**** 3050 W 151St Ct.

Suite 100

Broomfield, CO 80023

www.aboundinghope.life

(303) 494-3116 Office

**FOLLOW UP APPOINTMENT**

**SYMPTOM UPDATE**

***NAME:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DATE****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms** | **Frequency** | | | | | **Severity** | | | | |
| **Highlight or Star (\*)** the five symptoms that bother you most. | **DAILY** | **FEW DAYS/WEEK** | **OCCASIONALLY** | **RARELY** | **PAST SYMPTOM** | **1** | **2** | **3** | **4** | **5** |
| **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. |
| **Head, Face, Neck** |  |  |  |  |  |  |  |  |  |  |
|          Unexplained hair loss |  |  |  |  |  |  |  |  |  |  |
|          Headache, mild or severe, seizures |  |  |  |  |  |  |  |  |  |  |
|          Migraine, migraine with aura |  |  |  |  |  |  |  |  |  |  |
|          Pressure in head, white matter lesions in brain (MRI) |  |  |  |  |  |  |  |  |  |  |
|          Twitching of facial or other muscles |  |  |  |  |  |  |  |  |  |  |
|          Facial paralysis (Bell’s Palsy, Horner’s syndrome) |  |  |  |  |  |  |  |  |  |  |
|          Tingling of nose, (tip of) tongue, cheek or facial flushing |  |  |  |  |  |  |  |  |  |  |
|          Stiff or painful neck |  |  |  |  |  |  |  |  |  |  |
|          Jaw pain or stiffness |  |  |  |  |  |  |  |  |  |  |
|          Dental problems |  |  |  |  |  |  |  |  |  |  |
|          Sore throat, clearing throat, phlegm, or hoarseness |  |  |  |  |  |  |  |  |  |  |
|          Runny nose or Sinus issues |  |  |  |  |  |  |  |  |  |  |
|          Dry eyes, dry mouth |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Eyes/Vision** |  |  |  |  |  |  |  |  |  |  |
|          Double or blurry vision |  |  |  |  |  |  |  |  |  |  |
|          Increased floating spots |  |  |  |  |  |  |  |  |  |  |
|          Pain in eyes, or swelling around eyes |  |  |  |  |  |  |  |  |  |  |
|          Oversensitivity to light |  |  |  |  |  |  |  |  |  |  |
|          Flashing lights, peripheral waves, phantom images in corner of eyes |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Symptoms** | **Frequency** | | | | | **Severity** | | | | |
|  | **DAILY** | **FEW DAYS/WEEK** | **OCCASIONALLY** | **RARELY** | **PAST SYMPTOM** | **1** | **2** | **3** | **4** | **5** |
|  |
|  |
| 1 = mild / 5 = severe & intolerable |
| **Ears/Hearing** |  |  |  |  |  |  |  |  |  |  |
|          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 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Digestive 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 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Musculoskeletal System** |  |  |  |  |  |  |  |  |  |  |
|          Bone or back pain, joint pain or swelling, carpal tunnel |  |  |  |  |  |  |  |  |  |  |
|          Stiffness of joints, back, neck, tennis elbow |  |  |  |  |  |  |  |  |  |  |
|          Muscle pain or cramps, (Fibromyalgia) |  |  |  |  |  |  |  |  |  |  |
|          Gout |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory 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 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Integument (Skin) System** |  |  |  |  |  |  |  |  |  |  |
|          Rash, bullseye or other |  |  |  |  |  |  |  |  |  |  |
|          Unexplained Hives |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Symptoms** | **Frequency** | | | | | **Severity** | | | | |
|  | **DAILY** | **FEW DAYS/WEEK** | **OCCASIONALLY** | **RARELY** | **PAST SYMPTOM** | **1** | **2** | **3** | **4** | **5** |
|  |
|  |
| 1 = mild / 5 = severe & intolerable |
| **Neurologic System** |  |  |  |  |  |  |  |  |  |  |
