East West Medicine

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www.EastWestMedicineVA.com

Patient Name: _____ Date: _____

GENERAL

Past	Current
☐	☐ Low Appetite
☐	☐ Excessive Appetite
☐	☐ Insomnia
☐	☐ Fatigue
☐	☐ Night Sweats
☐	☐ Sweats Easily
☐	☐ Chills
☐	☐ Localized Weakness
☐	☐ Poor Coordination
☐	☐ Change In Appetite
☐	☐ Strong Thirst
☐	☐ Other_____

SKIN AND HAIR

Past	Current
☐	☐ Rashes
☐	☐ Hives
☐	☐ Itching
☐	☐ Eczema
☐	☐ Pimples
☐	☐ Dryness
☐	☐ Tumors, Lumps

HEAD AND NECK

Past	Current
☐	☐ Dizziness
☐	☐ Fainting
☐	☐ Neck Stiffness
☐	☐ Enlarged Lymph Nodes
☐	☐ Headaches
☐	☐ Concussions
☐	☐ Other_____

EARS

Past	Current
☐	☐ Infection
☐	☐ Ringing (low / high)
☐	☐ Decreased Hearing
☐	☐ Discharge/Pus
☐	☐ Other_____

EYES

Past	Current
☐	☐ Blurred Vision
☐	☐ Visual Changes
☐	☐ Poor Night Vision
☐	☐ Spots
☐	☐ Cataracts
☐	☐ Glasses/Contacts

NOSE, THROAT AND MOUTH

Past	Current
☐	☐ Nose Bleeds
☐	☐ Sinus Infection

CARDIOVASCULAR

Past	Current
☐	☐ High Blood Pressure
☐	☐ Low Blood Pressure
☐	☐ Blood Clots
☐	☐ Palpitations
☐	☐ Fainting
☐	☐ Phlebitis
☐	☐ Chest Pain
☐	☐ Irregular Heart Beat
☐	☐ Cold Hands/Feet
☐	☐ Swelling Hands/Feet
☐	☐ Other_____

RESPIRATORY

Past	Current
☐	☐ Asthma
☐	☐ Bronchitis
☐	☐ Frequent Colds
☐	☐ COPD
(Chronic Obstructive Pulmonary Disease)	
☐	☐ Pneumonia
☐	☐ Cough
☐	☐ Coughing blood
☐	☐ Production of phlegm
☐	☐ Other_____

GASTRO-INTESTINAL

Past	Current
☐	☐ Nausea
☐	☐ Vomiting
☐	☐ Diarrhea
☐	☐ Belching
☐	☐ Blood in stools/black
☐	☐ Bad Breath
☐	☐ Rectal Pain
☐	☐ Hemorrhoids
☐	☐ Constipation
☐	☐ Pain or Cramps
☐	☐ Indigestion
☐	☐ Gallbladder Disorder
☐	☐ Gas
☐	☐ Bloating

MALE

Past	Current
☐	☐ Pain/Itching of Genitalia
☐	☐ Genital Discharge
☐	☐ Impotence
☐	☐ Weak Urinary Stream
☐	☐ Lumps in Testicles

Past	Current
☐	☐ Hay Fever/Allergies
☐	☐ Recurring Sore Throats

FEMALE

Past	Current
☐	☐ Frequent Urinary Tract Infections
☐	☐ Frequent vaginal infections
☐	☐ Pain/Itching of Genitalia
☐	☐ Genital Discharge
☐	☐ Pelvic Inflammatory
☐	☐ Abnormal Pap Smear
☐	☐ Irregular Periods
☐	☐ Painful Menstrual Periods
☐	☐ Premenstrual Syndrome
☐	☐ Abnormal Bleeding
☐	☐ Menopausal Syndrome
☐	☐ Other_____

NEUROLOGICAL

Past	Current
☐	☐ Seizures
☐	☐ Tremors
☐	☐ Numbness or Tingling of Limbs
☐	☐ Concussion
☐	☐ Pain
☐	☐ Paralysis
☐	☐ Other_____

PSYCHOLOGICAL

Past	Current
☐	☐ Depression
☐	☐ Anxiety/Stress
☐	☐ Irritability
☐	☐ Treated for emotional/ psychological problems
☐	☐ Other_____

INFECTION SCREENING

Past	Current
☐	☐ HIV
☐	☐ TB
☐	☐ Hepatitis
☐	☐ Gonorrhea
☐	☐ Chlamydia
☐	☐ Syphilis
☐	☐ Genital Warts
☐	☐ Herpes: oral/genital

GENITO-URINARY

Past	Current
☐	☐ Kidney Stones
☐	☐ Pain on Urination
☐	☐ Frequent Urination
☐	☐ Blood in Urine
☐	☐ Urgency to Urinate
☐	☐ Unable to Hold Urine

Past	Current
☐	☐ Grinding Teeth
☐	☐ Difficulty Swallowing