PATIENT INTAKE ORGAN FUNCTION

Please check the following that currently pertain to you (if you have symptoms in the following categories, it indicates that you have a possible problem with that organ's function.

O Difficulty Breathing	O Smoke (# _ per day)	O Shortness of Breath	O Constipation	O Wheezing
O Loose Stools	O Sadness	O Cough	O Melancholy	O Emphysema / COPD
O Dry Skin	O Difficulty Concentrating	O Rapid, Quick Thinking	O Asthma	O Bottle Fed as child
O Excess Phlegm	O Frequent Colds/Flu	O Slow Healing Skin	O Mucus in Stool	O Other ____________
O Tuberculosis	O Psoriasis	O Pulmonary Diseases	O Diarrhea	O Allergies ____________
O Sweating Problems	O Sinusitis / Rhinitis	O Nasal Problems	O Chest Congestion	____________

O Sensitivities to: O Smells O Noise O Clothing O Energy O Others ____________ ____________

Kidney / Urinary Bladder Meridian / Organ Network

O Frequent Cavities	O Other Dental Problems	O Kidney Stones	O Easily Broken Bones	O Low Back Pain
O Memory Problems	O Excessive Hair Loss	O Frequent Night Urination	O Lack of Bladder Control	O Fear
O Easily Startled	O Fatigue / Lethargy	O Cold Hands or Feet	O Depression	O Premature Gray Hair
O Sciatica	O Decreased Will Power	O Multiple Sclerosis	O Muscular Dystrophy	O Cerebral Palsy
O Diseases of Spinal Column	O Osteoarthritis	O Infertility	O Sterility	O Cold Body Temperature
O Knee Pain	O Afternoon Flushes	O Hot Body Temperatures	O Excessive Thirst	O Night Sweats
O Heat in Chest	O Lack of Perspiration	O Perspire Easily	O Hot Flashes	O Heat in Hands or feet

O Unusual Urine Out-put (Explain) ____________

Liver / Gall Bladder Meridian / Organ Network

O Anger Easily	O Frustration	O Depression	O Irritability	O Pain in the Ribs
O Tightness In Chest	O Bitter Taste in Mouth	O Tingling Sensations	O Numbness	O Gall Stones History
O Gall Stones Currently	O Seizure	O Convulsions	O Skin Rashes	O Drink Alcohol
O Headaches on side of head	O PMS Symptoms	O Fibromyaglia	O Nausea	O Tendonitis
O Liver Spots	O Substance Abuse	O Chronic Fatigue	O Parkinsons Disease	O Migratory Pain
O Brittle/Coarse Nails or Hair	O Distention/Bloating	O Flushed Face	O Muscle Spasms	O Twitching
O Cramping	O Irritable Bowel	O Sensitivity to Greasy Foods	O Migraines	O Tremors
O Menstrual Cramping	O Vertigo	O Tinnititis	O Insomnia	O Difficulty Staying Asleep
O Hiccups	O Belching	O Sour Regurgitation	O Churning Stomach	O Frequent Sighing
O TMJ	O Stiff Neck & Shoulders	O Restless Legs	O Sciatica	

O Repetitive Strain Disorders (Please List) ____________

Heart / Small Intestine Meridian / Organ Network

O Mental Confusion	O Palpitations	O Chest to Shoulder Pain	O Difficulty Falling Asleep	O Nightmares
O Restlessness	O Dizziness	O Vertigo	O Flushed Face	O Cold Limbs
O Sores on Tip of Tongue	O Wake Unrefreshed	O Difficulty Staying Asleep	O Anxiety	O Pain Down the Arm
O Drink Coffee # _ Cups/Day	O Dream Disturbed Sleep	O Heart Problems	O Hearing Problems	O Anemia
O Abdominal Pain	O Hot Flashes	O Hot Painful Joint	O Inflammatory Conditions	O Disturbed Thinking
O Phobias	O Poor Circulation	O Rheumatoid Arthritis	O Tongue/Speech Problems	O Lack of Joy/Humor
O Cardiac Pain	O Psychosis	O Epilepsy	O Spontaneous Sweating	O Shortness of Breath
O Bitter Taste in Mouth				

O Other (Please List) ____________

Spleen / Stomach Meridian / Organ Network

O Low Appetite	O Excessive Appetite	O Acid Reflex	O Heartburn	O Mouth Sores
O Abrupt Weight Gain	O Abrupt Weight Loss	O Fatigue After Eating	O Easily Bruised	O Hemorrhoids
O Over-Thinking	O Worry	O Bad Breath	O Stomach Pain	O Nausea
O Vomiting	O Abdominal Bloating	O Belching	O Passing Gas	O Hiccups
O Gurgling Noise in Stomach	O Ulcer (diagnosed)	O Burning Sensation After Eat	O Prolapsed Organs	O Aching Heavy Limbs
O Chronic Disease	O Cancer	O Diabetes	O Gastritis	O Indigestion
O Loose Stools	O Irritable Bowel	O Weak Muscles	O Headaches	O Poor Memory
O Difficulty Focusing	O Non-Breast Fed	O Fatigue	O Vein Problem	O Bitter Taste in Mouth
O Insomnia	O Excess Phlegm	O Crohn's Disease		