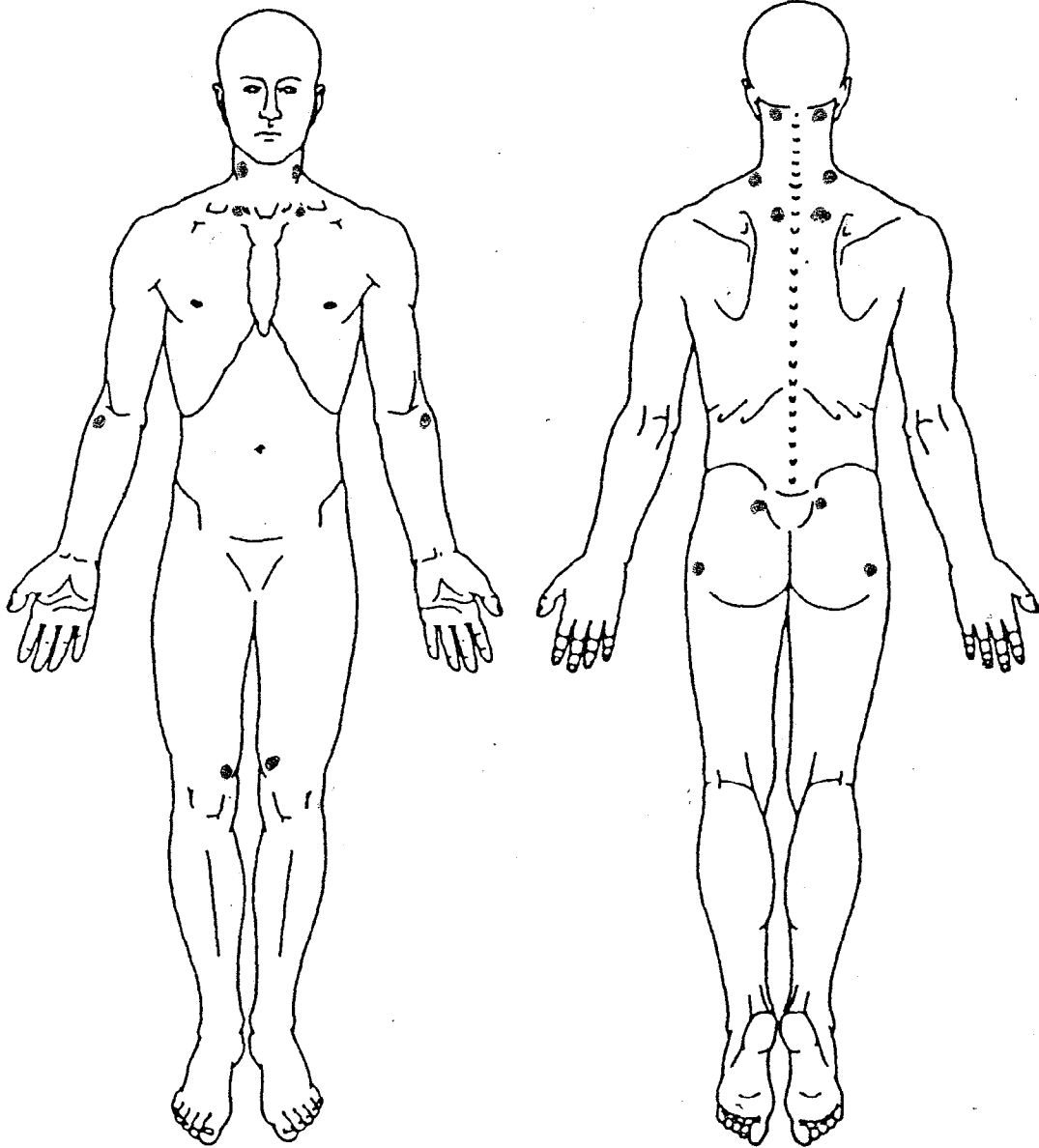


PATIENT: _____

DATE: _____



Fatigue	Sweating	c) Faintness	Nausea	Itching
Irritability	Hunger Tremors	Blurred Vision	Gas	Rashes
Nervousness	Palpitations	Eye Irritation	Bloating	Acne
Depression	Panic Attacks	Nasal Congestion	Constipation	Sensitivities:
Insomnia	Frontal Headaches	Abnormal Tastes	Diarrhea	Chemical
Impaired Concentration	Occipital Headaches	a) Bad	Dysuria	Light
		b) Metallic	Pungent Urine	Odor
Impaired Memory	General Headaches	ringing Ears	Bladder Infections	Sounds
Anxiety	Dizziness	Numbness	Weight Change	Allergies
Sugar Cravings	a) Vertigo	Restless Legs	Vulvodynia	Growing Pains
Salt Cravings	b) Imbalance	Leg Cramps	Brittle Nails	Pain