

**IF YOU HAVE HAD ANY OF THE FOLLOWING COMPLAINTS IN THE PAST YEAR PLEASE CIRCLE.**

**MUSCULOSKELETAL**

- Low back pain
- Pain between shoulders
- Neck pain
- Arm pain / Leg pain
- Joint pain / Joint stiffness
- Difficulty chewing/Clicking jaw

**GASTROINTESTINAL**

- Poor / Excessive appetite
- Excessive thirst
- Frequent nausea / vomiting
- Diarrhea / Constipation
- Haemorrhoids
- Liver trouble
- Gas bloating after meals
- Heartburn
- Black / bloody stool

**FEMALES ONLY**

- Last period \_\_\_\_\_
- Are you pregnant? **Y N**

**NERVOUS SYSTEM**

- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Fainting
- Convulsions
- Cold / Tingling extremities

**EENT CODE**

- Vision problems
- Dental problems
- Sore throat
- Ear aches
- Hearing difficulties
- Stuffed nose

**GENERAL**

- Allergies
- Loss of sleep
- Fever
- Headaches
- HIV

**GENITOURINARY**

- Bladder trouble
- Painful / excessive urination
- Discoloured urine

**CVR**

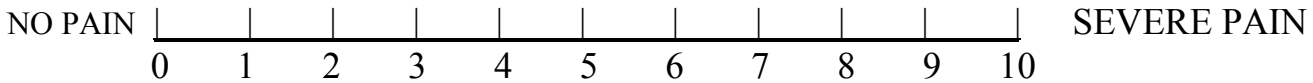
- Chest pain
- Short of breath
- Blood pressure problems
- Irregular heart beat
- Heart problems
- Lung problems / congestion
- Varicose veins
- Ankle swelling

**REPRODUCTIVE**

- Menstrual irregularity
- Menstrual cramping
- Vaginal pain / infections
- Breast pain / lumps
- Prostate / sexual dysfunction
- Genital herpes

**SCALE**

*Important:* Please indicate the severity of your pain on the line below .



**TELL US WHERE YOU HURT**

On the drawings mark **ALL** areas where you feel pain. If the pain radiates, draw an arrow from where it starts to where it stops.

