

Bridging Eastern and Western Medicine 6750 SW Franklin Street, Tigard, OR 97223

## **PATIENT INFORMATION**

First Name:	Middle Inital:
Last Name:	Age:
Gender: Male Female	Date of Birth:
Home Address (street, city, state, zip):	
Phone 1:	Type: Cell Home Work
	Type: Cell Home Work
Phone 3:	Type: Cell Home Work
Phone number where we can leave you a mes	ssage:
	intment reminders?
Email:	Employer:
Weight:	Height:
Name you go by:	
Marital Status: Single Married Pc	artnered Divorced Widowed Child Other
Emergency Contact:	
Emergency Contact Phone:	
	MA&W?
INSURANCE INFORMATION	
The insurance/billing information questions a	are necessary. Please provide your insurance ID card for photocopying.
I understand that if I am not paying for treatmrity Number.	nent at the time of service, I need to supply Meridian Acupuncture & Wellness with my Social Secu
Insurance Company:	Phone:
Insured's ID #:	
Birth Date:	<del></del>
pany. However, the patient is primarily responding advance, that the patient's insurance companthe medical services were provided, the insur of the medical bill, the patient is responsible figure insurance plan, the patient will be responsible.	noture & Wellness will submit the charges for medical treatment to the patient's insurance com- nsible for paying any and all medical expenses incurred at this office. We may attempt to verify, in many will pay for specific medical procedures. Occasionally, even though coverage was verified before the company denies the claim. If the insurance company denies payment or will not pay a portion for payment of account balance. Likewise, if the patient has not met his/her deductible under a consible for the amount of the deductible, in addition to whatever the insurance does not pay. and deductibles are collected at the time of service.
Although we will verify insurance coverage for coverage prior to their first appointment.	r our records, we strongly encourage our patients to call their insurance company to verify their
ness. I also authorize my insurance company	ny knowledge. I authorize my insurance benefits be paid directly to Meridian Acupuncture & Well- to release any information required to process claims. I agree to be responsible for payment of oes not agree to pay for these services. (Not signing this document does not release you from re-
Patient's or Authorized Person's Signature: _	Date:

From whom are you currently receiving health care?	
What, if any, contagious disease do you have at this time?	
What childhood illnesses have you had?	
What allergies to drugs or food do you have?	
What current medications do you take and for what?	
List vitamins/supplements you are currently taking.	
YOUR MEDICAL HISTORY:	
Chronic or continuing illnesses:	
Surgeries, major illnesses, hospitalizations, and major accidents (ir	
History of Childhood Trauma?  No	
Are you a former smoker? O Yes No	How many packs per day?
Are you a current smoker? O Yes No	How many packs per day?
What was your last blood pressure reading?	
What is your normal body temperature reading?	
FAMILY HISTORY:	
Age (if living)	
Father: Mother: Brother(s): Sister(s):	Child(ren):
Health (G=good P=poor)	
Father: Mother: Brother(s): Sister(s):	Child(ren):
WHAT BRINGS YOU HERE TODAY?	
What is the reason for your visit today?	
How, when, and where did this condition begin?	
What types of treatments have you tried, if any?	
How does this condition impair your daily activities?	

# SYSTEMS REVIEW (Please select all that apply)

Fill in every circle 0=never 1=rarely 2=occasionally 3=frequently 4=always

## **GROUP 1**

0	1	O 2	© 3	4	1 Acid foods upset	0	O 1	2	3	4	11 Strong light irritates
0	1	O 2	3	4	2 Get chilled often	0	0 1	2	3	4	12 Urine amount reduced
0	0 1	2	3	4	3 "Lump" in throat	0	0 1	2	3	4	13 Heart pounds after retiring
0	0 1	O 2	3	4	4 Dry mouth-eyes-nose	0	0 1	2	<b>О</b> 3	4	14 "Nervous" stomach
0	1	O 2	3	4	5 Pulse speeds after meal	0	0 1	2	3	4	15 Appetite reduced
0	0 1	2	3	4	6 Keyed up - fail to calm	0	0 1	2	3	4	16 Cold sweats often
O	1	O 2	3	4	7 Cut heals slowly	0	0 1	2	3	4	17 Fever easily raised
O	0 1	2	<b>©</b> з	4	8 Gag easily	0	0 1	2	О 3	4	18 Neuralgia-like pains
O	1	0 2	3	4	9 Unable to relax; startles easily	0	1	2	3	4	19 Staring, blinks little
O	1	O 2	3	4	10 Extremities cold, clammy	0	O 1	2	3	4	20 Sour stomach often

