NATURAL PATH MEDICAL CENTER

9832 N HAYDEN RD #207, SCOTTSDALE, AZ 85258 · 480.603.9273

Name:

Symptom Checklist

INSTRUCTIONS: Grade your symptoms according to the following.

None			Mild				Moderate			Severe
0	1	2	3	4	5	6	7	8	9	10

DATE	DATE	DATE		DATE	DATE	DATE	
			SYMPTOM				**SYMPTOM**
SCORE	SCORE	SCORE		SCORE	SCORE	SCORE	
			Fatigue				Abnormal Throat Sensations
			Headaches				Sweating Abnormalities
			Migraines				Heat and/or Cold Intolerance
			PMS				Low Self Esteem
			Irritability				Irregular Periods
			Fluid Retention				Severe Menstrual Cramps
			Anxiety				Low Blood Pressure
			Panic Attacks				Frequent Colds & Sore Throats
			Hair Loss				Frequent Urinary Infections
			Depression				Lightheadedness
			Decreased Memory				Ringing in the Ears
			Decreased Concentration				Slow Wound Healing
			Decreased Sex Drive				Easy Bruising
			Unhealthy Nails				Acid Indigestion
			Low Motivation				Flushing
			Constipation				Frequent Yeast Infections
			Irritable Bowel Syndrome				Cold Hands/Feet, Turn Blue?
			Inappropriate Weight Gain				Poor Coordination
			Dry Skin				Increased Nicotine/Caffeine Use
			Dry Hair				Infertility
			Insomnia				Hypoglycemia
			Needing to Sleep During Day				Increased Skin Infections/Acne
			Arthritis and Joint Aches				Abnormal Swallowing Sensations
			Allergies				Changes in Skin Pigmentation
			Asthma				Prematurely Gray/White Hair
			Muscular Aches				Excessively Tired After Eating
			Itchiness of Skin				Carpal Tunnel Syndrome
			Elevated Cholesterol				Dry Eyes/Blurred Vision
			Ulcers				Hives
							Bad Breath
			TOTALS				**TOTALS**