



## Patient Questionnaire

Please use the following key to indicate your responses to the following questions.

1= Never    2=Rarely    3=Sometimes    4=Frequently    5= Daily

**Please mark one answer for each question.**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Meridian	Question	Rating
LY	Do you experience recurrent infections, sinusitis, postnasal drip, or swollen lymph nodes, etc.?	
LU	Do you experience recurrent respiratory infections, coughs, bronchitis, pneumonia, asthma, etc.?	
LI	Do you experience bouts of diarrhea or constipation, gas, bloating, etc.?	
NE	Do you experience irritability, nervousness, trembling, anxiety, or memory problems?	
CI	Do you have cold fingers or toes, blood pressure problems, varicose veins, arteriosclerosis, etc.?	
AL	Do you react to pollens, molds, foods, seasonal irritants, perfumes, animal dander, etc.?	
OR	Do you have slow metabolism, are you always hungry, have low energy at specific times of day?	
TW	Do you have mood swings, problems sleeping, are you always cold, have chemical imbalances, etc.?	
HT	Do you experience palpitations, arrhythmia, impairments from prior infections, weak valves, etc.?	
SI	Do you have recurrent yeast infections, frequent antibiotic use, poor diet gas, bloating, etc.?	
GV	Do you experience spinal stiffness or pain, headaches, mental confusion, depression, etc.?	
PA	Do you have diabetes, hypoglycemia, irritability, shaking if you skip a meal, etc.?	
SP	Do you experience chronic fatigue, recurring infections, lowered immune response, etc.?	
LV	Do you experience jaundice, high cholesterol, discomfort in the liver region, blood disorder, etc.?	
JO	Do you have arthritis, back pain, discomfort when moving, weather triggered ailments, etc.?	
ST	Do you experience digestive disturbances, acid reflux, burping or upper digestive bloating meals, etc.?	
FI	Do you have fibromyalgia, rheumatism, carpal tunnel, slow recovery after exercise, etc.?	
SK	Do you have rashes, dryness or cracking, scaly patches, eczema, acne, psoriasis, etc.?	
FA	Do you have lipomas, degenerative liver disease, breast tumors, problems burning fat, etc.?	



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GB	Do you have a history of gallstones, discomfort after eating rich foods low fat metabolism, etc.?	
CV	Do you experience impotence, miscarriages, sterility, gynecologic or genital disorders, etc.?	
KI	Do you experience edema, gout, pain in the lower back, burning urination, kidney stones, etc.?	
UB	Do you have recurring infections, itching or yeast problems, painful urination, “leaking”, etc.?	
Female	Do you have PMS, menstrual pains or discomfort, irregular periods, mood swings, hot flashes, menopausal symptoms, etc.?	
Male	Do you experience urinary discomfort, frequency of urination, etc.?	
Teeth	Do you have sensitive teeth or experience pain or discomfort in the teeth, gums, or jaw region?	
Stress	Do you experience stress from work, finances, society, or relationships that you feel cause physical ailments?	
Energy	Do you lack motivation, drive, perseverance, stamina, or endurance?	
Well-Being	Do you lack a sense of happiness, joy, feelings of fulfillment, a positive outlook on life?	
Immune	Are you susceptible to infections, allergies, or sensitive to pollution, or work environment?	