

Wood Phase

Always Sometimes Never

Headaches

Migraines _____ _____ _____

One-sided _____ _____ _____

Around the eyes _____ _____ _____

Neck and shoulders _____ _____ _____

Hatband distribution _____ _____ _____

Back of head _____ _____ _____

Inside head _____ _____ _____

Top of head (vertex) _____ _____ _____

Better with heat _____ _____ _____

Better with cold _____ _____ _____

Worse with light _____ _____ _____

Worse with period _____ _____ _____

Worse in morning _____ _____ _____

Worse in afternoon _____ _____ _____

Worse at night _____ _____ _____

Better after eating _____ _____ _____

Duration of HA _____

Frequency Hourly/Daily/Weekly _____

Eyes

Dry eyes _____ _____ _____

Red eyes _____ _____ _____

Itchy eyes _____ _____ _____

Painful eyes _____ _____ _____

Spots in front of eye _____ _____ _____

Contacts/glasses _____ _____ _____

Poor night vision _____ _____ _____

Blurry vision _____ _____ _____

Colorblind _____ _____ _____

Don't like bright lights _____ _____ _____

Gynecological Female Only

No period for > 4 mths. _____ _____ _____

Delayed menstruation _____ _____ _____

Irregular menstruation _____ _____ _____

Painful menstruation _____ _____ _____

Always Sometimes Never

Severe Cramps _____ _____ _____

Dull/ diffuse pain _____ _____ _____

Stabbing/ Sharp pain _____ _____ _____

Pain improved with heat _____ _____ _____

With low back pain _____ _____ _____

Clots _____ _____ _____

Copious flow _____ _____ _____

Scant flow _____ _____ _____

Bright red flow _____ _____ _____

Dark Red flow _____ _____ _____

Duration of cycle _____ _____ _____

Duration of menses _____ _____ _____

Moody before period _____ _____ _____

Mood improves during menses _____ _____ _____

Indigestion with period _____ _____ _____

Back pain with period _____ _____ _____

Acne with period _____ _____ _____

Breast distention _____ _____ _____

Abdominal bloating _____ _____ _____

Hot flashes _____ _____ _____

Night sweats _____ _____ _____

New breast lumps _____ _____ _____

Discharge from nipples _____ _____ _____

Yeast Infections _____ _____ _____

Vaginal discharge _____ _____ _____

clear _____ _____ _____

white/milky _____ _____ _____

yellow _____ _____ _____

red _____ _____ _____

green _____ _____ _____

Birth Control Type:

Age of first menses _____

Age menopause began _____

of pregnancies _____

of miscarriages _____

of births _____

of premature births _____

Last Pap smear _____

Day last period began _____

Neuro-musculo Problems

Tight neck/shoulders _____ _____ _____

Tight sides of legs _____ _____ _____

Sciatica _____ _____ _____

Convulsions _____ _____ _____

Twitches or tics _____ _____ _____

Tremor _____ _____ _____

Ringing in the ears _____ _____ _____

Vertig _____ _____ _____

Other Conditions/History

Gall Bladder Removed? _____ _____ _____

Hepatitis Type _____ _____ _____

Cirrhosis _____ _____ _____

Gall Stones _____ _____ _____

Hysterectomy _____ _____ _____

Ovarian surgery _____ _____ _____

Emotional Considerations

Depression never - moderate -often _____ _____ _____

Impatient _____ _____ _____

Can't control temper _____ _____ _____

Under stress _____ _____ _____

Good ability to plan _____ _____ _____

Feeling of lump in the throat _____ _____ _____

Hard to make decisions _____ _____ _____

Feeling frustrated _____ _____ _____

Do you drink

Coffee _____ _____ _____

Alcohol _____ _____ _____

Soda _____ _____ _____

Iced Drinks _____ _____ _____

Fire Phase

General

- Fatigue/Listlessness Always Sometimes Never
- Difficulty breathing on exertion
- Sweating
- Feeling of discomfort in chest or in the heart region
- Cold hands
- Feeling cold
- Aversion to cold
- Burning urine
- Urinary tract infection
- Dizziness
- Insomnia**
- Can't get to sleep at night
- Read in bed for a long time
- Wake up at night
- Wake up in early morning
- Can't get back to sleep
- Disturbing dreams
- Last meal after 7:00pm

Palpitations

- Heart seems to beat faster
- Heart beats irregularly
- Evening/daytime/exertion

Emotional Considerations

- Stuttering speech
- Anxiety
- Easily startled or fidgety
- Recent emotional shock
- Uncontrollable laughter
- Manic/depressive behavior
- Recent excitements
- Poor memory
- "Dull" thinking

Facial Color

- Pale dull face color Always Sometimes Never
- Pale bright face color
- Pale-blue lips
- Cheeks flushed

General Family Health

- Heart Attacks
- High Blood pressure
- Diabetes
- Arthritis
- History of cancer in family

Earth Phase

Always Sometimes Never

General

- Weakness of limbs
- Stiffness in stomach area
- Prolapse of stomach, uterus
- Hemorrhoids
- White vaginal discharge
- Frequent urination
- Low grade fever during day
- Blood in urine or stool
- Blood spots under skin
- Bruise easily/Varicose veins
- Gum disease
- Toothache
- Cankersores/Cold sores

Digestive

- Decreased/increased appetite
- Abdominal bloating
- Lose stool/diarrhea
- Hard stool/constipation
- Cold stomach area
- (relieved by warmth)i.e, tea
- "Heavy" joints
- Swelling joints

Cold hands/feet

- Nausea Always Sometimes Never
- Acid regurgitation/vomiting
- Belching/Gas/Bad breath
- Hiccups
- Sweet taste in mouth

Dietary Habits

- Eat at irregular times
- Do business while eating
- Eat a lot of cold/raw foods
- Drink a lot of cold fluids
- Drink a lot of fluids
- Drink liquids in small sips
- No thirst

Emotional Considerations

- Studying/mental work
- Think/Worrying
- Overly caring for others
- Mothering type of person
- Feeling insecure
- Feeling "spacey"

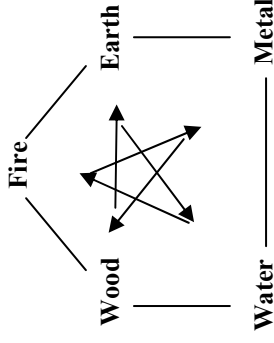
Metal Phase

Always Sometimes Never

General

- Tiredness
- Shortness of breath
- Asthma/emphysema
- Allergies
- Soft voice
- Difficult breathing
- while lying down
- Barking or dry cough
- Sputum/phlegm
- Sinusitis:
- yellow
- green
- blood tinged
- bad smelling

Notes:



Always	Sometimes	Never
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Night sweats
Sweating of the hands, feet, and at the sternum
Premature graying or loss of hair
Low or increased sex drive

Neuro-musculo Problems
Weak or Cold knees
Low back or spinal pain
Chondromalacia Patella
Edema in the legs

Genito-Urinary Problems
Scanty urination
Clear urination
Weak stream urination
Dribbling urination
Abundant urination
Urinary incontinence
Frequent urination
Kidney Pain or Stones
Bladder infections
Nocturnal emissions: with dreams without dreams

Impotence/Infertility
Premature ejaculation
Prostate problems
Chronic vaginal discharge
Prolapse of uterus

Emotiona Considerations
Fearful
Insecure about work/life
Difficult to undertake new projects
Determined
General lack of will power

Always	Sometimes	Never
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Chronic bronchitis/colds
Sore/itchy throat
Sneezing
Fever
Prone to sweating
Sweats profusely

Skin Problems
Swelling of eyes/face
Eczema
Hives
Boils
Ulcers
Psoriasis
Dry skin/Itchy skin
White patches

Emotional Considerations
Sadness/Loss of loved one
Emotional breakup
Grief
Not letting go of emotion
Smoker

Always	Sometimes	Never
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Water Phase

Congenital Anomalies
Poor bone formation
Slow growth
Dental problems
Loose teeth
Weak or soft or broken bones

General
Chronic illness
Slow onset of tinnitus
Dry mouth at night
Hearing loss
General feeling of cold