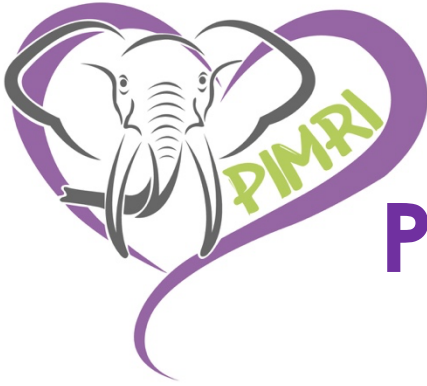


Patient's Name: _____










PIMRI Pediatrics

TEEN/YOUNG ADULT SUPPLEMENTAL INTAKE FORM

TYPICAL STOOL

Please indicate the number from the chart below corresponding to the patient's typical stool: _____

BRISTOL STOOL CHART		
	Type 1 Separate hard lumps	Very constipated
	Type 2 Lumpy and sausage like	Slightly constipated
	Type 3 A sausage shape with cracks in the surface	Normal
	Type 4 Like a smooth, soft sausage or snake	Normal
	Type 5 Soft blobs with clear-cut edges	Lacking fibre
	Type 6 Mushy consistency with ragged edges	Inflammation
	Type 7 Liquid consistency with no solid pieces	Inflammation



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MEDICAL SYMPTOM QUESTIONNAIRE

For Ages 13+

The MEDICAL SYMPTOM QUESTIONNAIRE identifies symptoms that help to identify the underlying causes of illness and helps track your progress over time. Rate each of the following symptoms based upon your health for the past 30 days.

POINTS SCALE

- | | |
|---|---|
| 0 = Never or almost never has the symptom | 3 = Frequently has it, effect is not severe |
| 1 = Occasionally has it, effect is not severe | 4 = Frequently has it, effect is severe |
| 2 = Occasionally has, effect is severe | |

HEAD	Headaches	
	Faintness	
	Dizziness	
	Insomnia	
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)	
EARS	Itchy ears	
	Earaches, ear infections	
	Drainage from ear	
	Ringling in ears, hearing loss	
NOSE	Stuffy nose	
	Sinus problems	
	Hay fever	
	Sneezing attacks	
	Excessive mucus formation	
MOUTH/THROAT	Chronic coughing	
	Gagging, frequent need to clear throat	
	Sore throat, hoarseness, loss of voice	
	Swollen or discolored tongue, gums, lips	
	Canker sores	
SKIN	Acne	
	Hives, rashes, dry skin	
	Hair loss	
	Flushing, hot flashes	
	Excessive sweating	
HEART	Irregular or skipped heartbeat	
	Rapid or pounding heartbeat	
	Chest pain	
TOTAL THIS PAGE		

LUNGS	Chest congestion	
	Asthma, bronchitis	
	Shortness of breath	
	Difficulty breathing	
DIGESTION	Nausea, vomiting	
	Diarrhea	
	Constipation	
	Bloated feeling	
	Belching, passing gas	
	Heartburn	
	Intestinal/stomach pain	
JOINTS/MUSCLE	Pain or aches in joints	
	Arthritis	
	Stiffness or limitation of movement	
	Pain or aches in muscles	
	Feeling of weakness or tiredness	
WEIGHT	Binge eating/drinking	
	Craving certain foods	
	Excessive weight	
	Compulsive eating	
	Water retention	
	Under weight	
ENERGY/ACTIVITY	Fatigue, sluggishness	
	Apathy, lethargy	
	Hyperactivity	
	Restlessness	
MIND	Poor memory	
	Confusion, poor comprehension	
	Poor concentration	
	Poor physical coordination	
	Difficulty in making decisions	
	Stuttering or stammering	
	Slurred speech	
	Learning disabilities	
EMOTIONS	Mood swings	
	Anxiety, fear, nervousness	
	Anger, irritability, aggressiveness	
	Depression	
OTHER	Frequent illness	
	Frequent or urgent urination	
	Genital itch or discharge	
TOTAL THIS PAGE		
GRAND TOTAL		