

## DESCRIBE YOUR CHIEF or MOST TROUBLESOME SYMPTOMS

DESCRIBE INFLUENCES YOU HAVE HAD SINCE CONCEPTION (eg your mom had fright or used drugs) TO PRESENT INCLUDING SYMPTOMS OF ILLNESS YOU HAVE HAD IN YOUR LIFE. Be sure to include any

- Traumas emotional and physical
- Heartbreaks, grief, shocks, car accidents
- Job changes , pregnancy, surgeries ,medications, immunization or shots that you believe affected your health
- events that have affected how you react or experience life (baggage)

## SYMPTOMS of ILLNESS

- Describe the relation of your symptoms to the following:
- The time of day/night (eg. nasal congestion improves in the morning)
- Reactions to foods and environment (eg. Nose more stuffy in summer, cold, humid, after feet get wet, also worse after eating eggs)
- Position of body part or entire body (eg. My right sided back pain is better sitting, stooping, raising my right arm etc...)
- Activities or discharges, (eg. abdominal pain improves after eating, or drinking cold water. After I sweat heavily, my pain improves; my headache worsens one day before menstruation; urinating improves the back pain; sex worsens the ear pain)
- Other body reactions (eg. whenever I get a headache, I sweat more heavily and feel very hungry)
- Other problems in your body (eg. when joint pains go away, sinus symptoms appear)
- Side of the body (back pain start on the right and moves to the left)
- Sensations of each symptom (constricting, burning, hollow, stabbing, aching, stinging, etc...)
- Describe any unusual symptoms that don't make physiological sense (ear pain with urination)

## GENERAL CHARACTERISTICS/REACTIONS ABOUT YOU

- How you feel as a whole with changes in environment or situations (eg. I feel irritated when I am with people; I feel better with consolation when I am moody; I feel happier with a fan blowing in my face; I feel drained of energy every day at 4 pm, I feel energized in the cold weather)

- Describe any abnormal discharges (taste, odor, consistency, color, quantity)
- Cravings, aversions, disordered reactions to food or drink. (They must be 7/10 in strength)
- What type of drinks you prefer and how you ingest them (Hot or cold, ice cold, gulp or sip)
- Body temperature. (eg. are you usually cold or hot)
- Sweating (staining of sweat? location of sweat, odor, heavy or light sweating?)
- Your susceptibilities, triggers (chronic sinus infections, flare ups of pneumonia x 3, headaches since vaccine or a surgery )
- Sleep: position, preferences ( like to sleep on my abdomen with the fan on and my feet out of the covers)

## YOUR PERSONALITY AND EMOTIONS

- Describe your nature and personality (introvert, very sympathetic, stoic, cry easily with sad stories, easily flustered, meticulous etc...)
- Describe where you are stuck (jealousy, anger, bitterness, quarrelsome, etc...)