

Symptom Analysis

The symptoms you are experiencing can tell us a lot about your current health status. Please indicate your current symptoms below and return it to your practitioner for analysis. If there are any conditions or symptoms you are not familiar with please simply leave them blank.

The Digestive & Detoxification System

Anal irritation		Crohn's disease		IBS	
Belching		Diarrhoea		Indigestion/Heartburn	
Bloating		Diverticular disease		Nausea/vomiting	
Candidiasis		Flatulence		Stomach upsets	
Celiac disease		Gall stones		Ulcers	
Constipation		Gastritis		Problems after travelling abroad	
Cirrhosis of the liver		Hepatitis		Other (please specify)	

The Metabolic System

A chronic fatigue syndrome (e.g. M.E, fibromyalgia)		Fatigue/low energy/apathy/lethargy		Inability to gain/lose weight	
Exhaustion		Fluctuating energy		Obesity	
Fast/slow metabolism		Hyperactivity		Restlessness	

The Reproductive System

Adrenal gland problems		Hypoglycaemia		Thyroid gland problems	
Diabetes		Infertility problems		Low/high libido	

Females Only

Abnormal smear results		Hot flushes		Poly-cystic ovaries	
Breast/cervical/uterine/ovarian cancer		Intermittent vaginal bleeding		Pregnancy/labour problems	
Breast lumps/mastitis		Irregular/painful periods		Pre-menstrual tension	
Endometriosis		Ovarian cysts		Vaginal dryness	
Excessively heavy periods		Painful intercourse		Vaginitis	
Fibroids		Pelvic inflammatory disease		Thrush	

What age did your monthly periods start?			
What age did your monthly periods cease?			
Have you ever used the contraceptive pill?	Yes	No	
Have you ever taken HRT?	Yes	No	
Have you ever had an IUD fitted?	Yes	No	
Have you ever taken hormones for any other reason?	Yes	No	
Have you had a hysterectomy?	Yes	No	

Males Only

Altered urine flow		Infrequent shaving		Prostatitis	
Benign prostatic hyperplasia/hypertrophy		Low sperm count/mobility		Other (please specify)	
Impotence		Prostate/testicular cancer		Other (please specify)	

The Cardiovascular System

Anaemia		Irregular/skipped heartbeat		Rapid/pounding heart	
Cardiovascular disease		Palpitations		Varicose veins	
Chest pain		Phlebitis		Other (please specify)	
High/low blood pressure		Poor circulation		Other (please specify)	

The Nervous System

Alzheimer's disease		Dizziness/faintness		Multiple sclerosis	
Anger/irritability/aggressiveness		Epilepsy		Poor concentration	

Anxiety/fear/nervousness		Headaches		Poor memory	
Confusion/poor comprehension		Mental handicap		Poor physical co-ordination	
Decision making/problem solving difficulties		Migraines		Schizophrenia	
Depression (bipolar)		Mood swings		Stroke	
Depression (slight)		Motor neurone disease		Other (please specify)	

The Renal System

Cystitis		Fluid retention		Incontinence	
Frequent urination		Kidney disorders		Urethritis	

The Muscular/Skeletal System

Arthritis/gout		Muscle aches/weakness/tiredness		Physical handicap	
Back/neck/shoulder pain		Muscle twitches		Stiffness/limitation	
Cramp		Inability to gain/lose weight		Other (please specify)	
Joint pain/aches		Osteoporosis		Other (please specify)	

Hair, Skin & Nails

Dandruff		Dermatitis		Loss of skin elasticity	
Dull or oily hair		Dry skin & hands		Rashes	
Excessive hair loss/colour		Easy bruising		Pale skin	
Excessive hair growth		Eczema		Psoriasis	
Little body hair		Excess sweating/body odour		Stretch marks	
Acne		Herpes/cold sores		Soft, fraying/brittle nails	
Cracked lips		Hives/boils		White marks on fingernails	

Eyes, Ears & Oral Cavity

Blurred/tunnel vision (excluding near/far sight)		Watery/itchy eyes		Bad breath	
Conjunctivitis		Earache/infection		Dry mouth	
Dark circles under the eyes		Ear drainage		Mouth ulcer	
Dry eyes		'Glue ear'		Mercury fillings	
Gingivitis		Itchy ears		Sore tongue	
Sensitive to bright light		Hearing loss		Teeth grinding	
Swollen/reddened/sticky eyelids		Tinnitus		Tooth decay	

The Renal System

Biomechanical abnormalities		Hard skin		Verrucae	
Callous		In-growing toenails		Other (please specify)	
Corns		Nail problems		Other (please specify)	

Other

Accident prone		Hot or cold sweats		Poor appetite	
Excessive appetite		Insomnia		Poor taste/smell	
Excessive thirst		Need to eat frequently		Wake-up early	
High/low pain threshold		Eat when stressed		Other (please specify)	

Stress Profile

I relax easily		I have low self-fulfilment		I am competitive	
I find work stressful		I suffer boredom		I am easily satisfied	
I find home life stressful		I adapt to change easily		I have moved house recently	
I find it hard asserting my needs		I find it hard to organise myself		I have experienced a bereavement recently	
I am clear about my life goals		I do several jobs at once		I have experienced financial loss recently	
I suffer guilty feelings		I have poor self-confidence		Other (please specify)	