

Rapha Wellness Center Symptom Survey Form

Name:

OOO DO NOT FILL circles that do not apply.

- O O MILD
- O●O MODERATE
- **OOO SEVERE**

GROUP 1

- 000 Acid foods upset
- 000 Get chilled often
- 000 "Lump" in throat
- 000 Dry mouth-eyes-nose
- 000 Pulse speeds after meal
- 000 Keyed up fail to calm
- 000 Cut heals slowly
- 000 Gag easily
- 000 Unable to relax; startles easily
- 000 Extremities cold, clammy
- 000 Strong light irritates 000 Urine amount reduced
- 000 Heart pounds after retiring
- 000 "Nervous" stomach
- 000 Appetite reduced
- 000 Cold sweats often
- 000 Fever easily raised
- 000 Neuralgia-like pains
- 000 Staring, blinks little
- 000 Sour stomach often

GROUP 2

- 000 Joint stiffness on arising
- 000 Muscle-leg-toe cramps at night
- 000 "Butterfly" stomach, cramps
- 000 Eyes or nose watery
- 000 Eyes blink often
- 000 Eyelids swollen, puffy
- 000 Indigestion soon after meals
- 000 Always seems hungry; feels "lightheaded" often
- 000 Digestion rapid
- 000 Vomiting frequent
- 000 Hoarseness frequent
- 000 Breathing irregular
- 000 Pulse slow; feels "irregular" 000 Gagging reflex slow
- 000 Difficulty swallowing
- 000 Constipation, diarrhea alternating
- 000 "Slow starter"
- 000 Get "chilled" infrequently
- 000 Perspire easily
- OOO Circulation poor, sensitive to cold
- 000 Subject to colds, asthma, bronchitis

Sex: Male Female

GROUP 3

- 000 Eat when nervous 000 Excessive appetite
- 000 Hungry between meals
- 000 Irritable before meals
- 000 Get "shaky" if hungry
- 000 Fatigue, eating relieves
- 000 "Lightheaded" if meals delayed
- 000 Heart palpitates if meals missed or delayed
- 000 Afternoon headaches
- OOO Overeating sweets upsets
- OOO Awaken after few hours sleep hard to get back to sleep

Date:

- 000 Crave candy or coffee in afternoons
- OOO Moods of depression "blues" or melancholy
- 000 Abnormal craving for sweets or snacks

GROUP 4

- OOO Hands and feet go to sleep easily, numbness
- 000 Sigh frequently, "air hunger"
- 000 Aware of "breathing heavily"
- 000 High altitude discomfort
- 000 Opens windows in closed rooms
- 000 Susceptible to colds and fevers
- 000 Afternoon "yawner"
- 000 Get "drowsy" often
- 000 Swollen ankles, worse at night
- 000 Muscle cramps, worse during exercise; get "charley horses"
- 000 Shortness of breath on exertion
- OOO Dull pain in chest or radiating into left arm, worse on exertion
- 000 Bruise easily, "black and blue" spots
- 000 Tendency to anemia 000 "Nose bleeds" frequent
- 000 Noises in head, or "ringing in ears"
- OOO Tension under the breastbone, or feeling of "tightness", worse on exertion

GROUP 5

- 000 Dizziness
- 000 Dry skin
- 000 Burning feet
- 000 Blurred vision
- 000 Itching skin and feet
- 000 Excessive falling hair
- 000 Frequent skin rashes
- OOO Bitter, metallic taste in mouth in mornings 000 Bowel movements painful or difficult
- 000 Worrier, feels insecure
- 000 Feeling queasy; headache over eyes
- 000 Greasy foods upset
- 000 Stools light colored
- 000 Skin peels on foot soles
- 000 Pain between shoulder blades
- 000 Use laxatives
- OOO Stools alternate from soft to watery
- 000 History of gallbladder attacks or gallstones
- 000 Sneezing attacks 000 Dreaming, nightmare type bad dreams

000 Bad breath (halitosis)

000 Milk products cause distress 000 Sensitive to hot weather 000 Burning or itching anus 000 Crave sweets

GROUP 6

- 000 Loss of taste for meat
- 000 Lower bowel gas several hours after eating
- OOO Burning stomach sensations, eating relieves
- 000 Coated tongue
- OOO Pass large amounts of foul-smelling gas
- 000 Indigestion 1/2 1 hour after eating; may be up to 3-4 hrs.
- 000 Mucous colitis or "irritable bowel"
- 000 Gas shortly after eating
- OOO Stomach "bloating" after eating
- 000 Weakness after colds, influenza
- 000 Exhaustion muscular and nervous
- 000 Respiratory disorders

