Patient's Name **Date**

Address:

Telephone: **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
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
Other

SYSTEMATIC ENQUIRY

NERVOUS SYSTEM
Energy levels: 1 –10%
Stress levels
Memory / mood
Sleep
Temperature: hot/cold
Headache
Deafness/ Tinnitus/dizziness
Fainting / Weakness
Paresthesia (pins and needles)

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
Varicose veins / haemorrhoids / DVT
Anaemia
Circulation: hands / feet

URINARY SYSTEM
Infections
Pain
Frequency
Problems of flow
Quantity
Colour

GYNAECOLOGY / REPRODUCTIVE SYSTEM
Date of last period:
Days of period length:
Cycle length:
Flow / colour:
PMT

Pregnant / trying
Contraception
Pregnancies / Abortions
Miscarriages
Infertility / Impotence
Discharge/Thrush
Sexual history / STDs
Menopause

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

Emotional and Social Factors:

Significant events weighing on you emotionally?

Type of relaxation methods and frequency:

CLINICAL EXAMINATION
Tongue:
Blood Pressure:
Weight:
Height:
Physical appearance: