**Female Reproductive System:**

1. Are you pregnant?

□ Yes □ No

1. Are you nursing?

□ Yes □ No

1. Number of children:\_\_\_\_\_\_
2. Age of first period:\_\_\_\_\_\_\_\_\_\_
3. Age of menopause if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Is your menses cycle regular?

□ Yes □ No

a. Average number of days in flow:\_\_\_\_

b. The flow is:

□ Normal □ Heavy □ Light

c. The color is:

□ red □ dark □ purple

□ light brown □ brown

d. Do you have the following menstruation related symptoms?

□ Blood clots

□ Cramps

□ Nausea

□ Breast distension

□ PMS

□ Bleeding between periods

□ Heavy vaginal discharge between periods

e. Type of Birth control:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Elimination:**

Urine is:

□ Normal color □ Clear

□ Dark yellow □ Reddish

□ Cloudy □ Scanty

□ Bad odor □ Frequent

□ Burning □ Painful

□ Difficult □ Urgent

Bowel movements are:

□ Loose

□ Normal consistency

□ Dry

□ Daily

□ Irregular frequency

□ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Male Reproductive System:**

□ Discharge

□ Pain or swelling of testicles

□ Ejaculatory problems

□ Impotence/erectile dysfunction

 □ Prostate problems

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Check all symptoms you are presently experiencing:

Lung&Large Intestine Meridian/Organ Network

\_\_allergies \_\_frontal sinus headache \_\_smell problems

\_\_arm/wrist/elbow pain \_\_shoulder pain \_\_stiff joints/neck

\_\_asthma/bronchitis \_\_pneumonia \_\_lethargy/fatigue

\_\_constipation \_\_loose stools \_\_flatulence

\_\_irritable bowel \_\_coughing/sneezing \_\_mucus

 \_\_wheezing/short of breath \_\_eczema/psoriasis/rash \_\_nasal problems

\_\_frequent colds \_\_sinusitis \_\_sadness/grief

 \_\_weak voice \_\_ acne \_\_other\_\_\_\_\_\_\_\_\_

Kidney&Bladder Meridian/Organ Network

\_\_adrenal weakness \_\_hot flashes \_\_sciatica or back pain

\_\_hip/knee pain \_\_impotence/low libido \_\_ringing in ears

\_\_bladder infections \_\_Infertility/sterility \_\_kidney stones

\_\_brittle bones \_\_hair loss \_\_edema/water retention

\_\_cold hands/feet \_\_night sweats \_\_lethargy/fatigue

\_\_dark/puffy eye area \_\_poor memory \_\_urine incontinence

\_\_depression/fear \_\_premature grey hair \_\_other\_\_\_\_\_\_\_\_

Liver&Gallbladder Meridian/Organ Network

\_\_anger/irritability \_\_headaches/migraines \_\_PMS

\_\_breast tenderness \_\_hemorrhoids \_\_nausea/vomiting

\_\_brittle/ridged nails \_\_gallstones \_\_stiff neck/shoulders

\_\_flatulence \_\_irritable bowel \_\_tension/cramps

\_\_depression \_\_indigestion \_\_menstrual problems

\_\_pain in sides \_\_blood shot/dry eyes \_\_seizures/convulsions

\_\_vision problems \_\_bitter taste in mouth \_\_other\_\_\_\_\_\_\_\_\_\_

Heart&Small Intestine Meridian/Organ Network

\_\_abdominal pain \_\_hot flashes \_\_sleep problems

\_\_angina \_\_restlessness \_\_tongue/speech problem

\_\_anxiety/dread \_\_lack of joy \_\_poor circulation

\_\_indigestion \_\_hearing problems \_\_upper back pain

\_\_neck pain \_\_elbow/shoulder pain \_\_wrist pain

\_\_heart problems \_\_palpitations \_\_other\_\_\_\_\_\_\_\_\_\_

Spleen&Stomach Meridian/Organ Network

\_\_abdominal pain \_\_distention/bloating \_\_muscles weak

\_\_aching/heavy limbs \_\_headaches \_\_nausea/vomiting

\_\_poor memory \_\_difficult focusing \_\_worry/overthinking

\_\_appetite problems \_\_ belching \_\_hiccups

\_\_colic/indigestion \_\_loose stools \_\_hemorrhoids

\_\_irritable bowel \_\_stomach ulcer \_\_anemia

\_\_sweating \_\_lethargy/fatigue \_\_bruise easily

\_\_organ prolapse \_\_acid reflux \_\_other\_\_\_\_\_\_\_\_\_\_\_

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