

Providence Wholistic Healthcare
Sheila M. Frodermann, MS, ND, DHANP, CCH
144 Waterman Street, Suite #3 Providence, RI 02906
www.providencewholistic.com
(401) 455-0546

Client Intake and Health History - Homeopathic Addendum - Review of Systems

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone # (home) _____ (cell) _____

Age _____ Date of Birth _____ Gender: Female Male

Education _____ Email: _____

Married ____ Partnership ____ Separated ____ Divorced ____ Widowed ____ Single ____

Live with: Spouse ____ Partner ____ Parents ____ Children ____ Friends ____ Alone ____

Occupation _____ Hours per week _____

Circle Y - a condition you have **P** - a condition you have had before **N** - never had this condition

Skin:

Warts Y P N
 Rashes Y P N
 Eczema Y P N
 Acne, boils Y P N
 Itching Y P N
 Color Change Y P N
 Lumps Y P N
 Night sweats Y P N

Head:

Headache Y P N
 Head injury Y P N

Eyes:

Impaired vision Y P N
 Glasses/contacts Y P N
 Eye pain Y P N
 Tearing/dryness Y P N
 Double vision Y P N
 Glaucoma Y P N
 Cataracts Y P N

Ears:

Impaired hearing Y P N
 Ringing Y P N
 Earaches Y P N
 Dizziness Y P N

Respiratory:

Constriction Y P N
 Cough Y P N
 Sputum Y P N
 Spit up blood Y P N
 Wheezing Y P N
 Asthma Y P N
 Bronchitis Y P N
 Pneumonia Y P N
 Pleurisy Y P N
 Difficulty breathing Y P N
 Emphysema Y P N
 Pain on breathing Y P N
 Shortness of breath Y P N
 -at night Y P N
 -when lying down Y P N
 Tuberculosis Y P N

Cardiovascular:

Heart Disease Y P N
 Angina Y P N
 High Blood Pressure Y P N
 Murmurs Y P N
 Swelling in ankles Y P N
 Chest Pain Y P N
 Palpitations Y P N

Nose/Sinuses:

Gastrointestinal:

Frequent colds Y P N
Nose bleeds Y P N
Stuffiness Y P N
Hay fever Y P N
Sinus problems Y P N

Mouth/Throat:

Frequent sore throat Y P N
Canker sores Y P N
Sore tongue Y P N
Gum problems Y P N
Hoarseness Y P N
Dental cavities Y P N

Neck:

Lumps Y P N
Swollen glands Y P N
Goiter Y P N
Pain or stiffness Y P N
Trouble Swallowing Y P N

Urinary:

Pain on urination Y P N
Increased frequency Y P N
Frequency at night Y P N
Inability to hold urine Y P N
Frequent infections Y P N
Kidney stones Y P N

Female reproductive:

Age menses began: _____
Average # of days long: _____
Total days in cycle: _____
Bleeding between Y P N
Are cycles regular Y P N
Pain during intercourse Y P N
Painful menses Y P N
Excessive flow Y P N
Birth control Y P N
Type: _____
of pregnancies: _____
of live births: _____
of miscarriages: _____
of abortions: _____
Difficulty conceiving Y P N
Menopausal symptoms Y P N
Sexually active Y P N
Venereal disease Y P N
Age Menses Ceased _____

Breasts:

Self breast exam Y P N
Lumps Y P N
Pain or tenderness Y P N
Nipple discharge Y P N

Male reproductive:

Prostate disease Y P N Testicular masses Y P N
Hernias Y P N Testicular pain Y P N
Venereal disease Y P N Sexually active Y P N
Discharge or sore Y P N Erectile dysfunction Y P N

Liver disease Y P N
Heartburn Y P N Ulcers Y P N
Change in thirst Y P N
Change in appetite Y P N
Nausea Y P N
Vomiting Y P N
Vomit blood Y P N
Hemorrhoids Y P N
Belching/gas Y P N
Gall bladder Disease Y P N
Blood in stool Y P N
Bowel movement, how often: _____

Musculoskeletal:

Joint pain or stiffness Y P N
Arthritis Y P N
Broken bones Y P N
Muscle spasms/cramps Y P N
Weakness Y P N
Bone disease Y P N
Osteoporosis Y P N

Peripheral vascular:

Deep leg pain Y P N
Cold hands/feet Y P N
Varicose veins Y P N
Thrombophlebitis Y P N

Neurologic:

Fainting Y P N
Seizures Y P N
Paralysis Y P N
Muscle weakness Y P N
Numbness/tingling Y P N
Loss of memory Y P N

Emotional:

Depression Y P N
Mood swings Y P N
Anxiety/nervousness Y P N
Tension Y P N

Endocrine:

Hypothyroid Y P N
Heat or cold intolerance Y P N
Excessive thirst Y P N
Excessive hunger Y P N

Blood problems

Easy bruising Y P N
Anemia Y P N