For Women

Age of 1st period (menarche)_____ Date of last: Gynecologic exam_____

Age of last period (menopause) _____ Pap smear_____ Mammogram _____

Number of days between periods ❑ less than 26 ❑ 26-30 ❑ more than 30

Number of days of flow _____ Are you pregnant? ❑ Yes ❑ No Due date _____

Color of flow_____ # of pregnancies _____ # of live births _____

Clots? ❑ Yes ❑ No Color _____ # of abortions_____ # of miscarriages_____

Average number of pads you use per day: 1st day ___ 2nd day ___ 3rd day ___ 4th day ___ +days _____

Have you been diagnosed with ❑ Endometriosis ❑ Fibrocystic Breasts ❑ Fibroids ❑ Ovarian Cysts ❑ Pelvic Infl. Dis.

Location of Pain: ❑ Lower abdomen ❑ Lower back ❑ Thighs ❑ Other _____

Nature of Pain (Indicate before, during or after menses)

Cramping _____ Stabbing_____

Burning _____ Aching _____

Dull_____ Bloating _____

Consistent _____ Intermittent_____

Bearing down sensation _____

Other symptoms related to menses

❑ Discharge	❑ Vaginal dryness	❑ Headache
❑ Nausea	❑ Constipation	❑ Diarrhea
❑ Swollen breasts	❑ Mood swings	❑ Ravenous appetite
❑ Poor appetite	❑ Hot flashes	❑ Night sweats
❑ Increased libido	❑ Decreased libido	❑ Insomnia

For Men

Date of last: Prostate check up _____ PSA results _____

Manual prostate exam results _____ Lab results _____

Frequency of urination: daytime _____ nighttime _____ Color or urine ❑ clear ❑ murky Odor:_____

Symptoms related to prostate

❑Prostate problems	❑ Delayed stream	❑ Dribbling	❑ Incontinence	❑ Retention of urine
❑Rectal dysfunction	❑ Increased libido	❑ Decreased libido	❑ Premature ejaculation	❑ Impotence
❑ Back pain	❑ Groin pain	❑ Testicular pain	other_____	

Symptom Survey (For Everyone)

The following is a list of symptoms that you may or may not ever experience. Please indicate as follows:
no mark = never experience check mark ✓ = sometimes experience plus sign + = frequently experience

- ❑ lack of appetite
- ❑ excessive appetite
- ❑ loose stool or diarrhea
- ❑ digestive problems, indigestion
- ❑ vomiting
- ❑ belching, burping
- ❑ heartburn/reflux
- ❑ feeling the retention of food in the stomach
- ❑ tendency to become obsessive in work, relationships...

- ❑ insomnia, difficulty sleeping
- ❑ heart palpitations
- ❑ cold hands and feet
- ❑ nightmares
- ❑ mentally restless
- ❑ laughing for no apparent reason
- ❑ angina pains
- ❑ abdominal pain
- ❑ chest pain
- ❑ sciatic pain
- ❑ headaches
- ❑ pain or coldness in the genital area

- ❑ cough
- ❑ shortness of breath
- ❑ decreased sense of smell
- ❑ nasal problems
- ❑ skin problems
- ❑ feeling of claustrophobia
- ❑ bronchitis
- ❑ colitis or diverticulitis
- ❑ constipation
- ❑ hemorrhoids
- ❑ recent use of antibiotics
- ❑ eye problem
- ❑ jaundice (yellowish eyes or skin)
- ❑ difficulty digesting oily foods
- ❑ gall stones
- ❑ light colored stool
- ❑ soft or brittle nails
- ❑ easily angered or agitated
- ❑ difficulty in making plans or decisions
- ❑ spasms or twitching of muscles

- ❑ low back pain
- ❑ knee problems
- ❑ hearing impairment
- ❑ ear ringing
- ❑ kidney stones
- ❑ decreased sex drive
- ❑ hair loss
- ❑ urinary problems
- ❑ fatigue
- ❑ edema
- ❑ blood in stool
- ❑ black tarry stool
- ❑ easily bruised
- ❑ difficult to stop bleeding
- ❑ asthma
- ❑ tendency to catch colds easily
- ❑ intolerance to weather changes
- ❑ allergies
- ❑ hay fever
- ❑ dizziness
- ❑ tendency to faint easily
- ❑ high cholesterol levels
- ❑ sudden weight loss