Medical classification form

The Israeli team of Integrated Medicine
תמורות המרכז לקידום רפואה משולבת

Please provide details for the following.

This form doesn't substitute complete anamnesis, therefore, refer from over details. Gray tables serve the clinic administration only.

phone number		phone number	name
age	address		
sorter name:	application:	date:	

Main complaint _____

_____

Additional illnesses/ secondary complaints

Please note all illnesses, surgeries, hospitalizations, injuries and dates if possible.

allergies and sensitivities

Medication

Note any drug in its full name and dosage including food supplements, herbs or homeopathic remedies.

dosage, frequency, duration of use	name of medication

Remarks

Note any former medical and alternative treatments:

_____

summery: _____

_____

recommendations: _____

_____

Practitioner name: _____

address		name	date
occupation / class (for children)		phone number	phone number
parents name	weight / height	birth date	age
remarks			

main complaint

Detailing: since when duration frequency type/nature relieves/ worsens conventional clarification

Habits: [ ] cola [ ] tea [ ] coffee [ ] smoking [ ] sugar
[ ] salt [ ] alcohol [ ] other

System review:
Since when, duration, tendency, type/nature, relieves/ worsens, conventional clarification

Digestive system:

[ ] mouth ulcers	[ ] hernia	[ ] appetite
[ ] belching	[ ] heart burn	[ ] fluctuations
[ ] epigastric /hypochondriac pain	[ ] diarrhea / constipation	[ ] hemorrhages
[ ] hemorrhoids	[ ] nausea / vomiting	[ ] abdominal distention
[ ] borborygmus	[ ] hepatic disorder	[ ] smell / taste in mouth

Respiratory and skin:

[ ] nose congestion	[ ] hiccup/cough	[ ] wheezing / asthma
[ ] catarrh	[ ] bronchitis	[ ] sinusitis
[ ] weak voice	[ ] hoarseness	[ ] allergies
[ ] sweating	[ ] phlegm/ sputum	[ ] chest pain/ AP
[ ] hemorrhages	[ ] acne	[ ] nail/skin disorders

Musculoskeletal system:

[ ] knees/heels	[ ] low back pain	[ ] joint disorder
[ ] range motion	[ ] thoracic / cervical pain	[ ] osteoporosis
[ ] numbness	[ ] muscle ache/ pain	[ ] neck/nape disorder
[ ] sprains/ fractures	[ ] muscle inflammation	[ ] muscle cramps
[ ] sensation problems	[ ] motion limitation	[ ] weakness of the limbs

Head:

[ ] trigeminal neuralgia	[ ] migraines	[ ] headaches
[ ] tinnitus	[ ] hearing disorder	[ ] herpes
[ ] sight disorders	[ ] dizziness	[ ] balance
[ ] teeth disorders	[ ] bags under the eyes	[ ] eye disorder
[ ] hair disorders	[ ] dry mouth	[ ] gums

Character and mood:

[ ] repression	[ ] impulsiveness	[ ] anger / criticism
[ ] stress	[ ] fear/ anxiety	[ ] irritability
[ ] confusion	[ ] over sensitive	[ ] frustration
[ ] stuttering	[ ] depression	[ ] palpitation
[ ] blushing	[ ] memory	[ ] apathy
[ ] tremor	[ ] indecision / performance	[ ] obsessiveness
[ ] insomnia	[ ] globus hystericus	[ ] unexplained laugh
[ ] dreams	[ ] agoraphobia	[ ] claustrophobia

Genital system

[ ] prostate disorders
[ ] obstructions
[ ] premature ejaculation
[ ] waist pain
[ ] urinary tract infection
[ ] color of urine
[ ] nocturia
[ ] nocturnal enuresis
[ ] impotence
[ ] fertility
[ ] thirst
[ ] burning sensation
[ ] urine incontinence
[ ] genital pain
[ ] edema

Gynecology

[ ] pregnancies
[ ] miscarriages
[ ] birth control
[ ] vaginal discharge
[ ] venereal disease
last visit at gynecologist office:
[ ] clots
[PMS
[ ] dysmenorrhea
[ ] symptoms
[ ] amenorrhea
[ ] breast feeding disorder
[ ] age of first period
[ ] age of last period
[ ] length of cycle
[ ] duration
[ ] regularity of menses
[ ] amount of blood

Physical examination:

Observations

Tongue

Listening

Abdomen

Pulse

Joints and Movement Range

Preferences (Hot/Cold, Seasons, Hours of Day, Color, Taste)

Instructions/Diagnosis/Treatment