|          Tremors or unexplained shaking |  |  |  |  |  |  |  |  |  |  |
|          Burning or stabbing sensations in the body |  |  |  |  |  |  |  |  |  |  |
|          Fatigue, Chronic Fatigue Syndrome |  |  |  |  |  |  |  |  |  |  |
|          Peripheral neuropathy or partial paralysis |  |  |  |  |  |  |  |  |  |  |
|          Weakness or loss of strength in hands or legs |  |  |  |  |  |  |  |  |  |  |
|          Pressure in the head |  |  |  |  |  |  |  |  |  |  |
|          Numbness in body, tingling, pinpricks |  |  |  |  |  |  |  |  |  |  |
|          Restless legs |  |  |  |  |  |  |  |  |  |  |
|          Poor balance, dizziness, difficulty walking |  |  |  |  |  |  |  |  |  |  |
|          Increased motion sickness |  |  |  |  |  |  |  |  |  |  |
|          Light-headedness, wooziness |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Psychological Well-being** |  |  |  |  |  |  |  |  |  |  |
|          Mood swings, irritability, bi-polar disorder |  |  |  |  |  |  |  |  |  |  |
|          Unusual depression |  |  |  |  |  |  |  |  |  |  |
|          Disorientation (getting or feeling lost) |  |  |  |  |  |  |  |  |  |  |
|          Feeling as if you are losing your mind |  |  |  |  |  |  |  |  |  |  |
|          Over-emotional reactions, crying easily |  |  |  |  |  |  |  |  |  |  |
|          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 words |  |  |  |  |  |  |  |  |  |  |
|          Stammering speech |  |  |  |  |  |  |  |  |  |  |
|          Forgetting how to perform simple tasks |  |  |  |  |  |  |  |  |  |  |
| **Symptoms** | **Frequency** | | | | | **Severity** | | | | |
|  | **DAILY** | **FEW DAYS/WEEK** | **OCCASIONALLY** | **RARELY** | **PAST SYMPTOM** | **1** | **2** | **3** | **4** | **5** |
|  |
|  |
| 1 = mild / 5 = severe & intolerable |
| **Reproduction and Sexuality** |  |  |  |  |  |  |  |  |  |  |
|          Loss of sex drive |  |  |  |  |  |  |  |  |  |  |
|          Sexual dysfunction |  |  |  |  |  |  |  |  |  |  |
|          Unexplained menstrual pain, irregularity |  |  |  |  |  |  |  |  |  |  |
|          Unexplained breast pain, discharge |  |  |  |  |  |  |  |  |  |  |
|          Yeast Infections |  |  |  |  |  |  |  |  |  |  |
|          Testicular or pelvic pain |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **General Well-being** |  |  |  |  |  |  |  |  |  |  |
|          Phantom smells |  |  |  |  |  |  |  |  |  |  |
|          Unexplained weight gain or loss |  |  |  |  |  |  |  |  |  |  |
|          Extreme fatigue |  |  |  |  |  |  |  |  |  |  |
|          Swollen glands or lymph nodes |  |  |  |  |  |  |  |  |  |  |
|          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 since felt well. | | | | |  |  |  |  |  |  |
| If yes, mark “past symptom” and severity) | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Additional Symptoms** |  |  |  |  |  |  |  |  |  |  |
|          Psoriasis |  |  |  |  |  |  |  |  |  |  |
|          Vitiligo |  |  |  |  |  |  |  |  |  |  |
|          Warts |  |  |  |  |  |  |  |  |  |  |
|          Dry skin, dandruff |  |  |  |  |  |  |  |  |  |  |
|          Dark circles under eyes |  |  |  |  |  |  |  |  |  |  |
|          Negative reactions to vaccines |  |  |  |  |  |  |  |  |  |  |
|          Flatulence |  |  |  |  |  |  |  |  |  |  |
|          Poor skin integrity |  |  |  |  |  |  |  |  |  |  |
|          Excessive snoring |  |  |  |  |  |  |  |  |  |  |
|          Brittle nails |  |  |  |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Any changes to lifestyle since last visit**

**Diet**:

**Medications/Supplements**:

**Travel**:

**Other**: