

Comprehensive Body Systems Review

For your safety, I must be aware of all medical conditions for which you have been diagnosed or experienced:

Circle all conditions that apply.

Mental & Emotional

*Migraines/Headaches, Poor Memory/Concentration/Recall, High Stress, Overwhelmed Easily, Fatigue, Depression, Mood swings, Excess Worry, Anxiety, Suicidal thoughts, Anorexia/Bulimia
Other? Please describe:*

Nervous System

*Dizziness, Tremors, Nervousness Tingling/Pins & Needles, Numbness, Shooting Pains, Restless Legs, Unsteady Gait, Low/Erratic Energy Levels
Other? Please describe:*

Circulatory System

*Anemia, Angina, Atherosclerosis, Hemophilia, Congestive Heart Failure, Heart Disease, Heart Attack, Heart Murmur, Stroke, High/Low Blood pressure, High/Low Cholesterol, Varicose or Spider Veins, Swelling, Bruising, Blot Clots, Thrombosis (DVT)
Other? Please describe*

Respiratory System

*Breath Irregularities – Short/Shallow, Cough, Asthma, Mucus, Infections
Other? Please describe:*

Gastrointestinal (G.I.T) System

*Bloating, Flatulence, Heartburn, Indigestion, Pain, Distension, Excess/Loss of Appetite, Fullness after meals, Constipation, Diarrhea, Intolerance of Fatty Foods, Mucus/Blood/Pale/Black Stools, Anal Itching, Hemorrhoids, Cravings, Bad Breath, Waking between 1-3am, Sluggish Heavy Feeling
Other? Please describe:*

Musculoskeletal System

*Whiplash, Sore neck and shoulders, Stiffness, Cramps, Sprains, Injuries, Arthritis, Carpal Tunnel Syndrome, Disc or spinal issues, Sciatica, Fibromyalgia, Teeth Grinding, Locked Jaw (TMJ), Repetitive Strain Injuries (RSI)
Other? Please describe:*



Endocrine System

Excessive Thirst/Hunger, Fatigue/Exhaustion, Sudden Weight Gain/Loss, Trouble Maintaining/Losing Weight, Cold Hands & Feet

Other? Please describe:

Urinary System

Past/Present UTI, Frequent Urination, Pain/Blood when Urinating, Incontinence, Loss of Libido, STD/STIs, Lower back pain, Kidney Stones

Other? Please describe:

Immune System

Frequent Colds/Infections, Slow Wound Healing, Cold Sores, Sore Tongue, Swollen Lymph Glands, Food or Environmental Allergies/Intolerance, Hot/Cold conditions, Fevers, Viruses Immune Disorders

Other? Please Describe:

Reproductive System

Menstrual Cycle Irregularities, PMS/PMT, High/Low Blood Flow, Hot Flushes, Pain on Intercourse, Tender/Swollen/Painful/Lump in Breasts, OCP, IUD, Cysts, Fibroids, Miscarriage/Fertility issues, Low/Excess Libido

Other? Please describe:

Sleep

Insomnia, Interrupted Sleep, Difficulty falling asleep, Tired upon Waking, Dream Recall, Nightmares, Night Sweats

Other? Please Describe:

Dental Health

Mercury Fillings, Pain, Root Canals, Loss of Teeth, Receding Gums, Gum Sensitivity, Staining/Yellowing Teeth?

Other? Please Describe:

Skin Health

Lesions, Wounds, Rashes, Psoriasis, Eczema, Lumps & Bumps, Excessive Dryness/Itchiness or Hot/Cold conditions?

Other? Please Describe:



Serious Illness & Surgeries

Cancer, Tumours, Infectious Diseases, Hospitalization, Past Surgeries

Other? Please Describe:

Other

Please add anything that is important that has not been covered above:



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