

**Feb 01, 2016**
**Alexa Hsu**
**30 years**
**Female**
**-**

**Practice Info**


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


**Demographics**

|                      |                             |                |                 |                   |                         |
|----------------------|-----------------------------|----------------|-----------------|-------------------|-------------------------|
| <b>Patient Name</b>  | : Alexa Hsu                 | <b>Gender</b>  | : Female        | <b>DOB</b>        | : Apr 02, 1986          |
| <b>Address</b>       | : 1324 Locust St. Unit 1222 | <b>City</b>    | : Philadelphia  | <b>State</b>      | : PA                    |
|                      |                             | <b>Country</b> | : United States | <b>Background</b> | : Caucasian, East Asian |
| <b>Guardian name</b> | : -                         |                |                 |                   |                         |


**General Info**

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


**Health History**
**Allergies**

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| Name of Medication / Anesthetic / Immunization/ Supplement / Food | Reaction | Did you have to Stop taking this substance? | Approx date when allergy detected? | Description of Reaction |
|---|----------|---|------------------------------------|-------------------------|
| Penicillin  | Mild     | Yes   | Jan 01, 2013                       | Itching, rash           |
| Tamiflu   | Mild     | Yes   | Jan 01, 2010                       | Rash                    |

**Birth/Childhood History**

|   |             |  |  |
|---|-------------|--|--|
| Term at Birth   | : Premature | Pregnancy or Birth Complications               | : Yes  |
| Breast Fed in infancy                                     | : Unknown   | Bottle-fed                                     | : Unknown  |
| Age in months when solid food was introduced              | : 14        | Age in months when dairy foods were introduced | : 10   |
| Age in months when wheat containing foods were introduced | : 12        | Food Avoided as a child due to symptoms        | : No   |
|   |             | Lots of sugar or candy as a child              | : Yes  |
| Type of Birth   | : Vaginal   | Describe complications                         | : Classified as "high-risk" due to mother's hypertension; she was on bed rest. |

**Dental History**

|                           |       |                  |       |
|---------------------------|-------|------------------|-------|
| Regular Brushing of Teeth | : Yes | Regular flossing | : Yes |
|---------------------------|-------|------------------|-------|

|          | Timing of Symptom | Approx Start Date | Approx End | Severity | Comments |
|----------|-------------------|-------------------|------------|----------|----------|
| Jaw pain | I have this now   | Jan 01, 2015      | -          | Mild     | -        |

|                   |            |                                   |      |
|-------------------|------------|-----------------------------------|------|
| Dental Procedures | : Fillings | Ever had Silver Mercury Fillings? | : No |
|-------------------|------------|-----------------------------------|------|

|                                      |                              |
|--------------------------------------|------------------------------|
| Description of other dental concerns | : Wisdom teeth never removed |
|--------------------------------------|------------------------------|

**Women's History**

|  |                |  |                         |
|--|----------------|--|-------------------------|
| Been Pregnant                                      | : No           | Approx. Date of First Period                   | : Jan 01, 1998          |
| Date of last menstrual period                      | : May 20, 2016 | Typical length of your menstrual cycle in days | : 5                     |
| Elapsed time between menstrual cycles in days      | : 28           | Contraceptives Used                            | : Birth Control Pills   |
|  |                | Currently in Menopause                         | : No                    |
| Surgical menopause - surgical ovary removal        | : No           | Hormone replacement therapy                    | : No                    |
| Sexually transmitted diseases                      | : No           | Pap Smear                                      | : Feb 01, 2016 - Normal |
|  |                | Bone Density                                   | : No                    |
| Describe other problems experienced before periods | : Spotting     |  |                         |

**Family History - Parents and Grandparents**

|                      | State of Health | Current Age (or age at Death if deceased) | Cause of death if deceased |
|----------------------|-----------------|---|----------------------------|
| Father               | Good            | 53  | -                          |
| Mother               | Good            | 50  | -                          |
| Maternal grandmother | Deceased        | 68  | Cancer                     |
| Maternal grandfather | Deceased        | 70  | Cancer                     |