### **GROUP 2**

0 0 1 0 2 0 3	O 4	21 Joint stiffness on arising	0 0 1	0 2 0 3	4	32 Breathing irregular
0 0 1 0 2 0 3	4	22 Muscle-leg-toe cramps at night	0 0 1	© 2 © 3	4	33 Pulse slow; feels "irregular"
0 0 1 0 2 0 3	4	23 "Butterfly" stomach, cramps	O 0 1	© 2 © 3	4	34 Gagging reflex slow
0 0 1 0 2 0 3	O 4	24 Eyes or nose watery	O 0 1	© 2 © 3	4	35 Difficulty swallowing
0 0 1 0 2 0 3	4	25 Eyes blink often	0 0 1	0 2 0 3	4	36 Constipation, diarrhea alternating
0 0 1 0 2 0 3	4	26 Eyelids swollen, puffy	0 0 1	0 2 0 3	4	37 "Slow starter"
0 0 1 0 2 0 3	4	27 Indigestion soon after meals		0 2 0 3		38 Get "chilled" infrequently
0 0 1 0 2 0 3	4	28 Always seems hungry; feels "lightheaded" often	0 0 1	0 2 0 3	4	39 Perspire easily
0 0 1 0 2 0 3	4	29 Digestion rapid	0 0 1	0 2 0 3	4	40 Circulation poor, sensitive to cold
0 0 1 0 2 0 3	4	30 Vomiting frequent	0 0 1	© 2 © 3	4	41 Subject to colds, asthma, bron-
0 0 1 0 2 0 3	4	31 Hoarseness frequent				chitis

## **GROUP 3**

0	0 1	0 2	3	4	42 Eat when nervous	© 0	1	© 2	3	<b>a</b>	50 Afternoon headaches
0	1	0 2	<b>О</b> 3	4	43 Excessive appetite			0 2			51 Overeating sweets upsets
🤘 о	1	2	3	4	44 Hungry between meals			O 2			52 Awaken after few hours sleep -
(i)	1	(i) 2	3	4	45 Irritable before meals						hard to get back to sleep
						O	0 1	2	3	4	53 Crave candy or coffee in after-
O	1	2	3	4	46 Get "shaky" if hungry						noons
0	O 1	2	3	4	47 Fatigue, eating relieves	O	1	2	3	4	54 Moods of depression - "blues" or melancholy
O	0 1	2	3	4	48 "Lightheaded" if meals delayed	© 0	0 1	2	3	4	55 Abnormal craving for sweets or
0	0 1	2	3	4	49 Heart palpitates if meals missed						snacks

or delayed

## **GROUP 4**

( o	O 1	O 2	3	<b>a</b>	56 Hands and feet go to sleep easily, numbness	© 0	O 1	© 2	<b>3</b>	<b>a</b>	65 Muscle cramps, worse during exercise; get "charley horses"
O	0 1	2	© 3	4	57 Sigh frequently, "air hunger"	O	1	2	О з	4	66 Shortness of breath on exertion
O	1	O 2	3	O 4	58 Aware of "breathing heavily"	O	1	2	О 3	<b>6</b> 4	67 Dull pain in chest or radiating into left arm, worse on exertion
O	1	2	3	4	59 High altitude discomfort	© 0	1	2	3	4	68 Bruise easily, "black and blue"
0	0 1	2	<ul><li>3</li></ul>	4	60 Opens windows in closed rooms						spots
(iii)	1	© 2	3	\( \) \(	61 Susceptible to colds and fevers	0	1	2	<b>3</b>	4	69 Tendency to anemia
					62 Afternoon "yawner"	O	1	2	О 3	4	70 "Nose bleeds" frequent
0		2	3	0 4	62 Arternoon yawner	(iii)	1	2	2	1	71 Noises in head, or "ringing in
O	1	2	3	4	63 Get "drowsy" often	0		O 2	<b>3</b>	<b>4</b>	ears"
© o	<b>1</b>	O 2	<b>3</b>	<b>a</b>	64 Swollen ankles, worse at night	© o	<b>1</b>	2	3	<b>0</b> 4	72 Tension under the breastbone, or feeling of "tightness", worse on exertion

