

## Health Systems Questionnaire

Please print this form out and fill it in before your first session with Emma. Please **circle any of the health concerns that you may currently be experiencing** and make any notes where you feel it is relevant.

**Do you suffer with any of the following health conditions?**

### **Head:**

Headaches      Migraine      Dizziness      Fainting

### **Skin, hair, scalp & nails:**

Acne      Eczema      Psoriasis      Other rashes      Hair loss  
Dandruff      Excess sweating

### **Eyes:**

Eyestrain      Light sensitivity      Blurred/double vision      Watering

### **Ears, nose & throat:**

Deafness      Ear noises      Wax accumulation      Earaches      Sinusitis  
Loss of smell      Blocked nose      Frequent colds      Hay fever  
Allergies      Catarrh      Sneezing      Swollen glands      Infections  
Nosebleeds

### **Mouth, teeth & gums:**

Ulcers      Cold sores      Toothache      Abscesses      Lost/loose teeth

### **Neck, shoulders & arms:**

Aching      Tension      Arm pain      Tingling      Cold hands  
Joint pain

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### Chest:

Pains      Tightness      Difficulty breathing      Coughs      Wheezing  
Palpitations

### Digestive System:

Acidity      Burning      Bleeding      Wind      Indigestion      Burping      Nausea  
Vomiting      Bloating      Constipation      Diarrhoea      Haemorrhoids      Fissures  
Change of stool colour

### Urinary System:

Thirst      Urinary frequency (day/night)      Burning      Infections  
Restricted flow      Change in urine colour / smell

### Female System:

Menstrual irregularities      Cramps      PMT      Menopause      Hot flushes  
Loss of libido      Discharge      Infections      Infertility      Breast lumps  
Breast tenderness

### Male System:

Erection problems      Loss of libido      Infections      Lumps      Discharges  
Infertility

### Back, hips & legs:

Lower back pain      Sciatica      Joint pains      Pins & needles      Cold feet  
Varicose veins      Swollen ankles

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### Nervous System:

Weakness   Poor co-ordination   Memory loss   Difficulty concentrating

Numbness   Coldness

### Miscellaneous:

Thyroid dysfunction   Cancer   HIV   Blood pressure   Blood sugar Issues