Rebecca Weiss, D.O.
phone 602.266.8144
fax   602.266.9670
drweiss@paradisemedspa.com

Kristine Sarna, M.D.
602.266.8144 phone
602.266.9670   fax
drsarna@paradisewellness.com

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GENTLE DETOX PROGRAM MEDICAL SYMPTOMS
Rate each of the following symptoms based upon your typical health profile:

Point Scale

0 – Almost never
1 – Occasionally, effect is not severe
2 – Occasionally, effect is severe
3 – Frequently, effect is not severe
4 – Frequently, effect is severe

Head

__ Headaches   __ Faintness   __ Dizziness   __ Insomnia

TOTAL: _____

Eyes

__ Watery/itchy eyes   __ Swollen, red eyelids   __ Bags, dark circles   __ Blurred/tunnel vision

TOTAL: _____

Ears

__ Itchy ears   __ Earaches, infections   __ Drainage from ear   __ Ringing, hearing loss

TOTAL: _____

Nose

__ Stuffy Nose   __ Sinus Problems   __ Hay Fever   __ Sneezing Attacks
__ Excessive mucus   **TOTAL: _____**

Mouth/Throat

__ Chronic coughing   __ Sore Throat,   __ Swollen or discolored   __ Gagging/clear throat
__ Canker sores   hoarseness, lost voice   tongue, gum or lips   **TOTAL: _____**

Skin

__ Acne   __ Hives, rashes, dry   __ Hair loss   __ Flushing, hot flashes
__ Excessive sweating   **TOTAL: _____**

Heart

__ Irregular heartbeat   __ Rapid heartbeat   __ Chest pain   **TOTAL: _____**

Lungs

__ Chest congestion   __ Asthma, bronchitis   __ Shortness of breath   __ Difficulty breathing

TOTAL: _____

Digestive Tract

__ Nausea, vomiting   __ diarrhea   __ Constipation   __ Intestine/stomach pain
__ Belching, passing gas   __ Heartburn   __ Bloated feeling   **TOTAL: _____**

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Joints/Muscle
__ Joint pain or aches   __ Muscle pain or aches   __ Feeling of weakness   __ Stiffness or limitation
__ Arthritis   __ diabetes   or tiredness   of movement
                                                                         TOTAL: _____

Weight
__ Binge eat, drinking   __ Craving certain foods   __ Excessive weight   __ Compulsive eating
__ Water retention   __ Underweight   **TOTAL: _____**

Energy/Activity
__ Fatigue, sluggishness   __ apathy, lethargy   __ Hyperactivity   __ Restlessness
                                                                          TOTAL: _____

Mind
__ Poor Memory   __ Confusion   __ Poor concentration   __ Poor coordination
__ Stuttering/stammer   __ Slurred speech   __ Learning disabilities   __ Difficulty w/decisions
                                                                          TOTAL: _____

Emotions
__ Mood swings   __ Anxiety   __ Anger, irritability   __ Depression
                                                                      TOTAL: _____

Other
__ Frequent illness   __ Frequent urination   __ Genital itch/discharge   **TOTAL: _____**

MEDICAL SYMPTOMS GRAND TOTAL   **TOTAL: _____**