# Name Date

**Address: Postal Code**

**Date of Birth: Age: Sex:** M/F

**Occupation:**

**Relationship Status: Children:**

**GP’s name and telephone:**

**MAIN COMPLAINTS/PRESENTATION OF SYMPTOMS:**

Nature/first onset/ progression/ duration/

factors affecting: aggravating/relieving/pain

Diagnosis / Treatment/Medication

**DRUG HISTORY include current medication**

Laxatives

Painkillers

Herbs

Supplements

Other alternative treatment

Pill/HRT

Immunizations

Recent tests

# PAST MEDICAL HISTORY

Childhood diseases

Other illnesses

Accidents

Operations

## Hepatitis / Jaundice

Diabetes

Glandular fever

TB

Asthma

Eczema

Allergies

## NERVOUS SYSTEM

Energy: 1 –10%

Stress levels

Memory / mood

Sleep

Temperature: hot/cold

Headache

Deafness/ Tinnitus/dizziness

Fainting / Weakness

RESPIRATORY SYSTEM

Colds

Sore Throat

Ear infection

Catarrh

Cough/phlegm

Chest congestion

Chest infections

Breathing difficulties

GASTRO-INTESTINAL TRACT

Appetite / Weight gain

Mouth / dental

Nausea / Indigestion

Vomiting

Bloating

Flatulence

**Stools:** frequency/ loose & formed / hard and formed / colour

Bleeding

CARDIO VASCULAR SYSTEM

Chest pain

Palpitations

Oedema, water retention

Varicose veins / haemorrhoids / DVT

Anaemia

Circulation: hands / feet

URINARY SYSTEM

Infections

Pain

Frequency

Problems of flow

Quantity

Colour

# Menstrual cycle

Date of last period:

Day of period length:

Cycle length:

Flow / colour:

PMT

Pregnant / trying

Contraception

Pregnancies / Abortions

Miscarriages

Infertility / Impotence

Discharge/Thrush

Sexual history / STD

Menopause

Ovaries

MUSCO-SKELETAL SYSTEM

Pain / stiffness: neck / shoulders / knees / lower back

Swollen joints

Muscle cramps

Arthritis

GENERAL:

**Lymph**: oedema / nodes swollen

**Skin**: rashes / dry / oily / allergies / infections

## Hair:

**Eyes:**

**Nails**:

# DIET/NUTRITION

Vegan / Vegetarian / non-dairy / meat / Soya:

Breakfast:

Lunch:

Dinner:

Drinks / Snacks

LIFESTYLE FACTORS

Smoking

Drinking

Recreational drugs

Exercise

Work / home

Type of relaxation methods and frequency:

# FAMILY HISTORY

Father

Mother

Grandparents (mother)

Grandparents (father)

Aunts/uncles

Children

# CLINICAL EXAMINATION

Blood Pressure:

Weight:

Height: