

**HEADACHE INTAKE ASSESSMENT FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

NAME(S) AND AGE (S) OF CHILDREN: \_\_\_\_\_  
\_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

DOES ANYONE IN YOUR FAMILY HAVE HEADACHES, OR HAVE THEY HAD MODERATE-TO-SEVERE HEADACHES IN THE PAST? \_\_\_\_\_

HOW OFTEN DO YOU HAVE A MODERATE-TO-SEVERE HEADACHE? \_\_\_\_\_

HOW LONG DO THE SEVERE HEADACHES LAST?

Hours One Day Two Days Three to Several Days

ON A SCALE OF ONE TO TEN, TEN BEING THE WORST, HOW SEVERE ARE THE HEADACHES?

1 2 3 4 5 6 7 8 9 10  
Mild Moderate Severe

HOW OLD WERE YOU WHEN YOU STARTED HAVING HEADACHES? \_\_\_\_\_

DO YOU HAVE SOME TYPE OF HEADACHE EVERY DAY? \_\_\_\_\_

HOW MUCH DO THESE DAILY HEADACHES BOTHER YOU?

Mildly Moderately Severely

WHERE DOES THE PAIN HURT ON THE DAILY HEADACHES? \_\_\_\_\_

WHERE DOES THE PAIN HURT ON THE SEVERE HEADACHES? \_\_\_\_\_

WHAT KIND OF PAIN IS IT?

Sharp Pounding Aching Other:

DOES YOUR EYE TEAR ON THE SIDE OF THE HEADACHE? \_\_\_\_\_

ARE THE HEADACHES MUCH WORSE IN THE LAST FEW MONTHS? \_\_\_\_\_

ARE THE HEADACHES MUCH WORSE IN THE LAST YEAR? \_\_\_\_\_

DO YOU FREQUENTLY HAVE NAUSEA WITH THESE HEADACHES? \_\_\_\_\_ DOES IT BOTHER YOU? \_\_\_\_\_

DO YOU HAVE ANY VISUAL PROBLEMS, SUCH AS FLASHING LIGHTS OR SPRINKLES OF LIGHT, OR LOSE YOUR VISION TO ONE SIDE WITH A HEADACHE? \_\_\_\_\_

(FOR WOMEN ONLY)

ARE THE HEADACHES MUCH WORSE BEFORE OR DURING THE MENSTRUAL PERIOD?

\_\_\_\_\_ ARE YOU ON ANY BIRTH CONTROL PILL OR HORMONE? \_\_\_\_\_

(Continued on back)

DOES STRESS PLAY A ROLE IN THE HEADACHES? \_\_\_\_\_

CIRCLE THE FOLLOWING IF THESE PLAY A ROLE IN YOUR HEADACHES OR IN PRODUCING AN OCCASIONAL HEADACHE:

Stress  
Missing a Meal  
Bright Sunlight

Exercise  
Foods  
Perfume Odors

Weather Changes  
Cigarette Odor

After Stress is Over:  
Under sleeping  
Oversleeping  
Hormonal Changes,  
such as menstrual cycle, Exertion,  
Sexual Activity

Different Seasons:  
Summer  
Fall  
Winter  
Spring

DO YOU HAVE VERY COLD FEET AND HANDS IN THE WINTER? \_\_\_\_\_

HAVE YOU HAD A CAT-SCAN FOR THE HEADACHES? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

HAVE YOU HAD AN MRI FOR THE HEADACHES? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

HAVE YOU HAD BLOOD TESTS IN THE PAST YEAR? \_\_\_\_\_ WERE THEY NORMAL? \_\_\_\_\_

HAVE YOU HAD BIOFEEDBACK OR RELAXATION TRAINING FOR HEADACHES? \_\_\_\_\_  
IF SO, HAS IT HELPED? \_\_\_\_\_

WHICH DOCTORS/HEADACHE DOCTORS HAVE YOU SEEN FOR HEADACHES, IF ANY?

\_\_\_\_\_  
\_\_\_\_\_

LIST MEDICATIONS THAT YOU HAVE TAKEN FOR HEADACHES IN THE PAST AND IF THEY HELPED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU SMOKE CIGARETTES? \_\_\_\_\_

DO YOU DRINK ALCOHOL? \_\_\_\_\_ RARELY \_\_\_\_\_ OCCASIONALLY \_\_\_\_\_ FREQUENTLY

HAVE YOU HAD ANY TYPE OF PROBLEM WITH ADDICTIVE DRUGS IN THE PAST?

\_\_\_\_\_

DO YOU TEND TO BE ANXIOUS OR NERVOUS? \_\_\_\_\_

IS THE ANXIETY: \_\_\_\_\_ MILD \_\_\_\_\_ MODERATE \_\_\_\_\_ SEVERE

DO YOU HAVE TROUBLE: \_\_\_\_\_ SLEEPING \_\_\_\_\_ GOING TO SLEEP \_\_\_\_\_ STAYING ASLEEP?