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|                      | State of Health | Current Age (or age at Death if deceased) | Cause of death if deceased |
|----------------------|-----------------|---|----------------------------|
| Paternal grandmother | Fair            | 75  | -                          |
| Paternal grandfather | Fair            | 76  | -                          |

|           | Mother | Father | Grandfathers | Grandmothers |
|-----------|--------|--------|--------------|--------------|
| Cancer    | -      | -      | yes          | yes          |
| Diabetes  | -      | -      | yes          | -            |
| Asthma    | -      | yes    | -            | -            |
| Allergies | -      | yes    | -            | -            |

**Diagnostic Studies**

|             | I had this | Approx Date  | Comments           |
|-------------|------------|--------------|--------------------|
| Other x-ray | I had this | Jan 01, 2003 | Broken right wrist |

**Injuries**

|              | I had this | Approx Date of Injury | Comments           |
|--------------|------------|-----------------------|--------------------|
| Broken bones | I had this | Jan 01, 2003          | Broken right wrist |

**Lifestyle Review**

**Sleep**

|  |       |                         |       |
|--|-------|-------------------------|-------|
| Average number of hours of sleep per night | : 5   | Problems falling asleep | : Yes |
|  |       | Problems staying asleep | : Yes |
| Problems with insomnia                     | : Yes | Problems with snoring   | : No  |
| Feel tired upon awakening                  | : Yes | Use of Sleeping Aids    | : No  |

**Exercise**

|                   | Type of Activity | Effort Level | Frequency (per week) | Duration (minutes per session) |
|-------------------|------------------|--------------|----------------------|--------------------------------|
| Cardio or aerobic | Treadmill        | Easy         | 3                    | 45                             |
| Stretching        | Stretching       | Easy         | 3                    | 5                              |

|   |                            |                              |                         |
|---|----------------------------|------------------------------|-------------------------|
| Feel Motivated to Exercise                | : Yes                      | Problems that limit Exercise | : Yes                   |
| Unusually Fatigued or sore after Exercise | : Yes                      | Describe limitations         | : Fatigue, muscle aches |
| Describe fatigue/soreness                 | : Very tired, muscle aches |                              |                         |

**Nutrition**

|   |              |
|---|--------------|
| Do you currently follow any of the following special diets or nutritional programs? | : Low Sodium |
| Sensitivities to Foods  | : Yes        |
| Aversion to certain foods   | : Yes        |
| Food Craving or Binging   | : No         |
| Number of Meals eaten per day   | : 3          |
| Skipping Meals affects you  | : No         |

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Please Check all factors that apply to your current lifestyle or eating habits

: Time constraints, Have negative relationship to food, Struggle with eating issues, Eat too little under stress, Confused about nutrition advice

List food and explain sensitivities

: Mushrooms - mouth becomes numb

List food and describe aversion

: Okra, eggplant, carrots - just don't like taste/texture

**Diet**

Typical Breakfast : Granola bar, cup of coffee

Typical Lunch : Ham and cheese or peanut butter sandwich

Typical Dinner : Chicken with vegetables and a starch (rice, potatoes, pasta)

Typical Snacks : Chocolate - Hershey Kisses, M&Ms, etc.

