

Patient Name: _____ Date: _____ ID: _____

Inquiry of Health Status

1. What is your overall energy level? low normal high other _____
2. What is your overall stress level? low normal high other _____
3. Does your body tend to be cold or warm? cold normal warm other _____
4. Do your hands or feet tend to feel cold or warm? cold normal warm other _____
5. Do you tend to sweat? yes normal no If yes, where? _____
6. Do you currently have night sweats? yes no If yes, frequency: _____ amount: _____
7. Do you generally feel thirsty? thirsty normal not thirsty
8. What kind of drink do you generally crave? cold warm room temperature no cravings for drink
9. How is your appetite overall? low normal high
10. Do you generally have cravings for food? yes no If yes, specific: _____
11. Please describe your urination.
Frequency: low normal high Amount: short normal excessive Odor: normal abnormal _____
Appearance: clear yellowish dark yellow cloudy other, specific: _____
Concomitant sensation: difficulty pain other _____
12. Please describe your bowel movement.
Frequency: once/____ day(s) Stool: dry well-formed loose watery undigested food other _____
Odor: normal abnormal _____ Concomitant sensation: difficulty pain other _____
13. How many hours do you sleep everyday? ____ hours
14. Do you feel you have enough sleep? yes no If no, how many hours per day would be enough for you? _ hours
15. Please describe your sleep quality.
good poor difficulty disturbed dreams: few many dreams can not remember
When you get up, how do you feel? tired refreshed other _____
16. What is your libido level? low normal high other
17. Have you experienced heart palpitation? yes no If yes, frequency _____ duration _____
18. Have you experienced shortness of breath? yes no If yes, frequency _____ duration _____
19. Do you recently have any change in vision hearing memorization focus no change other: _____ ?
If any, details: _____
20. Do you have any other symptoms of signs regarding your health?
yes no If yes, details: _____



Clinician Name: _____ Signature: _____ Date Signed _____