**Symptoms and Concerns Checklist**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Please place a check mark beside any current concerns, mark with a letter P for Past Concerns and F for Family History.

\_\_\_\_Acne

\_\_\_\_ADD/ADHD

\_\_\_Adrenal fatigue

\_\_\_Allergies

\_\_\_Alzheimer’s

\_\_\_Anemia

\_\_\_Anger

\_\_\_Anxiety

\_\_\_Arteriosclerosis

\_\_\_Arthritis

\_\_\_Asthma

\_\_\_Back Pain

\_\_\_Bad Breath

\_\_\_Bed Wetting

\_\_\_Bladder

\_\_\_Blood Pressure-high

\_\_\_Blood Pressure- low

\_\_\_Bronchitis

\_\_\_Bruises

\_\_\_Cancer

\_\_\_Candida

\_\_\_Canker Sores

\_\_\_Carpal Tunnel

\_\_\_Cataracts

\_\_\_Chest Congestion

\_\_\_Chest Pain

\_\_\_Cholesterol

\_\_\_Circulation

\_\_\_Cold-Temperature

\_\_\_Colic

\_\_\_Colon

\_\_\_Constipation-chronic

\_\_\_Cough-chronic

\_\_\_Cravings

\_\_\_Depression

\_\_\_Diabetes

\_\_\_Diarrhea-chronic

\_\_\_Dizzy Spells

\_\_\_Ear Infection

\_\_\_Ear Ringing

\_\_\_Edema

\_\_\_Emphysema

\_\_\_Epilepsy

\_\_\_Eyesight

\_\_\_Fatigue

\_\_\_Gallstones

\_\_\_Gas

\_\_\_Gout

\_\_\_Hair Issues

\_\_\_Headache

\_\_\_Heart Issues

\_\_\_Heartburn

\_\_\_Hemorrhoids

\_\_\_Herpes

\_\_\_Hiatal Hernia

\_\_\_Hormones

\_\_\_Hypoglycemia

\_\_\_Incontinence

\_\_\_Indigestion

\_\_\_Insomnia

\_\_\_Joint Pain

\_\_\_Kidney Issues

\_\_\_Kidney Stones

\_\_\_Liver

\_\_\_Lung Issues

\_\_\_Lupus

\_\_\_Menopause

\_\_\_Migraines

\_\_\_Mononucleosis

\_\_\_Mucous

\_\_\_Nails

\_\_\_Nausea

\_\_\_Nervousness

\_\_\_Parasites

\_\_\_Parkinson’s

\_\_\_Perspiration

\_\_\_PMS/Cramps

\_\_\_Pneumonia

\_\_\_Polyps

\_\_\_Prostate

\_\_\_Reproductive

\_\_\_Respiratory

\_\_\_Rheumatism

\_\_\_Seizures

\_\_\_Shingles

\_\_\_Sinus

\_\_\_Skin Issues

\_\_\_Snoring

\_\_\_Stomach Bloating

\_\_\_Stress

\_\_\_Stroke

\_\_\_Teeth

\_\_\_Thyroid Diagnosis

\_\_\_Tonsillitis

\_\_\_Tumors

\_\_\_Ulcers

\_\_\_Urinary Infections

\_\_\_Varicose Veins

\_\_\_Vertigo

\_\_\_Weight Issues

\_\_\_Yeast Infections

\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_