Typical Fluids : Water, coffee, sometimes juice (orange, apple, pineapple)

Servings per week of Fruit - not juice : 3

Servings per week of Vegetables - not including white potatoes : 5

Servings per week of Legumes - e.g. beans, peas, etc. : 2

Servings per week of Red Meat : 2

Servings per week of Fish : 1

Cans per week of soda - regular or diet : 0

Servings per week of Sweets - e.g. candy, cookies, cake, ice cream etc. : 3

Cups of Caffeinated Coffee per day : 2

Cups of Caffeinated Tea per day : 0

Cans of Caffeinated Soda per day : 0

Do you have an adverse reaction to Caffeine? : No

Irritability or wired after drinking caffeine : No

Aches or Pains after drinking caffeine : No

**Smoking**

Smoking Status : Never Smoked

Regular Exposure to Second-Hand Smoke : Yes

**Alcohol**

Alcoholic Beverages consumed per week currently : 3

Previous Alcohol Intake : Mild

Problems with Alcohol : No

Have you thought about getting help to control or stop your drinking : No

**Other Substances**

Currently using recreational drugs : No

Use of IV or inhaled recreational drugs : No

**Stress**

Excessive amount of stress in your life : Yes

Handle stress very easily in life : No

**Stress - Rating**

Rate stress related to work on a daily basis : 10

Rate stress related to family on a daily basis : 4

Rate stress related to social interactions on a daily basis : 5

Rate stress related to finances on a daily basis : 8

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Rate stress related to your health on a daily basis : 9

**Stress - Other**

Description of other sources of daily stress : Managing groceries, cooking, cleaning, shopping, etc. while significant other grows a business.

Use of Relaxation Techniques : No

Participation in Counseling : No

Currently in Therapy : No

Victim of abuse, crime or experienced a significant trauma : No

Describe your hobbies or leisure activities : Spending time with significant other, pet, and friends; arts and crafts

**Relationships**

Current Marital Status : Single

Current Occupation : Website and Marketing Consultant

Resources for Emotional Support : Spouse or Partner, Family, Friends, Pets

Description of spiritual practice : Attend Catholic mass once a month, usually

People you live with : Spouse or Partner, Pets

Previous Occupation if different : Administrative Assistant

Have a religious or spiritual practice : Yes

**Please rate how things are going with your relationships on a scale of 1-5**

1 - Not at all Well   2 - Not Very Well   3 - Neutral   4 - Somewhat Well   5 - Extremely Well

3 : Overall   N/A : At school

3 : In your job   4 : In your social life

4 : With your spouse or partner   4 : With close friends

2 : With your attitude   4 : With sex

N/A : With your children   N/A : With your boyfriend or girlfriend

4 : With your parents

**Illnesses & Conditions**

**Gastrointestinal**

|                          | When did you have this Illness or Condition? | Approx Start Date | Approx End Date | Comments |
|--------------------------|--|-------------------|-----------------|----------|
| Irritable bowel syndrome | I have this now                              | Jan 01, 2013      | -               | -        |

**Respiratory**

|        | When did you have this Illness or Condition? | Approx Start Date | Approx End Date | Comments              |
|--------|--|-------------------|-----------------|-----------------------|
| Asthma | I have this now                              | Jan 01, 2006      | -               | Carry inhaler with me |

**Urinary/Genital**

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**When did you have this illness or condition?**
**Approx Start Date**
**Approx End Date**
**Comments**

Frequent yeast infections

I had this in the past

Jan 01, 2010

Dec 31, 2010

-

**Endocrine/Metabolic**
**When did you have this illness or condition?**
**Approx Start Date**
**Approx End Date**
**Comments**

Eating disorder

I had this in the past

Jan 01, 2009

Dec 31, 2011

-

**Inflammatory/Immune**
**When did you have this illness or condition?**
**Approx Start Date**
**Approx End Date**
**Comments**

Food allergies

I have this now

Jan 01, 2013

-

-

Environmental allergies

I have this now

Jan 01, 2009

-

Trees, pollen, ragweed

**Skin**
**When did you have this illness or condition?**
**Approx Start Date**
**Approx End Date**
**Comments**

Acne

I had this in the past

Jan 01, 1999

Dec 31, 2001

-

**Neurologic/Emotional**
**When did you have this illness or condition?**
**Approx Start Date**
**Approx End Date**
**Comments**

