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FOLLOW UP APPOINTMENT SYMPTOM UPDATE

NAME: DATI	E: _									
Symptoms	F	rec	que	ncy	7		Sev	ver	ity	
Highlight or Star (*) the five symptoms that bother you most. Severity: 1 = mild / 5 = severe & intolerable Please note: SOME LINES HAVE MULTIPLE SYMPTOMS. PLEASE MAKE CLEAR WHICH ONE(S) APPLY TO YOU ON THAT LINE by Underlining, Bolding, or circling.	DAILY	FEW DAYS/WEEK	OCCASIONALLY	RARELY	PAST SYMPTOM	1	2	3	4	5
Head, Face, Neck						H				
Unexplained hair lossHeadache, mild or severe, seizures						Н			\dashv	—
Migraine, migraine with aura						Н			_	
Pressure in head, white matter lesions in brain (MRI)						H				
Twitching of facial or other muscles						Н				
Facial paralysis (Bell's Palsy, Horner's syndrome)						Н				
Tingling of nose, (tip of) tongue, cheek or facial flushing						П			\dashv	
Stiff or painful neck						П				
Jaw pain or stiffness						П				
Dental problems										
Sore throat, clearing throat, phlegm, or hoarseness										
Runny nose or Sinus issues										
Dry eyes, dry mouth										
Eyes/Vision										
Double or blurry vision								\dashv	_	
Increased floating spots						Ш				
Pain in eyes, or swelling around eyes						Ш				
Oversensitivity to light										
• Flashing lights, peripheral waves, phantom images in corner of eyes										

	Symptoms	Frequency					5	7			
	1 = mild / 5 = severe & intolerable	DAILY	FEW DAYS/WEEK	OCCASIONALLY	RARELY	PAST SYMPTOM	1	2	3	4	
Ea	rs/Hearing		Ē	0	~	Р	1		3	4	5
•	Decreased hearing in one or both ears, plugged ears										
•	Buzzing in ears or Ringing in one or both ears									-	
•	Pain in ears, oversensitivity to sounds										
	,										_
Dig	gestive and Excretory Systems										
•	Diarrhea										
•	Constipation										
•	Hemorrhoids										
•	Irritable bladder (trouble starting, stopping), interstitial cystitis, or UTI-like symptoms										
•	Irritable bowel (IBS), intestinal cramping, bloating										
•	Upset stomach (nausea or pain) or GERD/acid reflux										
Μι	sculoskeletal System										
•	Bone or back pain, joint pain or swelling, carpal tunnel										
•	Stiffness of joints, back, neck, tennis elbow										
•	Muscle pain or cramps, (Fibromyalgia)										
•	Gout										
Re	spiratory and Circulatory Systems										
•	Shortness of breath, can't get full/satisfying breath										
•	Asthma										
•	Cough										
•	Chest pain or rib soreness										
•	Night sweats or unexplained chills										
•	Heart palpitations or extra beats										
•	High Blood Pressure or Low Blood Pressure										
•	Endocarditis, heart blockage										
-											
	egument (Skin) System										
•	Rash, bullseye or other									_	
•	Unexplained Hives	1									

Sympton	18	Frequency					5	Severity					
		DAILY	FEW DAYS/WEEK	OCCASIONALLY	RARELY	PAST SYMPTOM							
1 = mild / 5 = severe 6	& intolerable	DA	FE	0	RA	PA	1	2	3	4	5		
Neurologic System													
Tremors or unexplained shaking													
Burning or stabbing sensations in the	e body												
Fatigue, Chronic Fatigue Syndrome	1 '												
Peripheral neuropathy or partial para Wealthy and the second strength in head	-												
Weakness or loss of strength in hand	is or legs												
Pressure in the head	1												
Numbness in body, tingling, pinprice Pastless less.	KS												
Restless legs	allrin a												
 Poor balance, dizziness, difficulty w Increased motion sickness 	aiking												
****											_		
Light-headedness, wooziness											_		
Psychological Well-being													
Mood swings, irritability, bi-polar di	sorder												
Unusual depression											_		
Disorientation (getting or feeling los	t)										_		
Feeling as if you are losing your mir													
Over-emotional reactions, crying east													
Too much sleep, or insomnia	•												
Difficulty falling or staying asleep													
Narcolepsy, sleep apnea													
Panic attacks, anxiety, PTSD													
OCD, ADD, ADHD													
Mental Capability													
Memory loss (short or long term)													
Confusion, difficulty thinking													
Difficulty with concentration													
Difficulty with reading													
Going to the wrong place													
Speech difficulty (slurred or slow)													
Difficulty finding commonly used w	ords												
Stammering speech													
• Forgetting how to perform simple ta	sks												

	Symptoms	Frequency					5	ity	7		
	1 = mild / 5 = severe & intolerable	DAILY	FEW DAYS/WEEK	OCCASIONALLY	RARELY	PAST SYMPTOM	1	2	3	4	5
Re	production and Sexuality										
•	Loss of sex drive									\Box	
•	Sexual dysfunction										
•	Unexplained menstrual pain, irregularity										
•	Unexplained breast pain, discharge										
•	Yeast Infections										
•	Testicular or pelvic pain										
Ge	neral Well-being										
•	Phantom smells										<u> </u>
•	Unexplained weight gain or loss										<u> </u>
•	Extreme fatigue										
•	Swollen glands or lymph nodes										<u> </u>
•	Unexplained fevers (high or low grade)										
•	Continual infections (sinus, kidney, eye, etc.)										
•	Symptoms seem to change, come and go										
•	Pain migrates (moves) to different body parts										
•	Low body temperature										
•	Allergies or chemical sensitivities										
•	Increased effect from alcohol and possible worse hangover										
•	Early on, experienced a "flu-like" illness, after which you have not si	nce	felt	well	l.						
	If yes, mark "past symptom" and severity)										
	ditional Symptoms										
•	Psoriasis									\dashv	—
•	Vitiligo									_	
•	Warts									\dashv	
•	Dry skin, dandruff									_	
•	Dark circles under eyes									\dashv	
•	Negative reactions to vaccines									\dashv	
•	Flatulence									_	
•	Poor skin integrity									_	
•	Excessive snoring									_	
•	Brittle nails										

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Any cl	nanges to lifestyle since last visit
	Diet:
	Medications/Supplements:
	Travel:
	Other: