



The Best of Chinese Medicine

Examination

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How was your childhood health? _____

Hospital Visits/Stays: _____

Recent tests (please indicate test results and date below)?

Physical Cholesterol Prostate Blood
 HIV/STD Pap smear Mammography Other: _____

Test Results and Date: _____

Check any you have had in the past:

Diabetes Allergies Glaucoma Rheumatic Fever
 Heart Disease CVA (stroke) Vein condition Thyroid disorder
 Asthma Pneumonia Tuberculosis Emphysema
 Jaundice Gonorrhea Mumps Bleeding tendency
 Syphilis Measles Chicken pox Nervous disorder
 Meningitis HIV Polio Mononucleosis
 Epilepsy High fever Hepatitis Multiple Sclerosis
 Paralysis Cancer Migraines High blood pressure
 other lung illnesses other liver illnesses other heart illnesses other kidney illnesses

Other: _____

Surgeries: _____

Please clearly describe any areas of pain: _____

Is the pain:

Sharp Burning Achin Dull Moving Fixed Other: _____

Do the following lessen the pain?

Pressure Cold Heat Exercise Other: _____

Do the following worsen the pain?

Pressure Cold Heat Other: _____

Please check the following that currently pertain to you:

Overall Temperature (Kidney function):

Cold hands Cold feet Sweaty hands Sweaty feet
 Afternoon flushes Night sweats Lack of perspiration Thirsty
 Perspire easily Hot body Cold body Heat in the hands, feet, and chest
 Hot flashes any time of the day



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Overall energy (Lung, Kidney function):

- Shortness of breath
- Low energy
- General weakness
- Easily catch colds
- Difficulty keeping eyes open in the daytime
- Feel worse after exercise

Overall blood (Liver, Spleen, Heart function):

- Dizziness
- See floating spots

Heart function:

- Palpitations
- Anxiety
- Restlessness
- Mental confusion
- Frequent dreams
- Wake unrefreshed
- Chest pain traveling to shoulder
- Drink coffee (# of cups per week: _____)
- Sores on the tip of the tongue

Lung function:

- Nasal Discharge (Color: _____)
- Cough
- Nose Bleeds
- Sinus Congestion
- Dry mouth
- Dry throat
- Allergies (To what? _____)
- Dry Skin
- Dry Nose
- Headache (Location: _____)
- Sneezing
- Alternating fever and chills
- Overall achy feeling in the body
- Stiff neck
- Stiff shoulders
- Smoke cigarettes (# of cigarettes per day: _____)
- Difficulty breathing
- Sore throat
- Sadness
- Melancholy

Spleen function:

- Low appetite
- Abrupt weight gain
- Abrupt weight loss
- Abdominal bloating
- Abdominal gas
- Gurgling noise in the stomach
- Fatigue after eating
- Easily bruised
- Hemorrhoids
- Pensive
- Over-thinking
- Worry
- Prolapsed organs (previously diagnosed, which organ? _____)

Spleen, Stomach, Large Intestine, Small Intestine function:

- Loose stool
- Constipated
- Incomplete
- Diarrhea
- Blood in stools
- Mucous in stools
- Undigested food in stools

Dampness trapped in the body:

- General sensation of heaviness in the body
- Mental heaviness
- Mental sluggishness
- Mental fogginess
- Swollen hands
- Swollen feet
- Swollen joints
- Chest congestion
- Nausea
- Snoring

Liver, Gall Bladder function:

- Alternating diarrhea and constipation
- Chest pain
- Tight sensation in the chest
- Bitter taste in mouth
- Anger easily
- Frustration
- Depression
- Irritability
- Skin rashes
- Tingling sensation
- Numbness
- Muscle spasms
- Muscle twitching
- Muscle cramping
- Seizures
- Convulsions
- Lump in the throat
- Neck tension
- Limited Range-of-Motion, Neck
- Shoulder tension
- Limited Range-of-Motion, Shoulder
- Drink alcohol
- High-pitched ringing in the ears
- Gall stones
- Headache at top of the head



Stomach function:

- Large appetite Bad breath Mouth (canker) sores Bleeding, swollen or painful gums
- Heartburn Acid regurgitation Ulcer (diagnosed) Belching
- Hiccoughs Stomach pain Vomiting

Eyes (Liver function):

- Itchy Bloodshot Hot Dry
- Watery Gritty Blurry vision Decreased night vision

Kidney, Urinary Bladder function:

- Frequent cavities Easily broken bones Sore knees Weak knees
- Cold knees Low back pain Memory problems Excessive hair loss
- Kidney stones Bladder infections Easily startled Lack of bladder control
- Wake during the night twice or more to urinate Low-pitched ringing in the ears

Urination:

- Normal color Dark yellow Clear Reddish Cloudy
- Scanty Profuse Strong odor Burning Painful
- Discharge Difficult Painful Urgent Frequent

Libido:

- Normal High Low

Women only:

- Regular menstrual cycle Y N Pregnant Y N Number of children: _____
- Number of pregnancies: _____ Age of first menstruation: _____ Age of menopause: _____
- Average number of days of flow: _____ Average days in entire cycle: _____
- Vaginal discharge Bleeding between periods

Do you experience any of the following pre-menstrual syndromes?

- Nausea Vomiting Water retention Breast swelling
- Food cravings Headaches Migraines Breast tenderness
- Depression Irritability Anxiety Other emotions: _____
- Dull pain, where? _____ Sharp pain, where? _____

Please fill in the following menstrual chart:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Color (normal, bright red, pale, brown, rust, dark, purple)							
Amount of flow (normal, heavy, light)							
Pain/cramps (location, dull, sharp)							
Clots (large, small, black, purple, red)							
Vomiting (check if yes)							
Nausea (check if yes)							
Other							

Men only:

- Swollen testes Testicular pain Impotence Premature ejaculation
- Feeling of coldness or numbness in external genitalia Other _____