Headache

I have this now

Jan 01, 2014

-

Extra Strength Tylenol

Migraines

I have this now

Jan 01, 2015

-

-

## Symptom Review

**General**
**Timing of Symptom**
**Approx Start Date**
**Approx End**
**Severity**
**Comments**

Cold intolerance

I have this now

Jan 01, 2008

-

Mild

-

Daytime sleepiness

I have this now

Jan 01, 2013

-

Moderate

-

Fatigue

I have this now

Jan 01, 2012

-

Severe

-

Night waking

I have this now

Jan 01, 2014

-

Mild

-

Can't remember dreams

I have this now

Jan 01, 2012

-

Moderate

-

**Head, Eyes And Ears**
**Timing of Symptom**
**Approx Start Date**
**Approx End**
**Severity**
**Comments**

Distorted sense of smell

I have this now

Jan 01, 2007

-

Mild

-

Headache

I have this now

Jan 01, 2014

-

Mild

-

Migraine

I have this now

Jan 01, 2015

-

Mild

-

Sensitivity to loud noises

I have this now

Jan 01, 2015

-

Mild

-

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**Musculoskeletal**

|                 | Timing of Symptom | Approx Start Date | Approx End | Severity | Comments |
|-----------------|-------------------|-------------------|------------|----------|----------|
| Joint pain      | I have this now   | Jan 01, 2012      | -          | Mild     | -        |
| Muscle pain     | I have this now   | Jan 01, 2012      | -          | Mild     | -        |
| Muscle weakness | I have this now   | Jan 01, 2012      | -          | Moderate | -        |

**Mood/Nerves**

|                  | Timing of Symptom      | Approx Start Date | Approx End   | Severity | Comments |
|------------------|------------------------|-------------------|--------------|----------|----------|
| Fainting         | I had this in the past | Jan 01, 2013      | Dec 31, 2013 | Mild     | -        |
| Light-headedness | I had this in the past | Jan 01, 2011      | Dec 31, 2011 | Moderate | -        |

**Digestion**

|           | Timing of Symptom      | Approx Start Date | Approx End | Severity | Comments |
|-----------|------------------------|-------------------|------------|----------|----------|
| Heartburn | I had this in the past | Jan 01, 2012      | -          | Mild     | -        |

**Eating**

|                | Timing of Symptom | Approx Start Date | Approx End | Severity | Comments    |
|----------------|-------------------|-------------------|------------|----------|-------------|
| Sweet cravings | I have this now   | Jan 01, 2012      | -          | Mild     | PMS symptom |

**Respiratory**

|                             | Timing of Symptom | Approx Start Date | Approx End | Severity | Comments |
|-----------------------------|-------------------|-------------------|------------|----------|----------|
| Hay fever: spring           | I have this now   | Jan 01, 2013      | -          | Moderate | -        |
| Hay fever: summer           | I have this now   | Jan 01, 2013      | -          | Moderate | -        |
| Hay fever: fall             | I have this now   | Jan 01, 2013      | -          | Moderate | -        |
| Hay fever: change of season | I have this now   | Jan 01, 2013      | -          | Mild     | -        |

**Dryness Of Skin**

|                                | Timing of Symptom      | Approx Start Date | Approx End   | Severity | Comments |
|--------------------------------|------------------------|-------------------|--------------|----------|----------|
| Dryness of skin, scalp or hair | I had this in the past | Jan 01, 2008      | Dec 31, 2009 | Mild     | -        |

**Skin Acne**

Acne : In the Past

**Other Skin Problems**

|                              | Timing of Symptom | Approx Start Date | Approx End | Severity | Comments |
|------------------------------|-------------------|-------------------|------------|----------|----------|
| Moles w color or size change | I have this now   | Jan 01, 2012      | -          | Mild     | -        |

**Female Reproductive-Menstrual**

Menstrual Symptoms : Yes-I have this now

**Female Reproductive-Other Symptoms**

|  | Timing of Symptom | Approx Start Date | Approx End | Severity | Comments |
|--|-------------------|-------------------|------------|----------|----------|
|--|-------------------|-------------------|------------|----------|----------|

