

Name \_\_\_\_\_ Date \_\_\_\_\_

**SYMPTOM HISTORY**

Please check below the symptoms you are experiencing and the scale of severity (1 = mild, 2 = moderate, 3 = severe). Also please note the frequency of each symptom (1 = occasional, 2 = regularly, 3 = very frequent)

SYMPTOMS	YES	SEVERITY	FREQUENCY
Anemia	_____	_____	_____
Muscle and Joint Pains, Arthritis, Cramping or weakness of muscles.	_____	_____	_____
Tiredness, Chronic Fatigue	_____	_____	_____
Vertigo	_____	_____	_____
Headache, pressure over head	_____	_____	_____
Gastrointestinal Problems, Diarrhea	_____	_____	_____
Problems with Vision	_____	_____	_____
Oral ulcers, burning mouth	_____	_____	_____
Irregular or Rapid Heartbeat	_____	_____	_____
Loss of Memory (short-term)	_____	_____	_____
Breathing troubles, asthma	_____	_____	_____
Irritability	_____	_____	_____
Loss of Hearing, pain in ears	_____	_____	_____
Depression	_____	_____	_____
Concentration problems	_____	_____	_____
Eczema, rash, skin problems	_____	_____	_____
Sudden Outbursts of Anger	_____	_____	_____
Nervousness, restless	_____	_____	_____
Sleeping difficulties	_____	_____	_____
Metal taste	_____	_____	_____
Tremors, jerking, convulsions	_____	_____	_____
Grinding of teeth	_____	_____	_____
Kidney, urinary troubles	_____	_____	_____
MS, ataxia, paralysis	_____	_____	_____
Numbness	_____	_____	_____
High or low blood pressure	_____	_____	_____
Sinusitis	_____	_____	_____
Excessive perspiration	_____	_____	_____
Excessive or no salivation	_____	_____	_____
Loss of appetite	_____	_____	_____
Chest pains	_____	_____	_____
Low body temperature	_____	_____	_____
Hypo or Hyper thyroid	_____	_____	_____
Chemical or environmental sensitivities	_____	_____	_____
Candida	_____	_____	_____
Epstein-Barr	_____	_____	_____
Infertility	_____	_____	_____
Children with birth defects	_____	_____	_____
Irregular menstruation	_____	_____	_____

Other-please list: \_\_\_\_\_  
 \_\_\_\_\_

---

---

Do you have any sensitivity to any metals or jewelry? (please circle)

copper      gold      costume      nickel      stainless      silver      other

Are you allergic to (please circle)

merthiolate                  contact lens solutions                  mascara

Are your symptoms worsened or brought on by dental cleanings, removal or placement of dental fillings?

yes                  no