GROUP 7A

- 000 Insomnia
- 000 Nervousness
- 000 Can't gain weight
- 000 Intolerance to heat
- 000 Highly emotional
- 000 Flush easily
- 000 Night sweats
- 000 Thin, moist skin
- 000 Inward trembling
- 000 Heart palpitates
- 000 Increased appetite without weight gain
- 000 Pulse fast at rest
- 000 Eyelids and face twitch
- 000 Irritable and restless
- 000 Can't work under pressure

GROUP 7B

- 000 Increase in weight
- 000 Decrease in appetite
- 000 Fatigue easily
- 000 Ringing in ears
- 000 Sleepy during day
- 000 Sensitive to cold
- 000 Dry or scaly skin
- **OOO** Constipation
- 000 Mental sluggishness
- 000 Hair course, falls out
- 000 Headaches upon arising, wear off during day
- 000 Slow pulse, below 65
- 000 Frequency of urination
- 000 Impaired hearing
- 000 Reduced initiative

GROUP 7C

- 000 Failing memory
- 000 Low blood pressure
- 000 Increased sex drive
- OOO Headaches, "splitting or rending" type
- OOO Decreased sugar tolerance

GROUP 7D

- 000 Abnormal thirst
- 000 Bloating of abdomen
- 000 Weight gain around hips or waist
- OOO Sex drive reduced or lacking
- 000 Tendency to ulcers, colitis
- 000 Increased sugar tolerance
- 000 Women: menstrual disorders
- 000 Young girls: lack of menstrual function

GROUP 7E

000 Dizziness

- 000 Headaches
- 000 Hot flashes
- 000 Increased blood pressure
- OOO Hair growth on face or body (female)
- OOO Sugar in urine (not diabetes)
- 000 Masculine tendencies (female)

GROUP 7F

- 000 Weakness, dizziness
- 000 Chronic fatigue
- 000 Low blood pressure
- 000 Nails weak, ridged
- 000 Tendency to hives
- 000 Arthritic tendencies
- 000 Perspiration increase 000 Bowel disorders
- 000 Poor circulation
- 000 Swollen ankles
- 000 Crave salt
- OOO Brown spots or bronzing of skin
- 000 Allergies tendency to asthma

GROUP 8

- 000 Apprehension
- 000 Irritability
- 000 Morbid fears
- OOO Never seems to get well
- **OOO** Forgetfulness
- 000 Indigestion
- 000 Poor appetite
- 000 Craving for sweets
- 000 Muscular soreness
- OOO Depression; feelings of dread
- 000 Noise sensitivity
- 000 Acoustic hallucinations
- OOO Tendency to cry without reason

000 Inability to concentrate; confusion

000 Frequent stuffy nose; sinus infections

OOO Depressed feelings before menstruation

000 Menstruation excessive and prolonged

- 000 Hair is course and/or thinning
- 000 Weakness
- 000 Fatigue
- 000 Skin sensitive to touch

000 Nervousness

000 Headaches 000 Insomnia

000 Anxiety

000 Anorexia

000 Loose joints

FEMALE ONLY

MALE ONLY

000 Tendency toward hives

000 Allergy to some foods

000 Very easily fatigued

000 Painful breasts

000 Vaginal discharge

000 Prostate trouble

000 Depression

000 Lack of energy

000 Tire too easily

000 Avoids activity

1. ____

5.

000 Premenstrual tension 000 Painful menses

OOO Menstruate too frequently

000 Menopausal hot flashes 000 Menses scanty or missed

000 Acne, worse at menses

OOO Depression of long standing

000 Urination difficult or dribbling

000 Pain on inside of legs or heels OOO Feeling of incomplete bowel evacuation

000 Migrating aches and pains

OOO Leg nervousness at night

List your five main complaints in the order of their importance:

2._____ 3.____ 4._____ 5.____

000 Diminished sex drive

000 Night urination frequent

000 Hysterectomy / ovaries removed