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|                            | Timing of Symptom      | Approx Start Date | Approx End   | Severity | Comments |
|----------------------------|------------------------|-------------------|--------------|----------|----------|
| Menstrual cramps           | I have this now        | Jan 01, 2005      | -            | Moderate | -        |
| Menstrual spotting between | I have this now        | Jan 01, 2013      | -            | Mild     | -        |
| Breast lumps               | I had this in the past | Jan 01, 2013      | Dec 31, 2013 | Mild     | -        |

**Female Reproductive-Pre-Menstrual**

Pre-menstrual Symptoms : Yes-I have this now

|                                 | Timing of Symptom | Approx Start Date | Approx End | Severity | Comments |
|---------------------------------|-------------------|-------------------|------------|----------|----------|
| Pre-menstrual chocolate craving | I have this now   | Jan 01, 2013      | -          | Mild     | -        |
| Pre-menstrual fatigue           | I have this now   | Jan 01, 2012      | -          | Moderate | -        |

**Medications**

**Prescription and Over the Counter Medications**

| Medication Name        | Start Date   | Dose Amount | Units | Frequency per day | Take at Night? Yes/No | Medication Image |
|------------------------|--------------|-------------|-------|-------------------|-----------------------|------------------|
| Extra Strength Tylenol | Jan 01, 2014 | 500         | mg    | 1                 | No                    | -                |

**Antibiotics**

|                      | Frequency of Use  | Reason for Use |
|----------------------|-------------------|----------------|
| Infancy or childhood | None or Unknown   | -              |
| Teen                 | None or Unknown   | -              |
| Adulthood            | Less than 5 times | -              |

**Steroids**

|                      | Frequency of Use  | Reason for Use |
|----------------------|-------------------|----------------|
| Infancy or childhood | None or Unknown   | -              |
| Teen                 | Less than 5 times | -              |
| Adulthood            | Less than 5 times | -              |

**Other Key Medication**

Please check if you have taken any of these medications regularly or for a long time : NSAIDs, Tylenol

**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    |

**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 |

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| 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          |

| 5 | Emotions       |
|---|----------------|
| 1 | Mood swings    |
| 1 | Anxiety        |
| 0 | Fear           |
| 1 | Nervousness    |
| 0 | Anger          |
| 1 | Irritability   |
| 0 | Aggressiveness |
| 1 | Depression     |

| 10      | Energy/Activity              |
|---------|------------------------------|
| 3       | Fatigue                      |
| 0       | Sluggishness                 |
| 3       | Apathy                       |
| 2       | Lethargy                     |
| 1       | Hyperactivity                |
| 1       | Restlessness                 |
| 0 Other |                              |
| 0       | Frequent illness             |
| 0       | Frequent or urgent urination |
| 0       | Genital itch or discharge    |

