- Thirst with desire for small sips or sips of warm liquids
- Thirst without desire to drink  Absence of thirst

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### **Menses**

Number of pregnancies is  Number of live births is   
Contraception:  Contraceptive pill  IUD  Condom Other   
Cycle:  Always early  Always late  Irregular  
Amount of Bleeding:  Heavy  Scanty  
Color of Blood:  Dark red  Pale  Purple/blackish  Fresh red  
Quality:  Congealed blood with clots  Watery blood  Turbid blood  
Pain:  Pre-menses  During  Post-menses

### **Vaginal discharge:**

Color of discharge:  White  Yellow  Greenish  Red & white  
 Yellow discharge w/ blood & pus in post-menopausal ♀  
Consistency:  Watery consistency  Thick consistency  
Odor:  Fishy smell  Leathery smell

### **Pregnancy**

Infertility problems  
 Vomiting (before 3 months)  
 Miscarriage(s)  Before 3 months  After 3 months

### **Childbirth:**

Nausea & heavy bleeding after delivery  
 Sweating & fever after delivery  
 Post-natal depression

### **Children: (to be filled out by child's parents)**

Problem during pregnancy (emotional shocks/physical traumas)  
 Consumption of alcohol / smoking / drugs of any kind (medicinal / "recreational") during pregnancy  
 Trauma at birth (i.e. Caesarian / long birth)  
 Breast feeding & weaning  
 Whooping cough / measles

### **Vaccinations:**

Diphtheria, Tetanus, Pertussis (DTaP)  
 Pneumococcal (PCV),  Inactivated Poliovirus (IPV),  Hepatitis B (HepB),  
 Measles, Mumps, Rubella (MMR),  Varicella,  Hepatitis A (HepA)

Other

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**Pain:**

Onset:  Slow / gradual  Sudden

Location:

Duration:  Constant  Intermittent How often?

Characteristic:  Dull  Pricking  Pulling  Distending  Colicky  
 Weighty  Hollow  Burning  Cold

Alleviates/Ameliorates:

Position:  Better lying down  Better sitting

Pressure:

After eating:

After bowel movement:

After vomiting:

Activity:

Temperature:

Time of day:

Related Factors:

Treatment response:

Severity (Best 0 1 2 3 4 5 6 7 8 9 10 Worst):

**Headache**

Location:  Nape of neck  Forehead  Temples & sides of head  
 Vertex  Whole Head

Character of Headache Pain:  Heavy feeling  Distending, throbbing  
 Pain "inside head", "hurting the brain"  
 Boring, like a nail in a small point

Condition:  with aversion to wind / cold

Aggravated by:

**Dizziness**

severe giddiness when everything seems to sway & person loses balance  
 slight dizziness accompanied by feeling of heaviness & muzziness of the head  
 slight dizziness aggravated when tired

**Ears: Ringing in the ears:**

**Pressure** (pressing w/ one's hands on the ears):

**Character of Noise:**

**Deafness:**

**Eyes:**

**Pain:**  Like a needle with eye redness & headache  Pain, swelling & eye redness

Recent change in vision  Blurred vision "Floaters"

Light sensitivity  Feeling of pressure in the eyes  Dry eyes

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**Pain of the Whole Body**  Severe Sudden onset with fever & chills  
 Pain all over with feeling of tiredness  in ♀ after childbirth  
 Dull pain  Severe pain  
 Pain in arms & shoulders only when walking  
 Pain in all muscles with hot sensation of the flesh  
 Pain with feeling of heaviness

**Joint Pain:**  Wandering from joint to joint  Fixed in location & very painful  
 Fixed in location with swelling & numbness

**Backache**  Continuous, dull pain  Recent onset, severe, w/ stiffness  
 Severe back pain, worse during cold & damp weather, better with heat  
 Boring pain w/ inability to turn the waist  Back pain extending up to the shoulders

**Numbness**  Numbness of arms & legs / only hands & feet on both sides  
 Fingers, elbow & arm on one side only (esp. 1<sup>st</sup> three fingers)

**Thorax & Abdomen:**  Thorax pain  Flank pain  Abdominal pain  
 Chest pain  Chest Pain & cough w/ profuse yellow sputum  
 Chest pain feeling of distension & stuffiness of hypochondrium  
 Severe pain  
 Epigastric pain  Very dull & not severe epigastric pain  
 Pain is alleviated by eating  Pain is aggravated by eating  
 Feeling of fullness in epigastrium  
 Lower abdominal pain

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**Bowel Movement (BM):**

On the average how often do you have a bowel movement?  times per

Color:   Strong odor  Normal odor

Usually well formed  Loose  w/ undigested food present  Watery

Pain in the   Burning sensation  bright/dark red blood

Feeling incomplete elimination  Sticky stools (difficulty wiping)

**Constipation**

Constipation w/ abdominal pain

Pain aggravated by BM  Pain alleviated by B.M

Acute constipation with thirst & dry yellow tongue coating

Constipation in old people or after childbirth  Goatish stools

Constipation with dry stools & without thirst  Difficult BM without dry stools

Alternating constipation & diarrhea

**Diarrhea**

Pain accompanying diarrhea

Presence of foul smell  Absence of smell

Chronic diarrhea

Wake with urgent diarrhea early in the morning

Diarrhea with abdominal pain

Diarrhea with mucus  Diarrhea with blood & mucus

Loose stool with undigested food

Burning sensation in the anus while defecating

Stools are not loose or only slightly loose but frequent, not easy to keep from going

Black or very dark stools

Bright red blood splashing in all directions comes first before stool

Blood comes first and is turbid & anus feels heavy & painful

Stool comes first then watery blood follows

Gurgling sound in abdomen with loose stools

Gurgling sound in abdomen & abdominal distention without loose stool

Flatulence(passing gas)  Foul smelling flatulence  Flatulence w/o smell

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**Urination**

**Frequency**  times per day

**Amount**  Copious urination  Scanty urination

**Odor**  Strong odor  Normal odor

**Color**  Pale  Dark urine  Turbid/cloudy  Blood in urine

Cold symptoms with clear, copious, & pale colored urine

Cold symptoms with dark colored urine

**Function**  Difficult Urination  Interrupted flow  Urinary retention  Dribbling

Very frequent & copious urination  Frequent & scanty urination

Nocturia (wake to urinate)  times per night  nights per week

Enuresis (bed wetting)/incontinence

**Pain**  Pain before urination  Pain during urination

The use of this questionnaire is for the purpose of suggesting a Chinese herbal formula to support your health pattern.

This is not intended to be used as a diagnosis of any disease condition, advertise a cure for these conditions, and is not intended as a substitute for seeking professional medical assistance for any medical condition.

For nutritional purposes only.