

SSA Detailed History Form

Patient Name: _____ Date: _____ Consistently taking supplements _____%

Instructions: For any that applies to you, please mark on a scale from 0-10, 10 being the worse

Headaches

- Basal
- Temples
- Cluster
- Crown
- TMJ
- Frontal
- Migraine
- prodromal-halluc
- Photophobia
- Olfaction
- Nausea
- Other _____

Sinus

- Dry
- Drain
- Plug
- Post
- white, yellow, green, gray
- brown, blood, clear
- Sneezing
- Smell loss
- Taste loss
- Thirst
- Other _____

Heart

- Sharp heart pain
- Palpitations
- MVP
- Tachy
- Nausea/ Queasy
- Brady
- Arm Pain
- Other _____

Hemorrhoids

- Swollen
- Burning
- Blood
- Distended
- Itchy
- Stingy
- Achy

Ears

- Creases R L
- Noise (Ring/Hiss/Pound)
- Plug
- Pop
- Ache
- Drain
- Itch
- Hearing Loss
- Dizzy
- Wax
- Other _____

Mouth

- Sore throat
- Hoarseness
- Cough (dry/productive)
- Allergies
- URI
- Fever
- Chills
- Halitosis
- Cankers
- Blisters
- Flu
- Other _____

Breathing

- Shortness of breath
- Constant
- Exertion
- Asthma
- Wheeze
- Air hunger
- Yawning
- Other _____

Prostrate

- History/Current
- Burn
- ache
- pain
- restrict
- dribble
- emission
- swell
- Other _____

Eyes

- Burn
- Tear
- Ache
- Red
- Dry
- Film
- Blur
- Floaters
- Spots
- Tired
- Puffy
- Stye
- Twitch
- Cirlces
- Other _____

Neck

- Stiffness
- Shoulder tension
- Chielosis
- Dry mouth
- Cold hands/feet
- Sweaty hands/feet
- Gums
- Teeth
- Glands
- Dysphagia
- Other _____

Stomach

- Heartburn
- Indigestion
- Aches/Cramps/Nausea/Queasy
- Bloat
- Belch
- Gas
- Ulcer
- Hiatal Hernia
- Other _____

Vagina

- Burn
- Itch
- Dry
- Pain
- Blood
- Discharge
- clear/white/green/green/brown
- Dischare
- Other _____

Fecal Consistency

- Color feces: light or dark
- Normal
- Soft
- Hard
- Pebbles
- Dry
- Ribbon-like
- Mucous
- Diarrhea
- Constipation
- Other _____

Ovulation

- Pains
- Cysts
- Discharge
- Regulat
- Irregular
- Fibroids
- Other _____

Tongue

- Cracks
- Patches
- Red Spots
- Swollen
- Color
- Veins
- Frenular Cyst
- Coated
- pH
- Other _____

Chest

- Tension
- Tight
- Pressure
- Heavy
- Anxiety
- Congestion
- Pain
- Sternal
- Other _____

Bowel

- Regular
- Incomplete
- Sluggish every ___ days
- Cramps
- Laxative/Suppositories/Softners
- Enemas/Colonics/Bulk
- Other _____

Breast Tenderness

- Breast feeding
- Fibrosis
- Lump
- Discharge
- Prothesis
- Reduction
- Tender
- Other _____

SSA Detailed History Form - continued

Menopause

- Natural

Nails

- Spots

Appetite

- Low

Doctor ONLY

- Surgical (partial/complete)
- Hormones
- Patch
- Flashes
- Formication

- Luna
- Weak
- Ridges
- Lines
- Other _____

- High
- Sweet
- Salt
- Coffee
- Tea
- Chocolate
- Beer
- Wine
- Starch
- Spices
- Ice
- Cream
- Soda
- Other _____

Weight (+/- _____ lbs)
 Overall weight loss (+/- _____ lbs)
 RJL: _____
 Height _____
 BF% _____
 Pulse _____
 BP: ____/____ Supine
 BP: ____/____ Standing
 Blood Oxygen _____
 Chol. _____
 Trig: _____
 HDL: _____
 pH: _____
 Tissue Calcium: _____
 Moist sense: _____

Menses

- Regular
- Irregular (early/late)
- _____ LMP
- BC Pill
- Flow
- Heavy
- Moderate
- Light
- Long
- Brief
- Cramps
- Mild
- Moderate
- Severe
- Back
- Lower Abdominal Puffines
- Face swelling
- Hands swelling
- Feet swelling
- Body swelling
- Breast Tenderness
- Acne (pre/mid/post)
- Spotting
- Clots
- PMS (mood/Irritable/depression)
- Other _____

Urination

- Nocturnal ____Night ____Week
- Frequency
- Urgent
- Burn
- Pain
- Odor
- Spam
- Leak
- UTI
- Other _____

Sleep

- Difficulty falling asleep
- Insomnia
- Interrupted ____/night
- Sleep cravings
- Jolts
- Dreams
- Night sweats
- Restlessness
- Hrs. per night _____
- Other _____

Emotions

- Sad
- Grief
- Depression
- Moody
- Irritable
- Worry
- Angry
- Nervous
- Frustrated
- Anxiety
- Panic
- Cry
- Fear
- Shame
- Other _____

Muscles

- Cramps
- Aches
- Anxiety
- legs/feet/arms/legs
- Other _____

Skin

- Rash
- Acne
- Dry
- Itch
- Fungus
- Patch
- Fluid
- Cellulite
- Other _____

Misc.

- Stress
- Slow healing
- Bruising
- Arthritis _____
- Coordination
- Concentration

Energy

- Low
- Variable
- Up
- Slow to start
- Improve with meals
- Worse with meals
- Improve in afternoon
- Worse in afternoon
- Exercise _____
- Other _____

Memory

- Name
- Number
- Word
- Other _____

Sexuality

- Flat
- Low
- Normal
- ED
- Orgasm
- Other _____

Nutritional Exam

Liver
 HCL
 Pancreas
 Enzyme
 Murphy's sign
 Right thumb web
 Right thenar pad
 Large Intestines
 Small Intestines
 Navel
 Adrenal/groin
 ITB

Measurements

Biceps _____
 Chest _____
 Waist _____
 Hips _____
 Thigs _____

Medications

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Allergies/Surgeries

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____