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Patient Symptom and Evaluation Sheet

1. General Energy:

- normal
- low.....For how long?_____

2. Fever and Chills:

- fever chills
- alternating fever and chills
- fever in the afternoon all day evening
- dislike of heat dislike of cold
- feel cold often feel cold often hands and feet always cold

3. Sweating:

- inability to sweat noticeable sweating during the day
- night sweats
- sweating with high fever, thirst
- sweating and cold limbs
- heat or sweating or heat in hands, feet, and chest area
- hot flashes with sweating _____X/day worse in morning worse in afternoon/evening

4. Head:

a) headaches (i) Type of pain:

- "ready to explode" pricking burning stabbing sharp
- pain with heavy head &/or body/limbs squeezing like a rope wrapped around head pain with neck stiffness or pain
- Other:_____

(ii) Location:

- one sided R or L whole head top of head
- forehead Behind the L or R eye(s) pain at temples
- just above neck (occiput)

(iii) Timing:

- associated with emotion occurs before periods after period starts (Day_____ of periods)
- associated with fatigue associated with neck stiffness/pain

Western Medical Diagnosis:_____

other:_____

b) Dizziness: with emotion with fatigue standing up fast just there

- when moving head with heavy limbs/head Blood Pressure_____
- with one-sided weakness, difficulty speaking, visual changes, or headache

c) face, teeth, ears, and eyes:

- pain or numbness in face area:_____
- loss of muscle control in face:_____
- loose teeth or history of lost teeth
- many dental amalgams or other dental work

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- gum swelling/bleeding
- ringing in ears high pitch low pitch (often loud like water rushing)
- history of ear infections ear pain or discharge
- eye pain or discharge dry eyes red, itchy eyes eyes that tear a lot
- blurred vision or other visual disturbances: _____

- floaters in front of eyes

d) Sleep:

- insomnia for _____ days/weeks/months/years/since menopause
- number of hours per day spent sleeping _____
- difficulty falling asleep
- waking up easily throughout the night
- I wake up at _____ am/pm often and can't fall back to sleep
- early morning awakening
- vivid dreams
- wake up tired
- feel sleepy all the time

5. Body/Limbs

- whole body pain joint and/or muscle pain with weather changes
- moving pain pain is worse at night pain is worse in day
- muscle pain, located: _____

- joint pain, located: _____

- swollen hands/other joints: _____
- low back pain with weakness/also knee soreness & weakness
- thinning of bones
- numbness or tingling; location: _____

6. Chest and Abdomen:

- a) Cough: dry cough with scanty phlegm, hard to cough up
- profuse phlegm yellow or white in colour
 - wheezing shortness of breath
- I catch _____ colds/flu per year
- b) Chest pain or discomfort: burning pricking stabbing tight heavy
- chest feels full dull pain bulging from inside pain on exertion
- c) Palpitations: yes I wear a pacemaker/defibrillator
- worse with stress or coffee I have an irregular heart rate
 - I have a slow heart rate I have a fast heart rate (N=60-100bpm)
 - I have a murmur I have palpitations without anxiety or stress
- d) Pain or Discomfort in the ribcage area: burning stabbing pricking
- bulging (not enough room) dull history of Gallstones/Liver problem

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- e) Stomach Pain: burning stabbing pricking over full dull sharp
pain relieved with pressure heat cold
pain worsened with pressure heat cold
pain better with eating pain worse with eating
 I sometimes vomit up “coffee grounds”

- f) Lower Abdominal Pain (under the belly button): burning pricking
stabbing over-full dull sharp
related to period, days_____
- pain relieved with pressure cold heat
pain worsened with pressure cold heat
pain relieved by bowel movement
 I have bright red blood in my stool I have tarry black stools
 I have a hernia