## **GROUP 5**

0 0 1 0 2 0 3	9	73 Dizziness	O	1	2	О з	<b>4</b>	86 Skin peels on foot soles
0 0 1 0 2 0 3	9	74 Dry skin	0	1	2	3	4	87 Pain between shoulder blades
0 0 1 0 2 0 3	9	75 Burning feet	0	1	2	<u>_</u> 3	4	88 Use laxatives
0 0 1 0 2 0 3	) 4	76 Blurred vision	0	1	2	<b>©</b> з	4	89 Stools alternate from soft to watery
0 0 1 0 2 0 3 0	4	77 Itching skin and feet	© o	<b>1</b>	2	3	<b>a</b>	90 History of gallbladder attacks or gallstones
	9 4	78 Excessive falling hair	( o	1	2	3	4	91 Sneezing attacks
	9 4	79 Frequent skin rashes	0 0		0 2	(i) 3	0 4	92 Dreaming, nightmare type bad
0 0 1 0 2 0 3	9 4	80 Bitter, metallic taste in mouth in mornings	_		_		0 4	dreams
0 0 1 0 2 0 3 0	0 4	81 Bowel movements painful or	0	<b>1</b>	2	<b>3</b>	4	93 Bad breath (halitosis)
		difficult	O	1	2	3	4	94 Milk products cause distress
0 0 1 0 2 0 3	9 4	82 Worrier, feels insecure	O	1	2	3	4	95 Sensitive to hot weather
0 0 1 0 2 0 3	) 4	83 Feeling queasy; headache over eyes	0	1	2	3	4	96 Burning or itching anus
0 0 1 0 2 0 3	9	84 Greasy foods upset	0	1	2	3	4	97 Crave sweets
0 0 1 0 2 0 3 0	9	85 Stools light colored						

# **GROUP 6**

0 0 1	2 0 3	4	98 Loss of taste for meat	0	1	2	<b>3</b>	<b>4</b>	103 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs .
O O 1	2 0 3	4	99 Lower bowel gas several hours after eating	O	1	2	О з	4	104 Mucous colitis or "irritable bowel"
0 0 1	2 0 3	<b>6</b> 4	100 Burning stomach sensations, eating relieves	© 0	<b>1</b>	2	3	<b>a</b>	105 Gas shortly after eating
0 0 1	2 0 3	4	101 Coated tongue	0	1	O 2	3	4	106 Stomach "bloating" after eating
0 0 1	2 0 3	<b></b> 4	102 Pass large amounts of foul-smelling gas						

#### **GROUP 7A**

0 0 1 0 2 0 3 0 4	107 Insomnia	0 0 1 0 2	3	4	115 Inward trembling
0 0 1 0 2 0 3 0 4	108 Nervousness	0 0 1 0 2	3	4	116 Heart palpitates
0 0 1 0 2 0 3 0 4	109 Can't gain weight	0 0 1 0 2	3	<b>4</b>	117 Increased appetite without weight gain
0 0 1 0 2 0 3 0 4	110 Intolerance to heat	0 0 1 0 2	3	4	118 Pulse fast at rest
0 0 1 0 2 0 3 0 4	111 Highly emotional	0 0 1 0 2	3	4	119 Eyelids and face twitch
0 0 1 0 2 0 3 0 4	112 Flush easily	0 0 1 0 2	3	4	120 Irritable and restless
0 0 1 0 2 0 3 0 4	113 Night sweats	0 0 1 0 2	3	4	121 Can't work under pressure
0 0 1 0 2 0 3 0 4	114 Thin, moist skin	_	_		

### **GROUP 7B**

000102030	122 Increase in weight	0 0 1 0 2 0 3 0 4	130 Mental sluggishness
0 0 1 0 2 0 3 0	123 Decrease in appetite	0 0 1 0 2 0 3 0 4	131 Hair coarse, falls out
0 0 1 0 2 0 3 0	124 Fatigue easily	0 0 1 0 2 0 3 0 4	132 Headaches upon arising, wear off during day
0 0 1 0 2 0 3 0	125 Ringing in ears	0 0 1 0 2 0 3 0 4	133 Slow pulse, below 65
0 0 1 0 2 0 3 0	126 Sleepy during day	0 0 1 0 2 0 3 0 4	134 Frequency of urination
0 0 1 0 2 0 3 0	127 Sensitive to cold	0 0 1 0 2 0 3 0 4	135 Impaired hearing
0 0 1 0 2 0 3 0	128 Dry or scaly skin	0 0 1 0 2 0 3 0 4	136 Reduced initiative
0 0 1 0 2 0 3 0	129 Constipation		

