Kristin A. Dudley L.Ac.

Patient Diagnostic Intake

Name_____ Date_____

Main Complaint_____

Put a check mark by the symptoms that pertain to you. Star the ones you've had within the last three months.

☐ general weakness
☐ sweats easily
☐ feel worse after exercise
☐ fatigue
☐ shortness of breath

☐ dizziness
☐ see floating black spots
☐ numbness/tingling hands or feet
☐ dry skin
☐ night vision worse than day vision

☐ heat sensation in hands, feet, chest
☐ night sweats
☐ feverish in the afternoon or flushes
☐ thirsts at night
☐ cold hands/feet
☐ overall, do you run hot/cold?

☐ palpitations
☐ insomnia
☐ speech problems
☐ difficulty concentrating
☐ anxiety/restlessness
☐ sores on tip of tongue
☐ chest pain traveling to shoulder
☐ dream-disturbed sleep
☐ mental confusion

☐ cough
☐ nasal discharge
☐ nose bleeds
☐ sinus congestion
☐ dry mouth, throat, nose
☐ allergies
☐ headaches
☐ sore throat
☐ chills alternating with fever
☐ feels grief
☐ difficulty breathing

☐ low appetite
☐ loose stools
☐ constipation
☐ diarrhea
☐ abdominal bloating and/or gas after eating
☐ fatigue after eating
☐ prolapsed organs (previously diagnosed)
☐ hemorrhoids
☐ bruise easily
☐ over thinks, obsesses, worries

☐ general feeling of heaviness in body
☐ mental heaviness
☐ swollen hands
☐ swollen feet
☐ nausea

☐ acid reflux
☐ large appetite
☐ mouth (canker) sores
☐ bleeding, swollen or painful gums
☐ stomach pain
☐ vomiting

☐ neck and shoulder tension
☐ diarrhea alternating with constipation
☐ feel better after exercise
☐ bitter taste in mouth
☐ blood shot eyes
☐ anger easily
☐ dry eyes
☐ seizures/convulsions
☐ chest pain

☐ low back pain
☐ sore, cold, or weak knees
☐ frequent urination
☐ loose teeth
☐ hair loss
☐ lack of bladder control