

MURPHY THERAPEUTIC GROUP

HEALTH CONCERNS:

Client Name: _____

Please put a check in the box if you have a concern about the item listed.

HEAT		SWEATING & SKIN	
Fever		Night time sweating	
Generalized or constant warmth		Spontaneous sweating	
Warm in evenings or at night		Sweating with mild exertion	
Heat sensation comes and goes		Oily sweat	
→ mild, strong, or rising through body		Watery or profuse sweat	
COLD		HEAD & UPPER BODY	
Hands		Dry skin	
Feet		Rash	
Lower Back, Abdomen, Other area		Dermatitis / Eczema	
Generalized or constant chill		Frequent Pimples	
Alternating heat & cold		Easy Bruising	
Easily affected by temperature changes		Swelling or lumps under the skin	
BOWEL MOVEMENT		HEAD & UPPER BODY	
Soft		Dizziness, vertigo	
Frequent bowel movements		Headache	
Diarrhea		Tinnitus, Ear Pressure or Discharge	
Undigested food		Watery, Red, Itchy or Painful Eyes	
Hard dry		Change of vision	
Pellet-like		→ Difficulty seeing at night	
Constipation		→ Blurred vision	
Alternating hard and soft		Tooth pain or bleeding gums	
Blood in stool		Sore or scratchy throat	
Painful bowel movements		Neck or shoulder restriction, pain, tightness	
→ pain before movement		Palpitations	
→ pain after movement		Chest tightness or pain	
Bloating or distension		Shortness of breath	

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Flatulence		Difficulty breathing	
Nausea		Cough or Wheezing	
Vomiting		Tiredness or exhaustion	
URINATION		→ in the evenings	
Night time urination		→ in the mornings	
Incontinence		→ all day	
Frequent Urination		→ with a dull heavy feeling	
Difficulty urinating or dribbling urine		→ in specific weather	
DAMP & PHLEGM		SHEN	
Sticky yellow phlegm		Poor memory	
Clear or white phlegm		Cloudiness or haziness	
→ sticky		Anxiety	
→ watery		Depression	
Sensation of phlegm in throat		Sudden changes in mood	
Phlegm in stool		Addiction/Cravings	
Edema, swelling or bloating		Insomnia	
Heavy sensation in body		→ difficult to fall asleep	
Mental Cloudiness		→ wake with dreams	
GYNAECOLOGICAL		→ wake throughout the night	
Attempting pregnancy		→ wake early	
Irregular menstruation		Somnolence or low energy	
→ Duration or Flow			
Scanty menstruation or amenorrhea		Noticeable change at work or home	
Heavy bleeding or frequent periods		Excessive or diminished thirst	
Clots in blood		Excessive or diminished appetite	
Painful periods		Impotence, infertility, low libido	
Unusual Discharge		Lower back pain or knee pain	