



Busy Women Wellness, LLC
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Confidential

Health Form

Client Name: _____ Date: _____

Please rate the following symptoms for frequency or severity. If you had symptoms in the past, please indicate.

- 0 Never or almost never have the symptoms
1 Occasionally have the symptoms
2 Frequently have the symptoms
3 Symptoms are severe

Head ___ Headache ___ Faintness ___ Dizziness ___ Migraines ___ Foggy brain
___ Insomnia ___ Other

Eyes ___ Watery or itchy eyes ___ Bags or dark circles under eyes ___ Dry eyes
___ Blurred or tunnel vision ___ Night blindness ___ Glaucoma ___ Cataracts
___ Other

Ears ___ Itchy ears ___ Ear infections/earaches ___ Ringing in ears ___ Hearing loss
___ Drainage from ear ___ Other

Nose ___ Stuffy nose ___ Runny nose ___ Post nasal drip ___ Sinus problems
___ Excessive sneezing ___ Excessive mucus formation ___ Nosebleeds ___ Other

**Mouth/
Throat** ___ Bad taste in mouth ___ Cavities ___ Gum disease ___ Chronic cough
___ Sore throat ___ Swollen or discolored tongue/lips ___ Canker sores
___ Cracks on corners of mouth ___ Lips often dry, chapped ___ Other

Lungs ___ Difficulty breathing ___ Shortness of breath ___ Asthma ___ Chest congestion
___ Frequent chest colds ___ Other

Heart ___ Rapid heartbeat ___ Chest pain ___ Irregular heartbeat ___ High cholesterol
___ High blood pressure ___ Low blood pressure ___ Other

Skin ___ Fungal infection ___ Psoriasis ___ Eczema ___ Dandruff ___ Warts
___ Acne ___ Hives, rashes ___ Dry skin ___ Hair loss ___ Dry hair
___ Hot flashes ___ Excessive sweating ___ Weak, brittle nails ___ Other

Digestive/

Tract ___ Nausea/vomiting ___ Diarrhea ___ Constipation ___ Bloating feeling
___ Belching ___ Flatulence ___ Heartburn or acid reflux ___ Stomach pain
___ Hemorrhoids ___ Undigested food particles in stool ___ Ulcer
___ Bad breath ___ Other

Urinary

Tract ___ Frequent urination ___ Frequent bladder infections ___ Mucus in urine
___ Burning urination ___ Other

Joints/

Muscle ___ Sore joints ___ Arthritis ___ Stiffness ___ Sore muscles ___ Cramps
___ Osteoporosis ___ Weakness in limbs ___ Other

Weight ___ Cannot lose weight ___ Cannot gain weight ___ Eating disorder ___ Diabetes
___ Binge eating ___ Craving certain foods ___ Frequent dieting
___ Use of artificial sweeteners ___ Other

Energy ___ Fatigue/sluggish ___ Hyperactive ___ Cannot get started without coffee
___ Restlessness ___ Poor sleeping patterns ___ Mid afternoon slump
___ Other

Mind ___ Poor memory ___ Confusion/poor comprehension ___ Poor concentration
___ Difficulty in making decisions ___ Learning disabilities ___ Other

Emotions

___ Anxiety ___ Panic attacks ___ Depression ___ Loneliness
___ Sadness/easy crying ___ Easily angered ___ Fear ___ Irritability
___ Aggressiveness ___ Nervousness ___ Other

Others ___ Frequent illnesses ___ Recuperate slowly if sick ___ Do not sweat much
___ A need to eat or else restless or/and dizzy ___ Other