NYERONGSHA INSTITUTE FOR TIBETAN MEDICINE AND CULTURE

Symptoms & Indications

DO YOU HAVE:

___ Frequent urination
___ Painful urination
___ Nighttime urination
___ Dark-colored urine
___ Impaired hearing
___ Ringing in the ear
___ Hair loss or thinning
___ Constipation
___ Diarrhea
___ Bloody stool
___ Indigestion
___ Abdominal pain
___ Lower bowel gas
___ Heartburn
___ Abdominal bloating
___ Nausea
___ Vomiting
___ Sores on the tongue
___ Hiccups
___ Bleeding gums
___ Difficulty swallowing
___ Increased appetite
___ Decreased appetite
___ Shortness of breath
___ Irregular heartbeat
___ Palpitations
___ Fainting
___ Chest pain
___ Leg cramps
___ High blood pressure
___ Anemia
___ Frequent colds
___ Ankle swelling
___ Easily chilled
___ Excessive sweating
___ Easily fatigued
___ Dry cough
___ Cough with phlegm
___ Hay fever
___ Sinusitis
___ Acne
___ Dry skin
___ Itching
___ Psoriasis
___ Bruise easily
___ Insomnia
___ Worry or anxiety
___ Depression
___ Nervousness
___ Poor concentration
___ Forgetfulness
___ Morning fatigue
___ Afternoon fatigue
___ Headaches
___ Migraines
___ Dizziness
___ Blurred vision
___ Dry eyes
___ Brittle nails
___ Bitter taste in mouth
___ Pain under the ribs
___ Heat intolerance
___ Cold intolerance
___ Muscle spasm
___ Bursitis
___ Stiff or painful neck
___ Weak limbs
___ Loss of grip/strength
___ Hand or finger pain
___ Poor circulation
___ Numb/tingling limbs
___ Pain in upper back
___ Pain in mid back
___ Pain in lower back
___ Painful joints
___ Pain in hip
___ Pain in ankle
___ Pain in shoulder
___ Pain in elbow
___ Pain in wrist
___ Pain in foot
___ Sciatica
___ Prostate trouble (MEN)

WOMEN

___ Yeast or vaginitis
___ Uterine cysts/tumors
___ Water retention
___ Mood changes
___ Painful breasts
___ Low/no sex drive
___ Hot flashes
___ Missed periods

Date of most recent period:

_____

WOMEN & MEN, DO YOU:

___ Exercise regularly
___ Get good sleep
___ Eat regular meals
___ Drink enough water
___ Have stressful job/life
___ Prefer hot drinks
___ Prefer cold drinks

DO YOU NEED:

___ Tibetan herbs
___ Diet
___ Special exercise
___ Contemplative or spiritual practice

DO NOT MAIL – Please bring this form to your first appointment.