\_\_\_\_\_

DO YOU TEND TO BE DEPRESSED VERY OFTEN? \_\_\_\_\_

HAVE YOU BEEN DEPRESSED LATELY? \_\_\_\_\_

**OTHER PAST MEDICAL HISTORY:**

OPERATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ULCERS OR STOMACH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

SIDE EFFECTS OR ALLERGIES TO ANY MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ASTHMA: \_\_\_\_\_

ANY OTHER MEDICAL PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STRESS FORM**

T. Gokani, M.D.

NAME: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PRACTICE? \_\_\_\_\_

IF REFERRED, NAME & PHONE NO. OF REFERRING PHYSICIAN: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSES OCCUPATION: \_\_\_\_\_

BROTHERS/SISTERS AND AGES (IF APPLICABLE): \_\_\_\_\_

DESCRIBE BRIEFLY (PERSONALITY TRAITS, MEDICAL PROBLEMS, ETC.):

A. FATHER: \_\_\_\_\_

B. MOTHER: \_\_\_\_\_

LIST SEVERAL PERSONALITY TRAITS WHICH BEST DESCRIBE YOUR PERSONALITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIOR CLINICAL/COUNSELING INTERVENTION: \_\_\_\_ YES \_\_\_\_ NO

INPATIENT \_\_\_\_ OUTPATIENT \_\_\_\_

DATES: \_\_\_\_\_  
(MONTH, YEAR)

CURRENTLY ONGOING: \_\_\_\_ Yes \_\_\_\_ No

PRIMARY THERAPIST WAS/IS: \_\_\_\_\_ PSYCHIATRIST  
\_\_\_\_\_ PSYCHOLOGIST  
\_\_\_\_\_ SOCIAL WORKER  
\_\_\_\_\_ MARRIAGE COUNSELOR  
\_\_\_\_\_ OTHER (PLEASE DESCRIBE)

NATURE OF PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF APPLICABLE, MEDICATION PRESCRIBED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continued)

CURRENT AREAS IN WHICH I AM UNDER STRESS INCLUDE THE FOLLOWING:

- WORK     FINANCIAL PRESSURE     MARRIAGE     TIME MANAGEMENT
- RELATIONSHIP / INTERACTIONS W/ CHILDREN     NONE OF THE ABOVE
- RELATIONSHIP / INTERACTIONS W/ PARENTS     OTHER (PLEASE DESCRIBE)

PLEASE ELABORATE BRIEFLY ON ANY ITEMS CHECKED ABOVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE IF ANY OF THE FOLLOWING APPLY TO YOU:

- HISTORY OF ALCOHOLISM IN FAMILY
- EMOTIONAL ABUSE AS A CHILD
- PHYSICALLY ABUSED AS A CHILD
- EARLY OR RECENT HEAD INJURY
- SUICIDAL THOUGHTS (PAST OR PRESENT)
- FRIENDS AND FAMILY MEMBERS DO NOT UNDERSTAND OR APPRECIATE
- THE NATURE OF YOUR HEADACHES

PLEASE ELABORATE BRIEFLY ON ANY ITEMS CHECKED ABOVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY OTHER PREVIOUS/CURRENT MEDICAL PROBLEMS OR ISSUES WHICH YOU FEEL ARE RELATED TO OR CONTRIBUTE TO YOUR HEADACHES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PREVIOUS HEADACHE MEDICATION ASSESSMENT FORM

Below are some commonly used headache medications. Please fill in the section below for any medications you have taken.

For each medication, mark its effectiveness in treating your headaches from one through five, five being the most effective.

Also rate the severity of the side effects with five being the most severe.

### Over The Counter

#### **Aspirin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Acetaminophen/Tylenol**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Ibuprofen/Motrin/Advil**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Feverfew**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Excederin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Aspirin Free Excederin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Orudis KT (Ketoprofen)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Vitamin B2 (Riboflavin)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Anacin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Aleve**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Magnesium Oxide**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Petadolux (Butterbur)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

