

Patient Registration Form

Name

First Name Middle Name Last Name

Date of Birth

Home Phone **Mobile Phone** **Work Phone**

Gender

E-mail **Preferred Communication**

example@example.com

Marital Status

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Emergency Contact Name **Emergency Contact Phone** **Relationship**

Employer **Occupation**

Referred by

Referred By **Name of friend**

Friend

Google

If referred by friend

Please list any medications that you are on and reason for taking them

Please include prescribed and over-the-counter medications

Please list any supplements that you are taking

Main Complaint/ Reason for visit

Main Complaint

Let us know the reason for your visit today

How did it happen?

Let us know the reason for your visit today

When did this problem begin?

The pain can be described as

- Sharp
- Dull
- Burning
- Aching

The pain is

- Constant
- Intermittent

Check symptoms you have noticed

Headaches	Head feels heavy	Light headed
Loss of balance	Dizzy	Nervous
Fatigue	Loss of hearing	Blurred vision
Chest pain	Pain in shoulder	Shoulder spasms
Pain in neck	Stiff neck	Neck spasms
Pain in arm	Numb in hands	Weak grip
Mid back pain	Numb in arm	Low back pains
Low back spasm	Pain into buttock	Pain into thigh
Pain down leg	Pain in ankle	Pain in foot
Pain in knee	Pain in elbow	Pain in wrist

WHAT ACTIVITIES AGGRAVATE YOUR CONDITION?

WHAT ACTIVITIES RELIEVE YOUR CONDITION?

IS THIS CONDITION INTERFERING WITH?

Work Sleep Daily Routine

IS CONDITION GETTING?

Worse Better Same

OTHER DOCTORS SEEN FOR THIS CONDITION

Please list any home remedies you may have tried

Have you had any previous serious illness?

Please include surgeries, cancer, fractures, etc.

We can also help you with

Digestion	Intestinal Health	Allergies	Weight Loss
Thyroid Issues	Low Energy	Sleeping Issues	Hormone Balance
PMS	Menstrual Cycle	Vision	GERD/Heartburn
Phobias	Prostate Issues		

INSTRUCTIONS:

Fill in only the circles which apply to you as follows:

MILD symptoms (occurred once or twice last 6 months)

MODERATE symptoms (occurred once or twice last months)

SEVERE symptoms (occurred once or twice last week)

Leave circles BLANK if they don't apply to you!

GROUP 1 (sym)

Mild Moderate Severe

1 Acid foods upset

2 Get chilled often

3 "Lump" in throat

4 Dry mouth-eyes-nose

5 Pulse speeds after meal

6 Keyed up - fail to calm

7 Cut heals slowly

8 Gag easily

9 Unable to relax; startles easily

10 Extremities cold, clammy

11 Strong light irritates

12 Urine amount reduced

13 Heart pounds after retiring

14 "Nervous" stomach

15 Appetite reduced

16 Cold sweats often

17 Fever easily raised

18 Neuralgia-like pains

19 Staring, blinks little

20 Sour stomach often

GROUP 2 (para)

MIL MODERAT SEVERE
~~D~~ — E —

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

GROUP 3 (glu)

MIL MODERAT SEVERE
~~D~~ — E —

- 42 Eat when nervous
- 43 Excessive appetite
- 44 Hungry between meals
- 45 Irritable before meals
- 46 Get "shaky" if hungry
- 47 Fatigue, eating relieves
- 48 "Light-headed" if meals delayed
- 49 Heart palpitates if meals missed or delayed
- 50 Afternoon headaches
- 51 Overeating sweets upsets
- 52 Awaken after few hours sleep - hard to get back to sleep
- 53 Crave candy or coffee in afternoons
- 54 Moods of depression - "blues" or melancholy
- 55 Abnormal craving for sweets or snacks

Group 4 (CV)

MIL MODERAT SEVERE
~~D~~—E

- 56 Hand and feet go to sleep easily, numbness
- 57 Sigh frequently, "air hunger"
- 58 Aware of "breathing heavily"
- 59 High altitude discomfort
- 60 Opens windows in closed rooms
- 61 Susceptible to colds and fevers
- 62 Afternoon "yawner"
- 63 Get "drowsy" often
- 64 Swollen ankles, worse at night
- 65 Muscle cramps, worse during exercise; get "charley horses"
- 66 Shortness of breath on exertion
- 67 Dull pain in chest or radiating into left arm, worse on exertion
- 68 Bruise easily, "black and blue" spots
- 69 Tendency to anemia
- 70 "Nose bleeds" frequent
- 71 Noises in head, or "ringing in ears"
- 72 Tension under the breastbone, or feeling of "tightness", worse on exertion

Group 5 (Li,Gb)

MIL MODERAT SEVERE
~~D~~—E

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

GROUP 6 (Dig Enz)

MIL MODERAT SEVERE
~~D~~ E

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

GROUP 7A (T-er)

MIL MODERAT SEVERE
~~D~~ E

- 107 Insomnia
- 108 Nervousness
- 109 Can't Gain Weight
- 110 Intolerance to heat
- 111 Highly Emotional
- 112 Flush easily
- 113 Night sweats
- 114 Thin, moist skin
- 115 Inward trembling
- 116 heart palpitates
- 117 Increased appetite without weight gain
- 118 Pulse fast at rest
- 119 Eyelids and face twitch
- 120 Irritable and restless
- 121 Can't work under pressure

GROUP 7B (T-o)

MIL MODERAT SEVERE
~~D~~ E

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

GROUP 7C (Pit-er)

MIL	MODERAT	SEVERE
D	E	

- 137 Failing memory
- 138 Low blood pressure
- 139 Increased sex drive
- 140 Headaches, "splitting or rendering" type
- 141 Decreased sugar tolerance

GROUP 7D (Pit-o)

MIL	MODERAT	SEVERE
D	E	

- 142 Abnormal thirst
- 143 Bloating of abdomen
- 144 Weight gain around hips or waist
- 145 Sex drive reduced or lacking
- 146 Tendency to ulcers, colitis
- 147 Increased sugar tolerance
- 148 Women; menstrual disorders
- 149 Young girls: lack of menstrual function

GROUP 7E (Ad-er)

MIL	MODERAT	SEVERE
D	E	

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

GROUP 7F (Ad-o)

MIL	MODERAT	SEVERE
D	E	

- 157 Weakness, dizziness
- 158 Chronic fatigue
- 159 Low blood pressure
- 160 Nails weak, ridged
- 161 Tendency to hives
- 162 Arthritic tendencies
- 163 Perspiration increase
- 164 Bowel disorders
- 165 Poor circulation
- 166 Swollen ankles
- 167 Crave salt
- 168 Brown spots or bronzing of skin
- 169 Allergies - tendency to asthma
- 170 Weakness after colds, influenza
- 171 Exhaustion - muscular and nervous
- 172 Respiratory disorders

GROUP 8 (Bs)

MIL MODERAT SEVERE
~~D~~ ~~E~~

- 173 Apprehension
- 174 Irritability
- 175 Morbid fears
- 176 Never seems to get well
- 177 Forgetfulness
- 178 Indigestion
- 179 Poor appetite
- 180 Craving for sweets
- 181 Muscular soreness
- 182 Depression; feelings of dread
- 183 Noise sensitivity
- 184 Acoustic hallucinations
- 185 Tendency to cry without reason
- 186 Hair is coarse and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency toward hives
- 191 Nervousness
- 192 Headache
- 193 Insomnia
- 194 Anxiety
- 195 Anorexia
- 196 Inability to concentrate; confusion
- 197 Frequent stuffy nose; sinus infections
- 198 Allergy to some foods
- 199 Loose joints

FEMALE ONLY

Not Satisfied Somewhat Satisfied Satisfied Very Satisfied

- 200 Very easily fatigued
- 201 Premenstrual tension
- 202 Painful menses
- 203 Depressed feelings before menstruation
- 204 Menstruation excessive and prolonged
- 205 Painful breasts
- 206 Menstruate too frequently
- 207 Vaginal discharge
- 208 Hysterectomy / ovaries removed
- 209 Menopausal hot flashes
- 210 Menses scanty or missed
- 211 Acne, worse at menses
- 212 Depression of long standing

MALE ONLY

MIL MODERAT SEVERE
~~D~~ — ~~E~~ —

- 213 Prostate trouble
- 214 Urination difficult or dribbling
- 215 Night urination frequent
- 216 Depression
- 217 Pain on inside of legs or heels
- 218 Feeling of incomplete bowel evacuation
- 219 Lack of energy
- 220 Migrating aches and joints
- 221 Tire too easily
- 222 Avoids activity
- 223 Leg nervousness at night
- 224 Diminished sex drive

List the five main complaints you have in the order of their importance
