NAME:

BIRTHDATE:

WHAT ARE YOUR MAIN COMPLAINTS?_____

WHAT DO YOU THINK IS THE CAUSE?_____

WHAT HAVE YOU DONE THUS FAR?_____

WHAT TIME OF DAY DO YOU FEEL WORSE?_____

WHAT SEASON DO YOU FEEL WORSE?_____BETTER?_____

HOW DOES FOG OR SNOW EFFECT YOU?_____

ARE YOU GENERALLY CHILLY OR TOO WARM?_____

HOW DO YOU FEEL DURING THUNDERSTORMS?_____

DO YOU PREFER SITTING, STANDING, LYING DOWN OR WALKING?_____

HOW IS YOUR THIRST?_____WHAT DO YOUR DRINK?_____

AT WHAT TEMPERATURE?_____WHAT DO YOU CRAVE?_____

WHAT DO YOU DISLIKE?_____EAT DAILY?_____

IN WHAT POSITION DO YOU SLEEP?_____

DO YOU LIKE THE ROOM WARM OR OPEN AIR?_____

AT WHAT TIME DO YOU FALL ASLEEP?_____WAKE AT NIGHT?_____

WAKE IN THE MORNING?_____GENERALLY SLEEP HOURS_____

WHAT MAKES YOU MAD?_____

WHAT MAKES YOU SAD?_____

WHAT MAKES YOU GLAD?_____

WHAT IS YOUR OCCUPATION?_____

_

WHAT DO YOU LIKE ABOUT IT?_____

WHAT DO YOU DISLIKE?_____