

WHOLESOME WELLNESS
Dr. Julia Gill, Bsc. (Hon), ND

ZANG/FU ANALYSIS - Please check off boxes where applicable

Lung/Large Intestine (Metal Element)

- Cough
- Nasal discharge
- Sputum
- SOB (Shortness Of Breath)
- Difficulty breathing
- Smoking
- Sinus congestion
- Bronchitis
- Asthma
- Rashes (eczema, psoriasis)

Spleen/Stomach (Earth Element)

- Bloating/Abdominal distension
- Constipation
- Diarrhea
- Undigested food in stool
- Hemorrhoids
- Uterine prolapse
- Cold hands and feet

Spleen/Stomach (Earth Element)

- Food allergies
- Heart burn
- Sores in the mouth
- Strong/weak appetite
- Stomach ulcer

Liver/Gallbladder (Wood Element)

- Mood swings
- Irritability
- Headaches
- Dizziness
- Blurred vision
- Dry eyes
- Ringing in the ears
- Eczema
- Herpes simplex
- Warts
- Gallstones
- Vomiting
- Bitter taste in mouth

Kidney/Bladder (Water Element)

- Hearing loss
- Low back pain
- Fatigue
- Weak, sore knees
- Low sex drive
- Incontinence
- Many cavities
- Diabetes
- Kidney stones
- Hair thinning or loss
- Darkness under eyes
- Edema
- Poor memory or concentration
- Ringing in the ears
- Five center heat

Heart/Small Intestine (Fire Element)

- Palpitations
- Insomnia
- Heart disease
- Dreams
- Cysts, Tumours
- Thirst

Female Complaints

- Leucorrhea (colour, quantity, odour, itchiness)
- Breast lumps
- Irregular period
- Menstrual cramps (timing, modalities)
- Clots

Male Complaints

- Prostatitis
- Burning urination
- Pre-mature ejaculation
- Urinary incontinence
- Impotence
- Spermatorrhea

WHOLESOME WELLNESS
Dr. Julia Gill, Bsc. (Hon), ND

Complaint Details

Problem location: _____
When did it start: _____ How: _____
Have you had this condition before: Y / N When: _____
Is it getting worse Y / N Coming and going Y / N Getting better Y / N
Pain frequency: _____ Pain intensity out of 10 (10 = worst pain): _____
Is there a pattern: _____ Time of day: _____
What makes it better (Circle all that applies) Heat Cold Pressure Other
What makes it worse (Circle all that applies) Heat Cold Pressure Other
Characteristics of pain: Dull/Achy Shooting other (Pin prick, tight, squeezing etc)

Does the pain radiate anywhere? _____

DOCTOR USE ONLY

Other Complaints

Chills/Fever:
Perspiration:
Appetite/Thirst:
Pain:
Sleep:
Urine/Stool:

Patient Observations:

Appearance:
Facial colour:
Voice:
Tongue:

Tongue colour:
Fur colour:
Movement:
Moisture:

Pulse:

LU/LI _____ HT/SI _____
SP/ST _____ LV/GB _____
K.YANG _____ K.YIN _____

Quality:
Speed: