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EVALUATION / RE-EVALUATION FORM

Name: ____ DOB: ___/___/___ **Date: ___/___/____**

B/P: ___________________ Pulse: _____ Temp.: _____ Weight: _________Glucose: __________ pH: _______
Appetite: G ___ P ___ Increased ___ Decreased ___ Same ___
Hours of sleep per night: ____ _____ Insomnia: Yes ___ No ___ Restlessness: Yes___ No ___
Falling asleep: Fast ___ Difficult ___ Interrupted sleep: Yes ___ No ___ _____________________
Day nap: Yes ___ No ___ ________________________________
Exhaustion: Yes ___ No ___ ____
Easily tiredness/ fatigue: Yes ___ No ___ ________________Presence of Energy (0-10): _____________
Morning: slow starter Yes ___ No___ ____
Daytime: active Yes ___ No ___ ____
Sleepy, tired after lunch: Yes___ No___ ____
Evening: active Yes ___ No ___ ____
Gaining energy after 6pm Yes ___ No ___ ____
Concentration: G ___ P___ ____
Memory: G ___ P ___ ____
Mood swings: Yes ___ No ___ ______________ Nervousness: Yes___ No___ ____________
Vision: Same ___ Improving ___ Deteriorating ___
Hearing: Same ___ Improving ___ Deteriorating ___
Bowel movements: Frequency per day __________ Quantity______________________________
Stool density: Formed ___ Loose ___ Hard ___ ______________________________
Stool color: Light ___ Brown ___ Dark brown ___ Green ___ Black ___
Day urination, frequency per day: ________ Low Pressure: Yes ___ No ___ Small quantity: Yes ___ No ___
Night urination, frequency per night: ______________________ Burning: Yes ___ No ___ _____________
Joint pain/ Stiffness: Yes ___ No ___ ____
Muscle pain/ Stiffness: Yes ___ No ___ ____
Swelling: Yes ___ No ___ ____
Headaches: Yes ___ No ___ ____
Nausea: Yes ___ No ___ ____
Cold hands/ feet: Yes ___ No ___ ____
Increased thirst: Yes ___ No ___ ____
Craving of cold drinks: Yes ___ No ___ ____
Craving of sugar: Yes ___ No ___ ____
Craving of meat: Yes ___ No ___ ____
Craving of pasta/ cereal: Yes ___ No ___ ____
Abdominal pains/ aches: Yes ___ No ___ ____
Bloating after meals: Yes ___ No ___ Heartburn: Yes ___ No ___ Burping: Yes ___ No ___
What definite food causes bloating: ____
Skin changes: Dryness__ Rash __ Itching __ Acne __ Dermatitis __ Herpes __ Psoriasis __ Eczema __ None __
General Comments: ____
____
____
Signature:____