Please answer these questions as accurately as you can giving all the information you have. This information is for my records only and is not shared or stored on a computer.

How is your energy

Are you short of breath ( lungs)

Do you suffer from palpitations

Any pain in the body, please describe area and organs

Do you suffer from headaches/ migraines (If so where is the organ of pain )

Do you sleep well

What is the usual temperature of you body ( i.e. always cold, fired up, extremities?

Do you sweat easily (or not at all )

How is your appetite

How is your diet

How is your digestion

Do you suffer from heart burn?

Do you feel distention or tiredness after eating?

How is your elimination, constipated always loose diarrhoea?

How is your urination, frequent, urgent, do you have nocturia?

How are your periods how many days does it last, is it heavy, medium or light flow any PMS any pain?

What is you exercise regime?

Would you say you are stressed, anxious?

What medication do you take, either prescribed or self-mediated, what supplement do you take.