Name		Sex: M / F	Hight:	Job:
		Age:	Weight:	

Main Complaints	What	When started	Medications taken currently
	①		
	②		
	③		

Chills Fever	☐Can't stand hot ☐Can't stand cold ☐Don't mind hot or cold ☐The cold air from A/C bothers you ▷Cold(hands, feet) ▷Freezing(hands, feet) ☐The cold makes your limbs stiff ▷Hot(hands, feet) ☐Face gets flushed when tired or stressed ☐Localized temperature increase(face, body) ☐Alternate between chills and fever
Sweat	▷Sweat(easily, normal, rarely) ▷Sweating makes you feel(better, tired) ▷Sweat on only some parts of your body(head, face, hand, feet, underarm, upper body, lower body, back)
Thirst	▷Drink fluids______glasses(8oz) a day ▷Drink(a lot, frequent, normal, little) ☐Strong thirst generally ☐Dislike being thirsty ▷Prefer(cold, warm)water ▷Drink water(guzzle, small sip) ▷Dry(mouth, throat) ▷Reasons for drinking(for health, out of habit, due to thirst)
Taste	▷Tastes you like (sweet, spicy, bitter, sour, salty) / Drink coffee: ________cups a day ▷Drink alcohol (______times per week;______ bottles of__________)
Digestion	☐Eating portion(large, normal, little) ☐Appetite(very strong, good, poor) ☐Force yourself to eat ☐Small portion fills you up ☐Stuffy in the chest after eating ☐Digestive problems ☐Bloating ☐Gas ☐Don't like to tighten your belt ☐Stomach pain ☐Nausea ☐Throw up ☐Burp frequently ☐Burning sensation in stomach ☐Gurgling sound in stomach ☐Feel like foods blocked in the upper abdomen after meals
Bowel Movement	Bowel movement :______time(s) per______day(s)(regularly, irregularly) ☐Suffer from(constipation, diarrhea) ☐Take supplements for bowel movement ☐Bloating or discomfort if not passing bowel every day ☐Feeling of incomplete evacuation after having bowel movement ☐Force yourself to have poops every day ▷Bowel shapes(too hard, pebbles, normal, loose) ☐Eating cold foods causes stomach cramps or diarrhea ▷Volume of bowel (large, normal, little) (difficult to pass, take long time to passl)
Urine	▷Day time frequency of urination (☐less than 5times ☐5-6times ☐more than 6times) ▷Frequency of urination in the middle of night: ____times at night ☐Urinating right after drinking fluids ☐Not being able to completely empty the bladder ☐Urinary incontinence ▷When urinating(difficulty in starting urination, dribbling at the end of urination) ☐Urinary pain ☐Blood in urine ☐Dark yellow urine
Chest	☐Palpitation when tired, nervous, embarrassed or stressed ☐Shortness of breath when walking or running ☐Breath doesn't go deep ☐Feel like something alien stuck in the throat ☐Chest pain ☐Avoid wearing tight fitting underwear, neckties or clothes due to chest discomfort ☐Frequent sigh ☐Don't wear underwear when sleeping due to chest discomfort ☐Congestion in chest ☐Claustrophobic
Sleep	☐Sleeping time: from_______to _______ o'clock ☐Good sleeping ☐Poor sleeping ☐Quick to fall asleep ☐Turn and toss ☐Hard to fall asleep ☐Take sleeping pill or sedative ☐Don't wake up in the middle of night ☐wake up several times and ☐Hard to fall back to sleep ☐Dream disturbed sleep ▷When sleeping (talking in sleep, snore) ▷In the morning (hard to wake up, not alert, fuzzy, alert after shower) ▷If you drink coffee more than your portion, it causes(sleeping problem, jittery, shaking body, palpitation)
Body	☐Swelling or Puffiness(face, hands, feet, legs) ☐Numbness at some parts of the body ☐Muscle twitch when tired, nervous or stressed(eyelids, hand, leg, skin) ☐Frequent dizziness ☐Muscle cramps on and off ☐Neck or shoulder tension ☐Catch cold easily ☐Frequent swollen gland ▷Main complaints when catching cold(chills, fever, sore throat, cough, runny nose, general body ache)
Female Only	▷Cramps during period(severe, little, none) ☐Irregular period ☐PMS ☐Spotting or bleeding between periods ☐Heavy vaginal discharge ☐Cysts or fibroids ▷Bleeding during period(heavy, moderate, slight, clotting, dark color) ☐Pain during sex ▷Before or during period(depressed, overeating, nausea, headache, constipation, diarrhea, back pain, irritated)