### **GROUP7C**

0 0 1	0 2 0 .	3 0 4	137 Failing memory	O	0 1	O 2	3	4	140 Headaches, "splitting or rend-
0 0 1	0 2 0 .	3 🔘 4	138 Low blood pressure	(i)	( ) 1	( ) 2	( )	1	ing" type 141 Decreased sugar tolerance
0 0 1	0 2 0 .	3 0 4	139 Increased sex drive	0 0		0 2	0 3	U 4	Ü

# **GROUP7D**

0 0 1 0 2 0 0 1 0 2 0 0 1 0 2 0 0 1 0 2	3 0 4 3 0 4	<ul><li>142 Abnormal thirst</li><li>143 Bloating of abdomen</li><li>144 Weight gain around hips or waist</li><li>145 Sex drive reduced or lacking</li></ul>	0 0 1 0 2 0 3 0 4 0 0 1 0 2 0 3 0 4 0 0 1 0 2 0 3 0 4 0 0 1 0 2 0 3 0 4	146 Tendency to ulcers, colitis 147 Increased sugar tolerance 148 Women: menstrual disorders 149 Young girls: lack of menstrual function
0 0 1 0 2	3 0 4	144 Weight gain around hips or waist	0 0 1 0 2 0 3 0 4	148 Women: menstrual disorder

#### **GROUP 7E**

0 0 1 0 2 0 3 0 4	150 Dizziness	0 0 1 0 2 0 3 0 4 154 Hair growth on face or body
0 0 1 0 2 0 3 0 4	151 Headaches	(female)  0 0 1 0 2 0 3 0 4 155 Sugar in urine (not diabetes)
0 0 1 0 2 0 3 0 4	152 Hot flashes	0 0 1 0 2 0 3 0 4 156 Masculine tendencies (female
0 0 1 0 2 0 3 0 4	153 Increased blood pressure	

### **GROUP 7F**

O	0 1	O 2	3	4	157 Weakness, dizziness	O	0 1	2	3	4	165 Poor circulation
O	0 1	O 2	О з	4	158 Chronic fatigue	O	0 1	2	3	4	166 Swollen ankles
O	0 1	O 2	<b>О</b> 3	4	159 Low blood pressure	О о	1	2	3	4	167 Crave salt
O	1	2	3	<b>a</b>	160 Nails weak, ridged	0	1	2	3	4	168 Brown spots or bronzing of skin
O	1	2	3	4	161 Tendency to hives	O	1	2	3	4	169 Allergies - tendency to asthma
O	1	2	3	4	162 Arthritic tendencies	O	1	2	3	4	170 Weakness after colds, influenza
О о	0 1	2	3	4	163 Perspiration increase	O	1	2	3	4	171 Exhaustion - muscular and ner-
O	1	0 2	3	4	164 Bowel disorders	( o	1	( )	3	4	vous 172 Respiratory disorders

## **GROUP 8**

0 0 1 0 2 0 3	<b>a</b>	173 Muscle weakness	0 0 1	O 2	3	<b>a</b>	187 Numbness
0 0 1 0 2 0 3	4	174 Lack of Stamina	O 0 0 1	2	© 3	4	188 Night sweats
0 0 1 0 2 0 3	4	175 Drowsiness after eating	O 0 1	2	3	4	189 Rapid digestion
0 0 1 0 2 0 3	4	176 Muscular soreness	0 0 1	O 2	3	4	190 Sensitivity to noise
0 0 1 0 2 0 3	<b>6</b> 4	177 Rapid heart beat	O 0 1	O 2	3	<b>4</b>	191 Redness of palms of hands and bottom of feet
0 0 1 0 2 0 3	4	178 Hyper-irritable	O 0 0 1	2	3	4	192 Visible veins on chest and ab-
0 0 1 0 2 0 3	4	179 Feeling of a band around your head					domen 193 Hemorrhoids
0 0 1 0 2 0 3	O 4	180 Melancholia (feeling of sadness)	0 0 1	© 2		<ul><li>4</li><li>4</li></ul>	194 Apprehension (feeling that something bad will happen)
0 0 1 0 2 0 3	4	181 Swelling of ankles	0 0 1	(i) 2	3	4	195 Nervousness causing loss of
0 0 1 0 2 0 3	4	182 Diminished urination		-	_	_	appetite
0 0 1 0 2 0 3	4	183 Tendency to consume sweets	O 0 1	2	3	4	196 Nervousness with indigestion
		or carbohydrates	O 0 0 1	2	О 3	4	197 Gastritis
0 0 1 0 2 0 3	4	184 Muscle spasms	© 0 © 1	© 2	3	4	198 Forgetfulness
0 0 1 0 2 0 3	4	185 Blurred vision	(a) (a) 1	(i) 2	(iii) 3	4	199 Thinning hair
0 0 1 0 2 0 3	4	186 Loss of muscular control	0001	J 2	<u> </u>	<b>U</b> 4	Ü

