**Lymphatic Therapy Services**

**Questionaire Fat Disorders**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight 1 year ago**

**The goal of my visit today:**

To get or confirm a diagnosis Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To get recommendations for medical treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have pain, on a 0-10 scale with 0=no pain and 10=the worst pain ever please fill out the following**:

My average daily pain is: \_\_\_\_\_\_\_\_\_\_

Highest level of my pain is: \_\_\_\_\_\_\_\_\_\_ Lowest level of my pain is: \_\_\_\_\_\_\_\_\_\_

The pain I am describing is in my: Head Eyes Muscles Fat Arms Lipomas

(check all that apply) Ribs Stomach Back Legs Feet Joints

**Diet**

Average daily calories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of meals per day: 1 2 3 4 5 6 or more

Number of snacks per day: 1 2 3 4 5 6 or more

Bread servings/slices per day: \_\_\_\_\_\_\_\_\_; type of bread **-**  white wheat rye gluten-free tortilla

Servings of meat per day: \_\_\_\_\_\_\_\_; type of meat - fish chicken beef pork turkey

Servings of fruit per day: 1 2 3 4 5 6 or more

Servings of vegetables a day: 1 2 3 4 5 6 or more

Servings of fried food a day: 1 2 3 4 5 6 or more

Oil used for any food preparation: olive canola corn, sunflower flax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Review of Systems General** | **Yes** | | **No** |
| Unexplained weight loss | | If yes, amount: | |
| Unexplained weight gain | | If yes, amount: | |
| Flu-like symptoms | | | |
| Difficulty sleeping | | | |
| **Head Eyes Ears Nose Throat** | **Yes** | | **No** |
| Thick skull fat | | If yes, how long: | |
| Difficulty Swallowing | | If yes: solids liquids | |
| Mouth sores | | blurry ↓ acuity poor night vision | |
| Neck feels swollen | | | |
| **Heart** | **Yes** | | **No** |
| Palpitations (pounding or irregular heart beat) | | | |
| Chest pain | | at rest with activity | |
|  | | | |
| **Dermatology** | **Yes** | | **No** |
| Easy bruising | | | |
| Itching | | skin fat | |
| Water tricking under skin | | | |
| Burning sensations | | skin fat feet fingers | |
| Scabs or lesions on head | | | |
| Scabs or lesions elsewhere | | | |
| **Endocrine** | **Yes** | | **No** |
| Fatigue: rate | | 1 2 3 4 5 6 7 8 9 10 | |
| Low body temperature | | Typical temp: | |
| High body temperature | | Typical temp: | |
| Feel thirsty all the time | | | |
| Tremors | | hands feet | |
| Hair loss | | head underarms legs | |
| **Gastrointestinal** | **Yes** | | **No** |
| Bloating | | after meals always | |
| Diarrhea | | | |
| Constipation | | | |
| Abdominal pain | | inside in fat | |
| Nausea | | | |
| Vomiting | | | |
| Early satiety (fill up easily when eating) | | | |
| **Genitourinary** | **Yes** | | **No** |
| Pain with intercourse | | | |
| Bladder pressure and pain | | | |
| Nocturia (get up at night to urinate) | | How often: 1 2 3 4 | |
| **Vascular** | **Yes** | | **No** |
| Water retention (weigh more at night) | | | |
| Blood clot in vein | | | |
| Swelling (edema) | | pitting non-pitting | |
| Visible veins on legs | | | |
| Visible veins on arms | | | |
| **Infectious Disease** | **Yes** | | **No** |
| Cellulitis (infection of skin requiring antibiotics) | | | |
| Epstein barr virus titers high | | Value: | |
| Lyme’s disease | | | |
| Inflammation in blood (high ESR or CRP) | | Other: | |
|  |  | |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Musculoskeletal/Rheumatology** | **Yes** | | **No** | | Muscle aches | arms thighs back | | **COMPLETE NEXT PAGE →→→→→→→→→** | | Joint aches | | elbows wrist knees hips | | | Muscle weakness | | arms legs trunk | | | Arms or legs jerk (myoclonus) | | | | | Low back pain | | | | | Dry eyes | | | | | Dry mouth | | | | | |  | |
| **Neurology** | **Yes No** | |  |
| Vertigo (dizziness) | | | |
| Hearing loss | | How long: | |
| Headaches | | migraine | |
| Numbness | | arms abdomen legs feet | |
| Poor concentration/thinking | | | |
| **Pulmonary** | **Yes** | | **No** |
| Shortness of breath | | How long: | |
| Frequent congestion | | | |
| Sleep apnea | | Use CPAP at night: Yes No | |
| **Psychiatry** | **Yes** | | **No** |
| Depression | | How long: | |
| Anxiety | | How long: | |

Darken in areas of lipomas. Mark numb areas (∅∅∅)

Mark pain areas as follows: Stabbing pain (^^^); burning pain (∼∼∼)