### Prescription

#### **Naproxen sodium (Anaprox)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Fioricet**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Esgic Plus**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Fiorinal/Fioricet with codeine**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Vicodin/Vicoprofen/Lorcet**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Tylenol #3 or #4**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Oxycontin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Vioxx**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Toradol (Ketorolac)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Ansaid (Flurbiprofen)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Voltaren (Diclofenac sodium)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Fiorinal**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Esgic**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Phrenillin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Norgesic, Norflex**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Darvocet, Darvon**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Percocet, Percodan, Tylox**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Oxycodone**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Panlor**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Celebrex (Celecoxib)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Orudis, Oruvall**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Indocin (Indomethacin)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Mobic (Meloxicam)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Imitrex (Sumatriptan)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Maxalt (Rizatriptan) tablet or**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **MLT**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Axert (Almotriptan)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Amerge (Naratriptan)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Zomig tablet or nasal spray**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Midrin**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**DHE (Dihydroergotamine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Frova**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Stadol Nasal Spray**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Methadone (Dolophine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Demerol (Meperidine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Phenergan (Promethazine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Reglan (Metoclopramide)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Thorazine (Chlorpromazine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Skelaxin (Metaxalone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Flexeril (Cyclobenzaprine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Ergomar SL**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Cafergot**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Migranal Nasal Spray**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Relpax**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Morphine IV/IM**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**MS Contin, Kadian, Avinza**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Ultram (Tramadol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Prednisone, Decadron**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Compazine (Prochlorperazine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Tigan (Trimethobenzamide)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Zofran (Ondansetron)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Parafon Forte (Chlorzoxazone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Soma (Carlsoprodol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Timolol (Blocadren)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Atenolol (Tenormin)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Verapamil (Calan, Covera)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Elavil (Amitriptyline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Vivactil (Protriptyline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Inderal (Propranolol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Metoprolol (Lopressor, Toprol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Cardizem (Diltiazem)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Doxepin (Sinequan)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Desipramine (Norpramin)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Nadolol (Corgard)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Pamelor (Nortriptyline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Zoloft (Sertaline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Lexapro (Escitalopran)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Buspar (Bursiprone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Paxil (Paroxetine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Remeron (Mirtazapine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Trazodone (Desyrel)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Prozac (Fluoxetine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Wellbutrin (Bupropion)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Serzone (Nefazadone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Topamax (Topiramate)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Neurontin (Gabapentin)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Trileptal (Oxcarbazepine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Dexadrine**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Adderall**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Concerta**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Ritalin/Focalin**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Lithium (Eskalith, Lithobid)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Cymbalta(Duloxetine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Zanaflex (Tizanidine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Lamictal (Lamotriginer)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Zyprexa (Olanzapine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Phentermine**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Depakote (Valproic Acid)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Effexor (Venlafaxine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Tegretol (Carbamazepine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Seroquel (Quetlapine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Zonegran**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Geodon**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Gabitril (Tiagabine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Keppra**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Botox Injections**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Trigger Point Shots**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

Please list any medications you have taken not listed above

\_\_\_\_\_ Effectiveness: 1 2 3 4 5 Side Effects: 1 2 3 4 5

\_\_\_\_\_ Effectiveness: 1 2 3 4 5 Side Effects: 1 2 3 4 5

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\_\_\_\_\_ Effectiveness: 1 2 3 4 5 Side Effects: 1 2 3 4 5

Rate each of the following symptoms based on your typical health profile for the **Past month**

**Point Scale:** **0**—*Never or almost never* have the symptom **1**—*Occasionally* have it, effect is *not severe* **2**—*Occasionally* have it, effect is *severe* **3**—*Frequently* have it, effect is *not severe* **4**—*Frequently* have it, effect is *severe*

<b>HEAD</b>	Headaches Faintness /Dizziness Seizures/shaking/Numbness/Loss of conciousness Insomnia	<b>DIGESTIVE TRACT</b>	Nausea, vomiting Diarrhea Constipation Bloating feeling
<b>EYES</b>	Watery or itchy eyes Swollen, reddened or sticky eyelids Bags or dark circles under eyes Blurred or tunnel vision	<b>JOINTS/ MUSCLE</b>	Belching, passing gas Heartburn Intestinal/stomach pain Pain or aches in joints , swelling/redness Cold Hands/Feet Arthritis
<b>EARS</b>	Itchy ears Earaches, ear infections Drainage from ear Ringing in ears, hearing loss		Stiffness or limitation of movement Feeling of weakness or tiredness Pain or aches in muscles
<b>NOSE</b>	Stuffy nose Sinus problems Hay fever Sneezing attacks Excessive mucus formation	<b>WEIGHT</b>	Binge eating/drinking Craving certain foods Excessive weight/Underweight Water retention Compulsive eating
<b>MOUTH/ THROAT</b>	Gagging, frequent need to clear throat Sore throat, hoarseness, loss of voice Swollen or discolored tongue, gums,lips Chronic coughing	<b>ENERGY/ ACTIVITY</b>	Fatigue, sluggishness Apathy, lethargy Hyperactivity Fever Restlessness
<b>SKIN</b>	Canker sores Acne , Allergic reaction Hives, rashes, dry skin Hair loss Flushing, hot flashes Excessive sweating	<b>MIND</b>	Poor memory Confusion, poor comprehension Difficulty in making decisions Stuttering or stammering Slurred speech , Poor physical coordination Learning disabilities Poor concentration Daytime sleepiness
<b>HEART</b>	Chest pain , High Blood pressure Irregular or skipped heartbeat Leg pain/ankle swelling Rapid or pounding heartbeat	<b>EMOTIONS</b>	Pregnancy, Menopause, Irregular cycles Anxiety, fear, nervousness , panic attacks Anger, irritability, aggressiveness Depression , Mood Swings
<b>LUNGS</b>	Difficulty breathing Chest congestion Asthma, bronchitis , wheezing Shortness of breath	<b>OTHER</b>	Frequent illness, Anemia , Sexual dysfunction, Frequent or urgent urination ; Bleeding, Clotting, Bruising, Thyroid disorder Genital itch or discharge –all other systems negative-----

