

FirstLineTherapy® Health Profile

NAME _____

DATE _____

Rate each of the following symptoms based upon your typical health profile for: Past 30 days Past 48 hours

Point Scale	0	Never or almost never have the symptom	3	Frequently have it, effect is not severe
	1	Occasionally have it, effect is not severe	4	Frequently have it, effect is severe
	2	Occasionally have it, effect is severe		

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

0 TOTAL

DIGESTIVE TRACT

- Nausea, vomiting
- Diarrhea
- Constipation
- Bloated feeling
- Belching, passing gas
- Heartburn
- Intestinal/stomach pain

0 TOTAL

EYES

- Watery or itchy eyes
- Swollen, reddened or sticky eyelids
- Bags or dark circles under eyes
- Blurred or tunnel vision (does not include near- or far-sightedness)

0 TOTAL

JOINTS/ MUSCLE

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

0 TOTAL

EARS

- Itchy ears
- Earaches, ear infections
- Drainage from ear
- Ringing in ears, hearing loss

0 TOTAL

WEIGHT

- Binge eating/drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight

0 TOTAL

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus formation

0 TOTAL

ENERGY/ ACTIVITY

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness

0 TOTAL

MOUTH/ THROAT

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen or discolored tongue, gums or lips
- Canker sores

0 TOTAL

MIND

- Poor memory
- Confusion, poor comprehension
- Poor concentration
- Poor physical coordination
- Difficulty in making decisions
- Stuttering or stammering
- Slurred speech
- Learning disabilities

0 TOTAL

SKIN

- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing, hot flashes
- Excessive sweating

0 TOTAL

EMOTIONS

- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability, aggressiveness
- Depression

0 TOTAL

HEART

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain

0 TOTAL

OTHER

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge

0 TOTAL

LUNGS

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing

0 TOTAL

GRAND TOTAL 0