



## Review of Your Whole Health

***Tell us about your health as it relates to your body. Please check the boxes below for any symptoms you have noticed IN THE LAST WEEK:***

### General

- ☐ Fever
- ☐ Chills
- ☐ Unintended weight loss
- ☐ Always thirsty
- ☐ Always hot
- ☐ Always cold
- ☐ Get infections frequently
- ☐ Bruise easily
- ☐ Bleed easily
- ☐ Sweat so much at night that you need to change your clothes or sheets

### Head and Neck

- ☐ Change in vision
- ☐ Pain in eyes
- ☐ Stuffy or running nose
- ☐ Hearing loss
- ☐ Trouble sleeping
- ☐ Sore throat or gums or mouth
- ☐ Difficulty swallowing

### Heart and Lungs

- ☐ Chest pain
- ☐ Heart beating too fast
- ☐ Shortness of breath that wakes you from sleep
- ☐ Shortness of breath at rest
- ☐ Shortness of breath with activity
- ☐ Cough that will not go away
- ☐ Wheezing

### Digestive

- ☐ Nausea
- ☐ Vomiting
- ☐ Pain in abdomen
- ☐ Diarrhea
- ☐ Constipation
- ☐ Blood in stool
- ☐ Black or tarry sticky stool

### Skin

- ☐ Rash
- ☐ Itchiness
- ☐ New or changing skin marks or moles you are concerned about

### Urinary

- ☐ Pain with urination
- ☐ Blood in urine
- ☐ Incontinence of urine

### Bones and Joints

- ☐ Pain in any joints, or muscles

### Neurologic

- ☐ Dizziness
- ☐ Headache
- ☐ Numbness
- ☐ Weakness (like a stroke)
- ☐ Unstable balance
- ☐ Frequent falls
- ☐ Depressed thoughts
- ☐ Anxious thoughts
- ☐ Thoughts that race
- ☐ Ringing in the ears

### MEN ONLY

- ☐ Getting up frequently at night to urinate
- ☐ Difficulty starting the urine stream
- ☐ Stream is slow
- ☐ Difficulty achieving or maintaining an erection

### WOMEN ONLY

- ☐ Changing in bleeding pattern
- ☐ Irritation or abnormal discharge from vagina
- ☐ Pain with sexual intercourse
- ☐ Exposure to Diethylstilbestrol (DES)
- ☐ Difficulty becoming pregnancy

***Please mark any changes that have happened in your life since you last saw your VA Primary Care Provider***

- ☐ A new medication was prescribed to me
- ☐ I had an x-ray, ultrasound, MRI, or CT Scan
- ☐ I had surgery or some other procedure
- ☐ I was diagnosed with a new illness
- ☐ I started seeing a new doctor outside VA
- ☐ Marriage
- ☐ Divorce
- ☐ Birth of a baby
- ☐ Death of a loved one
- ☐ A family member or loved one was diagnosed with a serious illness
- ☐ Other \_\_\_\_\_



## Review of Your Whole Health

What is most important for us to accomplish today? \_\_\_\_\_

What REALLY matters to you in your life? \_\_\_\_\_

What do you need to be healthy for? \_\_\_\_\_

What activities would you like (or need) to be able to do? \_\_\_\_\_

For each area of Whole Health below, please rate yourself on a scale of 1 (LOW) to 5 (HIGH) that best represents where you are now and where you would like to be.	Where are you? (1 2 3 4 5)	Where would you like to be? (1 2 3 4 5)
<b>Working the Body:</b> <i>"Energy and Flexibility"</i> Includes movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.		
<b>Recharge:</b> <i>"Sleep and Refresh"</i> Getting enough rest, relaxation, and sleep.		
<b>Food and Drink:</b> <i>"Nourish and Fuel"</i> Eating healthy, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.		
<b>Personal Development:</b> <i>"Personal life and Work life"</i> Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.		
<b>Family, Friends, and Co-Workers:</b> <i>"Relationships"</i> Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends and people you work with.		
<b>Spirit and Soul:</b> <i>"Growing and Connecting"</i> Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.		
<b>Surroundings:</b> <i>"Physical and Emotional"</i> Feeling safe. Having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.		
<b>Power of the Mind:</b> <i>"Strengthen and Listen"</i> Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.		

Thinking about all of these areas, what are your health goals?

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