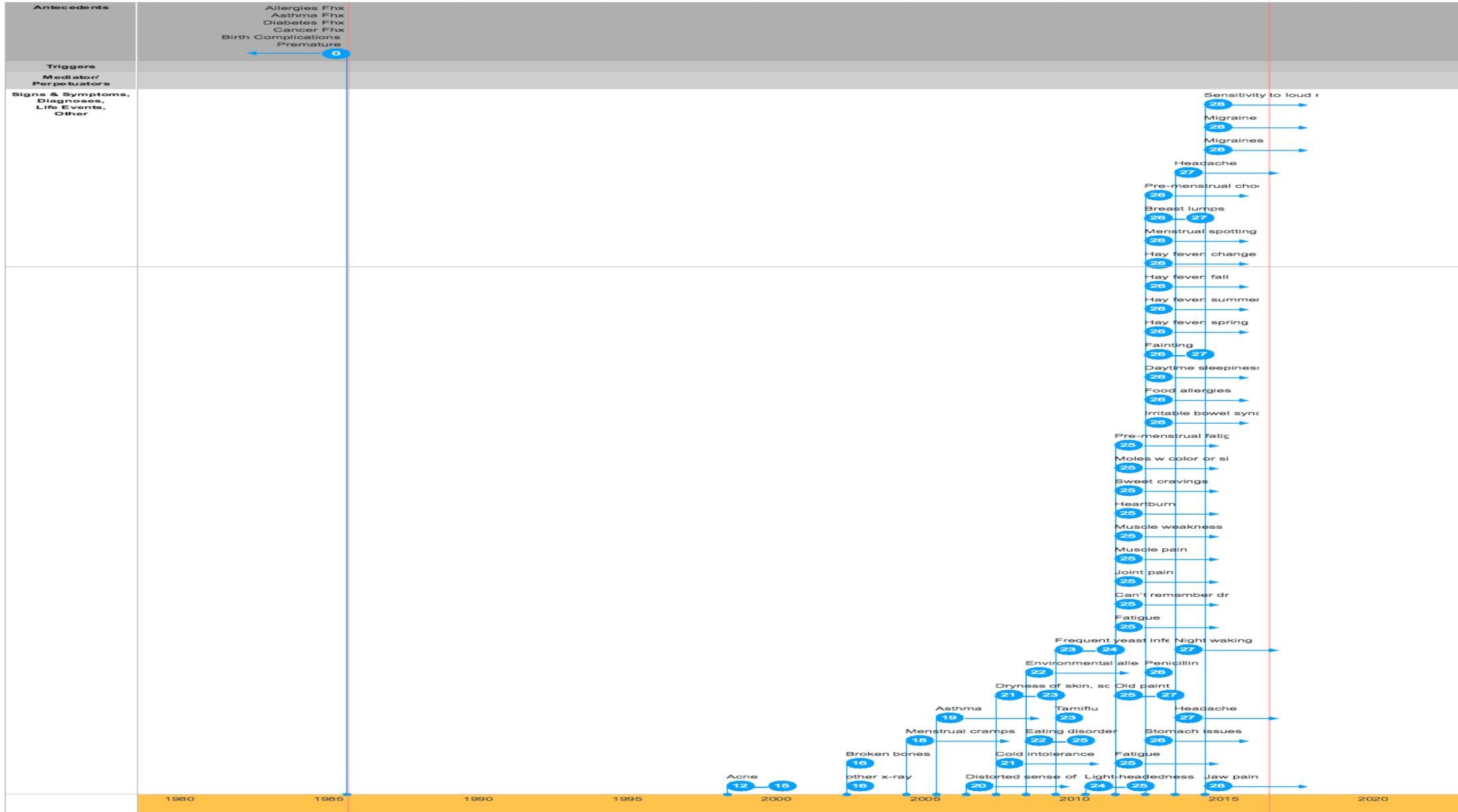
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Timeline