- g) Digestive Disturbances: belching hiccupping nausea vomitting
acid reflux indigestion gas
constipation dry/hard bitty soft but hard to pass with blood
diarrhea with mucous with undigested food with blood
 stool is smelly and clear/yellow I often get early morning diarrhea
 I have constipation alternating with diarrhea
 I have food allergies that make my digestion worse
 My digestion is worse with stress
 Other: _____
 I normally have well formed stools that are easy to pass
 number of bowel movements per day_____

- h) Taste in the mouth:
 any noticeable taste in the mouth especially upon wakening?
(bitter____, sweet____,metallic____, salty____sour,____jungle,____)
 I tend to have a thick coating on my tongue and in my mouth

- i) Thirst and Appetite:
(i) Thirst:
I am thirsty and wanting to drink a lot I have little or no thirst
 I have thirst but no desire to drink My throat is dry in the morning
I prefer cold drinks I prefer warm drinks I drink__glasses water/day
(ii)Appetite:
I eat late at night I have little desire to eat/poor appetite
I am easily hungry I am hungry but don't want to eat

7. Urination:
 dark pale cloudy
small amount large amount (not in proportion to fluid intake)
 I need to urinate frequently I urinate _____X after going to bed

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- pain on urination history of kidney stones
- urinary retention urinary incontinence

8) Skin Diseases:

- acne scarring acne eczema psoriasis acne roacea itching broken capillaries dermatitis varicose veins herpes shingles easy bruising dry skin new skin discoloration or change in texture

Location: _____

9. Sexual Function:

- My partner and I are in a happy relationship
- sexual energy increased or decreased
- we have been trying to have a baby for over 18 months

Males: premature ejaculation leaky sperm

- Erectile dysfunction (ED) for ___ years, which is
- worse with anxiety worse with medication

10. Gynecology:

a) Menstrual cycle:

- age when I had my first period
- I still have periods
- My last period was _____ days/months/years ago....or
- number of missed periods: _____
- cycle is normal (every 21-35 days) early ___ days delayed ___ days
- irregular cycle. Range _____ days/cycle
- spotting between periods flooding alternating with dripping

b) medications:

- I have been on hormonal birth control for _____ years
 - I stopped hormonal birth control _____ days/months/years ago
 - hormones for menopause. Duration: _____
 - I am taking hormones to regulate my period. Duration: _____
 - I am taking fertility medications. Duration: _____
- _____
- _____

c) volume:

- normal
- heavy (more than 8 extra strength tampons/pads/day on days ___ - ___)
- light (require few regular or mini pads on days ___ - ___)
- duration of bleeding ___ days

d) property: thin thick clots on days ___ - ___

e) abdominal pain:

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- before period during period on days ____-____ once clots pass
 after period always mid-cycle I have endometriosis PCOS

f) Pregnancy and Delivery:

- I am pregnant I am trying to get pregnant
 number of children delivery type: _____
 number of miscarriages/abortions _____
 uterine of bladder prolapse
 Age of my mother when I was born
 I was born at 9 months gestation
 I am pregnant now

Previous Labours: _____

Obstetrical Status:

- i) Due date: _____
ii) # weeks pregnant: _____
iii) Dilation: _____
iv) Effacement: _____
v) Station: _____
vi) Position: _____
vii) Type of medical follow-up/frequency of check ups: _____

Midwife name, address, phone number: _____

g) Vaginal Health:

- yellow discharge white discharge
 thick discharge fluid like discharge
 foul odour odourless small amount large amount
 dry vagina pain on intercourse pain on intercourse due to tightness
 many vaginal yeast infections non-bacterial vaginosis STD-please circle:
chlamydia, gonorrhea, Trichomoniasis, syphilis, genital warts/HPV, molluscum
contagiosum, herpes, Pelvic Inflammatory Disease, scarred fallopian tube
 other vaginal problem: _____ Date of last PAP smear
 many urinary tract infections more urinary tract infections since menopause

h) Breast Health: tender breasts before period fibrocystic breasts little breast milk

- I had/have plenty of breast milk I examine my breasts monthly
 I have a lump/discoloration I have mammograms every ____ years

Patient name: _____ Date: _____