

Trump Chiropractic & Acupuncture Traditional Chinese Medicine Questionnaire

(Check All That Apply)

General

- How is your appetite? _____
- How much water do you drink per day? _____
- Pain? Yes / No Location: _____
- Changes In Sleep Patterns: Insomnia or Disturbed Sleep
- Fever, Chills, Night Sweats
- Sweats Easily
- Unexplained Weight Loss or Gain
- Bruise and/or Bleed Easily
- Poor Balance and/or Dizziness
- Decreased energy
- Localized Weakness
- Tremors

Skin & Hair

- Dandruff
- Skin Itching
- Change In Skin Color
- Rashes, Ulcerations, Hives, Pimples, Moles
- Hair Loss
- Eczema, Psoriasis, Other Skin Condition

Respiratory

- Difficulty Breathing
- Asthma, Bronchitis, or Pneumonia
- Cough and/or Coughing Up Blood or Phlegm
- Pressure In Chest
- Pain During Inhalation

Gastrointestinal

- Diarrhea, Constipation, Chronic Laxative Use
- Nausea and/or Vomiting
- Abdominal Pain and/or Cramping
- Hemorrhoids and/or Rectal Pain
- Bloody or Black Stools
- Bad Breath

Patient Name: _____

Head, Eye

- Poor Vision
- Eye Strain
- Night Vision Problems
- Dizziness
- Headaches
- Sinus Issues
- Poor Hearing
- Sore Throat
- Grinding Teeth
- Sores
- Difficulty Swallowing
- Low Energy

Genito-Urinary

- Increased Urination
- Bloody Urine
- Painful Urination
- Vaginal Discharge
- Painful Menstruation
- Menstrual Irregularities
- Fibroids
- Menopausal Symptoms
- Pain During Intercourse
- Impotence
- Kidney Issues
- Changes in Libido

Neuropsy

- Poor Memory
- Anger
- Poor Thinking
- Seizures
- Dizziness
- Numbness