

# Evergreen Integrative Medicine L.L.P.

For the following conditions please indicate:

## General:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcoholism         | <input type="checkbox"/> Gout                | <input type="checkbox"/> Rheumatic Fever      |
| <input type="checkbox"/> Anemia             | <input type="checkbox"/> Hypoglycemia        | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Cancer             | <input type="checkbox"/> Multiple Sclerosis  | <input type="checkbox"/> Depression           |
| <input type="checkbox"/> High Cholesterol   | <input type="checkbox"/> Osteoarthritis      | <input type="checkbox"/> Tuberculosis         |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Ulcers               |
| <input type="checkbox"/> Epilepsy/ Seizures | <input type="checkbox"/> Pneumonia           | <input type="checkbox"/> Venereal Disease     |
| <input type="checkbox"/> Thyroid            | <input type="checkbox"/> Polio               | <input type="checkbox"/> Skin Problems        |
- 

## Resistance to Infection:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Catch colds easily | <input type="checkbox"/> Gums bleed easily | <input type="checkbox"/> Frequent sinus trouble | <input type="checkbox"/> Frequent Influenza |
|---|--|---|---|

## Gastrointestinal:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Gall bladder problem                          | <input type="checkbox"/> Heartburn      | <input type="checkbox"/> Mucus in stool          |
| <input type="checkbox"/> Liver trouble/ Hepatitis                      | <input type="checkbox"/> Nausea         | <input type="checkbox"/> Colitis                 |
| <input type="checkbox"/> Excessive thirst                              | <input type="checkbox"/> Diarrhea       | <input type="checkbox"/> Hiatal Hernia           |
| <input type="checkbox"/> Distress from fats or greasy foods            | <input type="checkbox"/> Blood in stool | <input type="checkbox"/> Vomiting                |
| <input type="checkbox"/> Pain over stomach                             | <input type="checkbox"/> Constipation   | <input type="checkbox"/> Metallic taste in mouth |
| <input type="checkbox"/> Burping in stomach relieved by eating         |   | <input type="checkbox"/> Recent weight gain      |
| <input type="checkbox"/> Burping or bloating- if bloating where? _____ |   | <input type="checkbox"/> Recent weight loss      |

## Cardiovascular:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pain over heart    | <input type="checkbox"/> Irregular heart beat            | <input type="checkbox"/> Low blood pressure  |
| <input type="checkbox"/> Heart attack       | <input type="checkbox"/> High blood pressure             | <input type="checkbox"/> Stroke              |
| <input type="checkbox"/> Swelling in ankles | <input type="checkbox"/> Shortness of breath on exertion | <input type="checkbox"/> Pressure over chest |
- 

## Nervous System:

- Dizziness/ lightheaded
- Fainting
- Discoordination
- Memory loss

## Eye, Ear, Nose and Throat:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Dental problems                  | <input type="checkbox"/> Hoarseness       |
| <input type="checkbox"/> Hearing loss    | <input type="checkbox"/> Nose bleeding                    | <input type="checkbox"/> Difficult speech |
| <input type="checkbox"/> Ear pain        | <input type="checkbox"/> Difficult breathing through nose |   |
| <input type="checkbox"/> Ear noises      | <input type="checkbox"/> Sore throat                      |   |
- 

## Urinary Tract:

- Blood in urine
- Inability to control urination
- Painful urination
- Bladder infection
- Kidney stones

## Respiratory:

- |   |   |
|---|---|
| <input type="checkbox"/> Chest Pain           | <input type="checkbox"/> Chronic cough      |
| <input type="checkbox"/> Spitting up blood    | <input type="checkbox"/> Spitting up phlegm |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Emphysema          |
| <input type="checkbox"/> Shortness of breath  | <input type="checkbox"/> Asthma             |
- 

## Women Only:

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Irregular periods | <input type="checkbox"/> Headaches with period | <input type="checkbox"/> Premenstrual depression | <input type="checkbox"/> Hot flashes  |
| <input type="checkbox"/> Menstrual cramps  | <input type="checkbox"/> Painful breasts       | <input type="checkbox"/> Vaginal discharge       | <input type="checkbox"/> Nausea       |
| <input type="checkbox"/> Spotting          | <input type="checkbox"/> Lumps in breast       | <input type="checkbox"/> Menopausal symptoms     | <input type="checkbox"/> Hysterectomy |
| <input type="checkbox"/> Excessive flow    | <input type="checkbox"/> Mastectomy            |  |                                       |

## Men Only:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Burning on urination      | <input type="checkbox"/> Need to get up at night to urinate     | <input type="checkbox"/> Prostate trouble         |
| <input type="checkbox"/> Difficulty starting urine | <input type="checkbox"/> Feeling of incomplete bowel evacuation | <input type="checkbox"/> Dripping after urination |
- 

## Blood Sugar:

- |   |   |
|---|---|
| <input type="checkbox"/> Irritable before meals         | <input type="checkbox"/> Heart palpitates if meals are missed/ delayed                |
| <input type="checkbox"/> Get "shaky" if hungry          | <input type="checkbox"/> Awaken after a few hours of sleep- hard to get back to sleep |
| <input type="checkbox"/> "Lightheaded" if meals delayed | <input type="checkbox"/> Moods of depression- "blues" or melancholy                   |
| <input type="checkbox"/> Fatigue- eating relieves       | <input type="checkbox"/> Abnormal craving for sweets or snacks                        |