

Mouth : bitter taste vomit taste want some drinks for thirst
thirsty, but do not want to drink much saliva bad breath
constricted throat

Period : intervals____days changeable pain(hard, slight, none) periods____days
blood lump(Yes / No) vaginal discharge(heavy / light)
Menopause_____age_____

Hand : cold flush hot sweat

Leg : cold flush hot sweat

Sore shoulder : sore very sore painful

Chest and side : feel pressure general chest pains difficult breathing
fast heart rate wheezing sharp pain

Stomach : appetite (Yes / No)
blocked pain feel sick want to vomit belching gas

Bowels : audible sounds feeling of fullness sense of movement painful
cold feeling

Nerves : easily surprised quick tempered very irritable depressed paranoia

Whole body : slight fever chills chills and fever alternately feel bad wind
trouble sleeping have many dreams light headedness
always sleepy swollen(where_____) back ache head ache
dizziness

Others :

Height____cm Age____Occupation_____ E-mail add._____
Weight____kg Address_____
Name_____ Tel_____