# **FEMALE ONLY**

	easily fatigued		2 0 3		207 Vaginal discharge
0 0 1 0 2 0 3 0 4 201 Prem	nenstrual tension	0 🔘 1	0 2 0 3	4	208 Hysterectomy / ovaries re- moved
0 0 1 0 2 0 3 0 4 202 Paint	ful menses	0 🔘 1	0 2 0 3	4	209 Menopause hot flashes
0 0 1 2 0 3 0 4 203 Depr	ressed feelings before ation		0 2 0 3		210 Menses scanty or missed
0 0 1 0 2 0 3 0 4 204 Men:	struation excessive and	0 0 1	0 2 0 3	4	211 Acne, worse at menses
prolonge	ful breasts	0 🔘 1	© 2 © 3	4	212 Depression of long standing
	struate too frequently				
At what age did you get your first period:					
Date of last menstrual cycle:					
Are you currently on birth control?  Yes		es, what kir	nd?	_	
Are you pregnant now?					
Number of days from the start of one period	to the start of the next:				
Average number of days of flow:					
Are your menstrual cycles spaced regularly?	🔘 Yes 🔘 No				
Flow is: Light Normal Heavy					
Color is: Light Red Red Dark Red	Purple Brown				
Do you have blood clots? O Yes No					
	? O Ves O No				
Does you period cause you pain or cramping?	765 710				
If yes, when? Before During After					
If yes, when? Before During After of Burney Before Pibrocystic breasts? Yes No	period				
If yes, when? Before During After of Buring Power Before  Fibrocystic breasts? Yes No  Do you experience any of the following before	<i>period</i> e your period each month?	Irritability	Food cravi	nes 🔲 M	Nigraines Other
If yes, when? Before During After of the following before Water retention Breast tenderness or sweet	period e your period each month?  Illing Mental depression	<del>-</del>		_	_
If yes, when? Before During After of Buring Power Before  Fibrocystic breasts? Yes No  Do you experience any of the following before	period e your period each month?  Iling Mental depression Nu Nu	mber of abo	ortions: scarriages:		
If yes, when? Before During After of Pibrocystic breasts? Yes No  Do you experience any of the following before Water retention Breast tenderness or swell Number of pregnancies:	period e your period each month?  Iling Mental depression Nu Nu	mber of abo	ortions:		
If yes, when? Before During After of During Before Fibrocystic breasts? Yes No  Do you experience any of the following before Water retention Breast tenderness or swell Number of pregnancies:  Number of live births:	period e your period each month?  Iling Mental depression Nu Nu	mber of abo	ortions: scarriages:		
If yes, when? Before During After of During Before Fibrocystic breasts? Yes No  Do you experience any of the following before Water retention Breast tenderness or swell Number of pregnancies:  Number of live births:	period e your period each month?  Iling Mental depression Nu Nu	mber of abo	ortions: scarriages:		
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY	period e your period each month?  Illing Mental depression Nu Nu Wh	mber of abo mber of mis	ortions: scarriages:		
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 0 1 0 2 3 0 4 213 Pros	period  e your period each month?  Illing Mental depression Nu Nu Wh	mber of about the mber of missing men?	ortions: scarriages:	© 4	219 Lack of energy
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 0 1 0 2 0 3 0 4 213 Prose 0 0 1 0 2 0 3 0 4 214 Uring	e your period each month?  Illing Mental depression Nu Nu Wh	mber of about the mber of missing men?  0	ortions:scarriages:	© 4 © 4	219 Lack of energy 220 Migrating aches and pains
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Prosection of the following before and the following bef	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent	mber of about the mber of missions and the missions are marked as a second and the mber of about the mber of missions are made and about the mber of about the mber of missions are made and about the mber of missions are made and about the mber of about the mber	ortions: scarriages:  2	0 4 0 4 0 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pros No  0 1 2 3 4 214 Uring No No  1 2 3 4 215 Night N	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent ression	mber of about the modern of missing the modern of missing the modern of mode	2 3 3 2 3 3 2 3 3 2 3 3 2 3 3	0 4 0 4 0 4 0 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pross 0 1 2 3 4 214 Uring 0 1 2 3 4 215 Nigh 0 1 2 3 4 216 Dept 0 1 2 3 4 216 Dept 0 1 2 3 4 217 Pain	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent ression on inside of legs or heels	mber of about the moder of mister of	2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3	0 4 0 4 0 4 0 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity 223 Leg nervousness at night
