NIM Longevity
A Functional and Holistic Approach

REVIEW OF SYMPTOMS FORM

Do you know or have you ever had any problems related to the following systems?

Constitutional

Fever	Yes ○ No ○
Chills	Yes ○ No ○
Good Appetite	Yes ○ No ○
Fatigue	Yes ○ No ○
Weight Loss	Yes ○ No ○
Weight Gain	Yes ○ No ○

Eyes

Blurred Vision	Yes ○ No ○
Double Vision	Yes ○ No ○
Pain	Yes ○ No ○
Glasses/Contacts	Yes ○ No ○

Gastrointestinal

Abdominal Pain	Yes ○ No ○
Nausea/Vomiting	Yes ○ No ○
Indigestion/Heartburn	Yes ○ No ○
Diarrhea	Yes ○ No ○
Constipation	Yes ○ No ○
Change in bowel habits	Yes ○ No ○
Blood in Stool	Yes ○ No ○

Genitourinary

Urine Retention	Yes ○ No ○
Painful Urination	Yes ○ No ○
Urinary Frequency	Yes ○ No ○
Frequent Infections	Yes ○ No ○
Up at night to urinate?	Yes ○ No ○

Once ○ / 2-3 times ○ / 4 or more times ○

Sexual

Erection difficulties?	N/A ○ Yes ○ No ○
Problems achieving orgasm?	Yes ○ No ○

Hematologic/Lymphatic

Swollen Glands	Yes ○ No ○
Blood Clotting Problems	Yes ○ No ○
Easy bruising	Yes ○ No ○

Ear/Nose/Throat/Mouth

Ear Infection/pain	Yes ○ No ○
Sore Throat	Yes ○ No ○
Sinus Problems	Yes ○ No ○
Vertigo (head spinning)	Yes ○ No ○

Neurological

Tremors	Yes ○ No ○
Frequent headaches	Yes ○ No ○
Dizzy Spells	Yes ○ No ○
Numbness/Tingling	Yes ○ No ○
Sleep Problems	Yes ○ No ○

Endocrine

Excessive Thirst	Yes ○ No ○
Are you often too hot	Yes ○ No ○
Are you often too cold	Yes ○ No ○
Tried/Sluggish	Yes ○ No ○

Cardiovascular

Chest Pain	Yes ○ No ○
Varicose Veins	Yes ○ No ○
High Blood Pressure	Yes ○ No ○
Shortness of Breath	Yes ○ No ○
Palpitations	Yes ○ No ○
Shortness of breath on exertion	Yes ○ No ○

Respiratory

Wheezing	Yes ○ No ○
Frequent Cough	Yes ○ No ○
Chest Tightness	Yes ○ No ○
Shortness of breath	Yes ○ No ○

Musculoskeletal

Joint Pain	Yes ○ No ○
Neck Pain	Yes ○ No ○
Back Pain	Yes ○ No ○
Muscle Pain	Yes ○ No ○

Integumentary

Skin Rash	Yes ○ No ○
Boils	Yes ○ No ○
Persistent Itch	Yes ○ No ○
Hair Loss	Yes ○ No ○

Psychological

Are you generally satisfied with your life?	Yes ○ No ○
Do you feel depressed?	Yes ○ No ○
Have you ever considered suicide?	Yes ○ No ○

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