

Advanced Wellness Center

SYMPTOM SHEET

P: New Client Chart Forms Folder: Symptom Sheet – New Clients 5-2015 Zyto

CLIENT NAME: _____ CELL: _____

PLEASE <u>LIST YOUR SYMPTOMS</u> (Place <u>ONE symptom</u> in each box)	DATE Symptom Began	1 st VISIT Appt. Date: ____/____/____ _____ Your Initials	2 nd VISIT Appt. Date: ____/____/____ _____ Your Initials	3 rd VISIT Appt. Date: ____/____/____ _____ Your Initials	4 th VISIT Appt. Date: ____/____/____ _____ Your Initials	5 th VISIT Appt. Date: ____/____/____ _____ Your Initials ZYTO
a)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
b)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
c)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
d)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
e)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
f)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
g)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
h)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe
i)		Priority #: _____ Today's severity: 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe	Priority #: _____ Today's severity: 0 1 2 3 4 5 Mild to → Severe