

FirstLineTherapy® Health Profile

NAME _____

DATE _____

Rate each of the following symptoms based upon your typical health profile for:

Past 30 days

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

HEAD

Headaches
Faintness
Dizziness
Insomnia

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

EARS

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

0 TOTAL

NOSE

Stuffy nose
Sinus problems
Hay fever
Sneezing attacks
Excessive mucus formation

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

SKIN

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

0 TOTAL

HEART

Irregular or skipped heartbeat
Rapid or pounding heartbeat
Chest pain

0 TOTAL

LUNGS

Chest congestion
Asthma, bronchitis

**DIGESTIVE
TRACT**

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

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

WEIGHT

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

0 TOTAL

**ENERGY /
ACTIVITY**

Fatigue, sluggishness
Apathy, lethargy
Hyperactivity
Restlessness

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

EMOTIONS

Mood swings
Anxiety, fear, nervousness
Anger, irritability, aggression
Depression

0 TOTAL

OTHER

Frequent illness
Frequent or urgent urination
Genital itch or discharge

Shortness of breath
Difficulty breathing
0 TOTAL

0 TOTAL
GRAND TOTAL 0

Past 48 hours

not severe

severe

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