

Young Mountain Wellness LLC

Amy E. Young, LAc RDN LE

4118

4 US-6 Avon, CO 81620

phone: 412.389.8297

General Symptomatology

Please indicate any current or recurring symptoms that pertain to you

- | | |
|---|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Neck & shoulder tension or pain |
| <input type="checkbox"/> Feel cold easily | <input type="checkbox"/> Numb hands or feet |
| <input type="checkbox"/> Cold hands / feet | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Muscle spasms, twitching, or cramping |
| <input type="checkbox"/> Flushes or feel hot easily | <input type="checkbox"/> Seizures / convulsions |
| <input type="checkbox"/> Hot palms or feet | <input type="checkbox"/> Chest oppression / tension |
| <input type="checkbox"/> Sweating easily or a lot | <input type="checkbox"/> Red or irritated eyes |
| <input type="checkbox"/> Floating black spots | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Blurry vision | <input type="checkbox"/> Anger easily |
| <hr/> | |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Bitter taste in mouth |
| <input type="checkbox"/> Restlessness / anxiety | <input type="checkbox"/> Frequent sighing |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Depression |
| <hr/> | |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Low back pain |
| <input type="checkbox"/> Phlegm in throat | <input type="checkbox"/> Knee pain / weakness |
| <input type="checkbox"/> Sinus congestion / discharge | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dribbling urination |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Catch colds easily or often | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Asthma or difficulty breathing | <input type="checkbox"/> Memory problems |
| <hr/> | |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Ringing in ears |
| <input type="checkbox"/> Poor appetite | |
| <input type="checkbox"/> Large appetite | |
| <input type="checkbox"/> Diarrhea / loose stools | |
| <input type="checkbox"/> Constipation | |
| <input type="checkbox"/> Abdominal pain | |
| <input type="checkbox"/> Gas / bloating | |
| <input type="checkbox"/> Tired after eating | |
| <input type="checkbox"/> Heavy sensation in body | |
| <input type="checkbox"/> Reflux / heart burn | |
| <input type="checkbox"/> Stomach ache | |
| <input type="checkbox"/> Bad breath | |
| <input type="checkbox"/> Mouth sores | |
| <input type="checkbox"/> Nausea | |
| <input type="checkbox"/> Vomiting | |
| <input type="checkbox"/> Bleeding gums | |
| <input type="checkbox"/> Rectal bleeding | |
| <input type="checkbox"/> Easy bruising | |

Urine is:

- Light yellow
- Clear
- Dark yellow
- Reddish
- Cloudy
- Scanty
- Burning
- Strong odor
- Painful
- Difficult
- Urgent

Libido (sex drive)

- Normal
- High
- Low

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Female Reproductive Info

Are you pregnant now or
currently trying to get pregnant?

yes no

Number of children _____

Number of pregnancies _____

Age of first period _____

Age of menopause _____

Average days in cycle _____

Average length of flow _____

Cycle info:

- Regular (28 day cycle)
- Irregular (different every time)
- Short cycle (26 days or less)
- Long cycle (30 days or more)

Period info:

- Normal flow
- Heavy flow
- Light flow
- Dark flow
- Clotted
- Painful
- Nausea / diarrhea
- Breast distention
- Mood swings
- Spotting
- Bleeding between periods
- Discharge between periods
- Other _____

Male Reproductive Info

- Pain with urination
- Dribbling urination
- Stop & start urination
- Pain with ejaculation
- Pain / swelling of testicles
- Numbness of external genitalia
- Premature ejaculation
- Impotence
- Erectile dysfunction
- Other _____