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pross 0 1 2 3 4 214 Urina 0 1 2 3 4 215 Nigh 0 1 2 3 4 216 Depr 0 1 2 3 4 217 Pain 0 1 2 3 4 218 Feeli evacuation	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent ression on inside of legs or heels ing of incomplete bowel on	mber of about the moder of mister of	2 3 3 2 3 3 2 3 3 2 3 3 2 3 3	0 4 0 4 0 4 0 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity
If yes, when? Before During After Fibrocystic breasts? Yes No  Do you experience any of the following before Water retention Breast tenderness or sweeth Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pros No  0 1 2 3 4 215 Night On 1 2 3 4 215 Night On 1 2 3 4 216 Depring On 1 2 3 4 217 Pain On 1 2 3 4 217 Pain On 1 2 3 4 218 Feelige evacuation. Have you been diagnosed with prostate problem.	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent ression on inside of legs or heels ing of incomplete bowel on lems? Yes No	mber of about the moder of mister of	2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3	0 4 0 4 0 4 0 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity 223 Leg nervousness at night
If yes, when? Before During After problems of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pros No  MALE ONLY  0 1 2 3 4 215 Night On 1 2 3 4 216 Depre On 1 2 3 4 217 Pain On 1 2 3 4 218 Feeli evacuation. Have you been diagnosed with prostate problems.	e your period each month?  Illing Mental depression Nu Nu Wh  Attate trouble ation difficult or dribbling at urination frequent ression on inside of legs or heels ing of incomplete bowel on lems? Yes No	mber of about the state of the	ortions: scarriages:  2	0 4 0 4 0 4 0 4 0 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity 223 Leg nervousness at night 224 Diminished sex drive
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pros No  MALE ONLY  0 1 2 3 4 215 Night 215 Night 216 Dept 2 3 4 217 Pain 2 3 4 217 Pain 2 3 4 218 Feeli evacuation. Have you been diagnosed with infertility? Thank you for taking the time to fill out this for	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent ression on inside of legs or heels ing of incomplete bowel on lems? Yes No Yes No orm as completely as possible.	mber of about the moder of mister of	ortions:scarriages:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity 223 Leg nervousness at night 224 Diminished sex drive
If yes, when? Before During After problems of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pros No  MALE ONLY  0 1 2 3 4 215 Night On 1 2 3 4 216 Depre On 1 2 3 4 217 Pain On 1 2 3 4 218 Feeli evacuation. Have you been diagnosed with prostate problems.	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent ression on inside of legs or heels ing of incomplete bowel on lems? Yes No Yes No orm as completely as possible.	mber of about the moder of mister of	ortions:scarriages:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity 223 Leg nervousness at night 224 Diminished sex drive
If yes, when? Before During After properties of the following before Water retention Breast tenderness or sweet Number of pregnancies:  Number of live births:  Are you in menopause? Yes No  MALE ONLY  0 1 2 3 4 213 Pros No  MALE ONLY  0 1 2 3 4 215 Night 215 Night 216 Dept 2 3 4 217 Pain 2 3 4 217 Pain 2 3 4 218 Feeli evacuation. Have you been diagnosed with infertility? Thank you for taking the time to fill out this for	e your period each month?  Illing Mental depression Nu Nu Wh  State trouble ation difficult or dribbling at urination frequent ression on inside of legs or heels ing of incomplete bowel on lems? Yes No Yes No orm as completely as possible.	mber of about the moder of mister of	ortions:scarriages:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	219 Lack of energy 220 Migrating aches and pains 221 Tire too easily 222 Avoids activity 223 Leg nervousness at night 224 Diminished sex drive