

Six Syndrome Jing Fang Herbal Medical Intake Form

Please mark or circle appropriate fields. No need to add any notes regarding mild or severe qualifiers.

Patient Name: _____ Age: _____ Date: _____

1. Main Complaint: _____

Length of time? _____

Which conditions alleviate the symptoms? _____

Which conditions worsen the symptoms? _____

2. **Physical Pain, Location:** _____

Sharp	Dull	Pricking	Fixed/static	Moveable
Radiating	Oppression	Soreness	Weakness	Tightness
Normal range of motion of joint	Limited range of motion of joint	Stiffness	Cracking/crepitus	Hypermobility

3. **Muscle cramping locations/frequency:** _____

4. **Tremors locations/frequency:** _____

5. **Skin disorders Location:** _____

Numbness	Itching	Scaling	Dryness	Rashes
Electric	Pus or boil	Oily	Stubborn sores	Cracking

6. **Abnormal Sweating Condition:** _____

Sweating after eating	Spontaneous sweating	Excessive sweating	Night Sweating	Lack of Sweating
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Location: _____

7. **Aversion or dislike of weather conditions:** _____

Aversion to Wind	Aversion to cold	Aversion to dampness	Aversion to heat
Dislike air condition or drafts	Dislike cold inside or outside	Dislike damp or rainy weather	Dislike summer and can't stand the hot weather

8. **Subjective feeling of the body and limbs:** _____

Body feels:

Freezing	Cold	Normal	Warm	Hot
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Upper Limbs feel: (hands and/or arms)

Freezing	Cold	Normal	Warm	Hot
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Lower Limbs feel: (feet and/or legs)

Freezing	Cold	Normal	Warm	Hot
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9. **Cough and wheezing:** _____

Dry cough	Profuse phlegm	With scant phlegm	Easy to expectorate	Hard to expectorate
Difficult to lie down	Yellow phlegm	White phlegm	Foaming	Excessive salivation
Snoring				

10. **Dryness:** _____

Mouth	Throat	Eyes	Nose	Ears
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11. **Ear Nose Throat:** _____

Blurry vision	Poor vision	Floaters	Light sensitivity
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Blocked sinus	Runny nose	Sneezing	Post nasal drip
Tinnitus	Deafness	Poor hearing	Ear pain
Mouth ulcers	Painful/bleeding gums	Tongue pain	Loss of smell

12. Taste in the mouth:

Neutral	Bitter	Salty	Sweet
Metallic	Sticky	Unclean	Loss of taste

13. Thirst:

Not thirsty	Thirsty for cold drinks	Thirsty for warm/hot drinks	Thirsty but doesn't drink
Drinking causes bloating	Drinking causes nausea	Drinking does not quench thirst	Thirst at night
Drinking habit	4 to 8 cups of liquid a day	Less than 4 cups a day	More than 8 cups a day
Alcohol habits	1 glass a day	Less than 1 glass a day	More than 1 glass a day
Coffee/day?	Green Tea?	Energy drinks?	Other?

14. Appetite:

Good appetite	Low Appetite	No Appetite	Big Appetite
Bloating after eating	Pain after eating	Gas after eating	Fullness after eating

15. Eating habits:

Three meals a day	Two meals a day	One meal a day	More than 3 meals a day
Big meals	Small meals	Snacks only	Smoothie
Vegan	Vegetarian	Paleo	No restriction
Food Allergies?	Which?		
Common Diet	Breakfast	Lunch	Dinner
List items:			Fatigue

16. Abdominal pain:

Upper abdomen	Middle abdomen (navel)	Lower abdomen	Whole abdomen
Tensed pain	Stabbing pain	Distension	Dull pain

17. Urine:

Less than 4 times a day	4 to 6 times a day	Over 6 times a day/frequent	Night urination Times?
Painful	Urgent	Profuse	Scant
Dark Yellow	Light yellow	Clear	Red/pink
Interrupted	Smooth	Hesitant	Thin/no force

18. Stool:

Formed	Loose	Liquid	Dry	Sticky
Bloody	Difficult	Forceless	Incomplete	Painful
Incontinence	Floating			

Frequency: ___ times a day, or one bowel movement every ___ days

19. Palpitations: Yes/ No

Frequency	Duration	Day or Night	Painful
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20. Vertigo/Dizziness: Yes/ No

Frequency	Duration	Day or Night	Need to sit?
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21. Sleep:

Good	Superficial/light	Deep	Poor: why?
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Length:

Less than 2hrs	2 to 4 hours	4 to 6 hours	Over 6 hours
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Conditions:

Difficult to fall asleep	Wakes up easily	Dreamful	Wakes up tired
Interrupted due to pain	Interrupted due to thoughts	Interrupted due to urination	Interrupted due to _____
Sleep apnea	Wake early		

22. General Emotions:

Happy	Content	Numb	Sensitive
Sad	Discontent	Depressed	Disconnected
Easily irritable	Aggressive	Easily angered	Emotional

Other: _____**23. Female Disorders:**

Leucorrhea	Profuse	Strong smell	Scant
Vaginal dryness	Vaginal itchiness	Vaginal pain	Vaginal sores
Low libido	Excessive libido	Breast pain	Breast Lumps
Uterine fibroids	Ovarian cyst	Thick endometrium	Thin endometrium
Facial hair growth	Pelvic pain		

24. Menstruation:

Regular	Irregular	Early	Late	Every _____ months
No periods	Sore lower back	Pain radiating in the legs	Abdominal Bloating	Soreness of the breast
Painful lower abdomen	Cold low back, abdomen	Mood fluctuation	Spontaneous sweating	Low appetite or nausea
Acne				

Bleeding Time:

Bleeding less than 3 days	From 3 to 5 days	Bleeding over 5 days	Spotting	Non-stop
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Blood condition:

Red	Brown	Dark	Light
Scant	Profuse	With clots	

25. Male Disorders:

Prostatic fluid in urine (cloudy urine)	Scrotal itching	Scrotal dampness
Scrotal pain	Perineal soreness	Excessive Libido
Premature ejaculation	Enlarged prostate	Low Libido
Soft Erections	Impotence	Duration:
Spontaneous leakage of sperm	___ / week, month	Duration:
Infertility	Low Sperm Motility	Low Sperm quality