

2. Please give some general information about yourself as follows:

a) Do you prefer a warm or a cool environment? b) Does any kind of weather affect you adversely?

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3. a) Do you have cravings or aversions for any particular kind of food or flavour?

b) Would you say your appetite is normal? c) Would you say your thirst is normal?

d) Do any foods make you ill?

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4. Do you sleep well?

If not, is there any pattern to the sleep disturbance?

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Is there a position which you prefer or in which you cannot sleep?

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5. Do you have any other physical complaints apart from your chief complaint? If so, please describe them.

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6. Is there anything else you would like to mention?

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7. Do any illnesses run in your family?

Please give names of illnesses which have occurred, to which members of your family, and at approximately what age.

Has there been any Tuberculosis, Cancer, Diabetes or Heart Disease?

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8. Please list your current medical problems and conventional / alternative treatments

PROBLEM	MEDICATION (conventional)	Other treatments

9. Please list your past medical illnesses and treatments

- 1)
- 2).....
- 3)
- 4).....
- 5)
- 6).....
- 7).....

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