

Feb 01, 2016

Alexa Hsu

30 years

Female

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Practice Info



Practice Name	: Brannan Functional Medicine Associates	Address 1	: 229 Brannan Street Ste 12
Address 2	: -	City	: San Francisco
State	: CA	Zip Code	: 94107
Phone	: 555-555-5555	URL	: http://brannanfunctionalmed.com

General Info

Last Medical Care	:	Feb 01, 2016 - Philadelphia - Melissa Argenio, DNP
Primary Care Physician Name	:	Melissa Argenio, DNP
Learned about our practice from	:	Referral from friend or family
<u>Health Goals</u>	:	
What do you hope to achieve in your visit with us?	:	Would like to create a plan towards better overall health.
When was the last time you felt well?	:	Five years ago (2011)?
Did something trigger your change in health?	:	N/A
What makes you feel better?	:	Spending time with friends, working on new hobbies such as crocheting and cooking new recipes.
What makes you feel worse?	:	Feeling fatigued, not getting enough sleep, stress about work and relationships.
How does your condition affect you?	:	I lack motivation to practice better health habits.
What do you think is happening and why?	:	I am worried about the future and getting older.
What do you feel needs to happen for you to get better?	:	I need to create a concrete plan with my physician and stick to it.

Current Health Concerns

Current Problem Name	Date Started	Priority	Severity	Prior Treatment	Success of Prior Treatment
Fatigue	Jan 01, 2012	2	Moderate	No	n/a
Stomach issues	Jan 01, 2013	1	Moderate	No	n/a

Medical Symptom Questionnaire

Total MSQ : 69

10	Head	2	Eyes	1	Ears
11	Nose	2	Mouth/Throat	3	Skin
0	Heart	4	Lungs	7	Digestive Tract
6	Joints/Muscle	2	Weight	10	Energy/Activity
6	Mind	5	Emotions	0	Other

0 - Never or almost never have the symptom

1 - Occasionally have it, effect is not severe

2 - Occasionally have it, effect is severe

3 - Frequently have it, effect is not severe

4 - Frequently have it, effect is severe

10 Head

4	Headache
1	Faintness
1	Dizziness
4	Insomnia

11 Nose

1	Stuffy nose
3	Sinus problems
4	Hay fever
3	Sneezing attacks
0	Excessive mucus formation

0 Heart

0	Irregular or skipped heartbeat
0	Rapid or pounding heartbeat
0	Chest pain

6 Joints/Muscle

1	Pain or aches in joints
0	Arthritis
0	Stiffness or limitation of movement
1	Pain or aches in muscles
4	Feeling of weakness or tiredness

6 Mind

2	Poor memory
0	Confusion
0	Poor comprehension
3	Poor concentration
1	Poor physical coordination
0	Difficulty in making decisions
0	Stuttering or stammering
0	Slurred speech
0	Learning disabilities

2 Eyes

1	Watery or itchy eyes
0	Swollen, red or sticky eyelids
1	Bags or dark circles under eyes
0	Blurred or tunnel vision-does not include near or far-sightedness

2 Mouth/Throat

0	Chronic coughing
0	Gagging
1	Frequent throat clearing
0	Sore throat
0	Hoarseness
0	Loss of voice
0	Swollen or discolored tongue, gums or lips
1	Canker sores

4 Lungs

0	Chest congestion
3	Asthma
0	Bronchitis
1	Shortness of breath
0	Difficulty breathing

2 Weight

0	Binge eating or drinking
1	Craving certain foods
0	Excessive weight
1	Compulsive eating
0	Water retention
0	Underweight

1 Ears

0	Itchy ears
0	Earaches
0	Ear infections
0	Drainage from ear
1	ringing in ears
0	Hearing loss

3 Skin

0	Acne
0	Hives or urticaria
0	Rashes
1	Dry skin
0	Hair loss
1	Flushing
0	Hot flashes
1	Excessive sweating

7 Digestive Tract

1	Nausea or vomiting
3	Diarrhea
1	Constipation
1	Bloated feeling
0	Belching
0	Passing gas
1	Heartburn
0	Intestinal or stomach pain

10 Energy/Activity

3	Fatigue
0	Sluggishness
3	Apathy
2	Lethargy
1	Hyperactivity
1	Restlessness

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5 Emotions		0 Other	
1	Mood swings	0	Frequent illness
1	Anxiety	0	Frequent or urgent urination
0	Fear	0	Genital itch or discharge
1	Nervousness		
0	Anger		
1	Irritability		
0	Aggressiveness		
1	Depression		