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## Timeline

| Item                           | Category        | Start Date   | End Date     | Event Date   | ATMs        | Notes |
|--------------------------------|-----------------|--------------|--------------|--------------|-------------|-------|
| Premature                      | prenatal/birth  | -            | -            | Apr 02, 1986 | Antecedents | -     |
| Birth Complications            | prenatal/birth  | -            | -            | Apr 02, 1986 | Antecedents | -     |
| Cancer                         | family history  | -            | -            | Apr 02, 1986 | Antecedents | -     |
| Cancer                         | family history  | -            | -            | Apr 02, 1986 | Antecedents | -     |
| Diabetes                       | family history  | -            | -            | Apr 02, 1986 | Antecedents | -     |
| Asthma                         | family history  | -            | -            | Apr 02, 1986 | Antecedents | -     |
| Allergies                      | family history  | -            | -            | Apr 02, 1986 | Antecedents | -     |
| Acne                           | diagnosis       | Jan 01, 1999 | Dec 31, 2001 | -            | Other       | -     |
| other x-ray                    | diagnostic test | -            | -            | Jan 01, 2003 | Other       | -     |
| Broken bones                   | injury          | -            | -            | Jan 01, 2003 | Other       | -     |
| Menstrual cramps               | sign/symptom    | Jan 01, 2005 | -            | -            | Other       | -     |
| Asthma                         | diagnosis       | Jan 01, 2006 | -            | -            | Other       | -     |
| Distorted sense of smell       | sign/symptom    | Jan 01, 2007 | -            | -            | Other       | -     |
| Cold intolerance               | sign/symptom    | Jan 01, 2008 | -            | -            | Other       | -     |
| Dryness of skin, scalp or hair | sign/symptom    | Jan 01, 2008 | Dec 31, 2009 | -            | Other       | -     |
| Eating disorder                | diagnosis       | Jan 01, 2009 | Dec 31, 2011 | -            | Other       | -     |
| Environmental allergies        | diagnosis       | Jan 01, 2009 | -            | -            | Other       | -     |
| Tamiflu                        | allergies       | -            | -            | Jan 01, 2010 | Other       | -     |
| Frequent yeast infections      | diagnosis       | Jan 01, 2010 | Dec 31, 2010 | -            | Other       | -     |
| Light-headedness               | sign/symptom    | Jan 01, 2011 | Dec 31, 2011 | -            | Other       | -     |
| Fatigue                        | current concern | Jan 01, 2012 | -            | -            | Other       | -     |
| Old paint                      | toxic exposure  | Jan 01, 2012 | Dec 07, 2013 | -            | Other       | -     |
| Fatigue                        | sign/symptom    | Jan 01, 2012 | -            | -            | Other       | -     |
| Can't remember dreams          | sign/symptom    | Jan 01, 2012 | -            | -            | Other       | -     |

**Feb 01, 2016**
**Alexa Hsu**
**30 years**
**Female**
**-**

| Item                            | Category        | Start Date   | End Date     | Event Date   | ATMs  | Notes |
|---------------------------------|-----------------|--------------|--------------|--------------|-------|-------|
| Joint pain                      | sign/symptom    | Jan 01, 2012 | -            | -            | Other | -     |
| Muscle pain                     | sign/symptom    | Jan 01, 2012 | -            | -            | Other | -     |
| Muscle weakness                 | sign/symptom    | Jan 01, 2012 | -            | -            | Other | -     |
| Heartburn                       | sign/symptom    | Jan 01, 2012 | -            | -            | Other | -     |
| Sweet cravings                  | sign/symptom    | Jan 01, 2012 | -            | -            | Other | -     |
| Moles w color or size change    | sign/symptom    | Jan 01, 2012 | -            | -            | Other | -     |
| Pre-menstrual fatigue           | sign/symptom    | Jan 01, 2012 | -            | -            | Other | -     |
| Stomach issues                  | current concern | Jan 01, 2013 | -            | -            | Other | -     |
| Penicillin                      | allergies       | -            | -            | Jan 01, 2013 | Other | -     |
| Irritable bowel syndrome        | diagnosis       | Jan 01, 2013 | -            | -            | Other | -     |
| Food allergies                  | diagnosis       | Jan 01, 2013 | -            | -            | Other | -     |
| Daytime sleepiness              | sign/symptom    | Jan 01, 2013 | -            | -            | Other | -     |
| Fainting                        | sign/symptom    | Jan 01, 2013 | Dec 31, 2013 | -            | Other | -     |
| Hay fever: spring               | sign/symptom    | Jan 01, 2013 | -            | -            | Other | -     |
| Hay fever: summer               | sign/symptom    | Jan 01, 2013 | -            | -            | Other | -     |
| Hay fever: fall                 | sign/symptom    | Jan 01, 2013 | -            | -            | Other | -     |
| Hay fever: change of season     | sign/symptom    | Jan 01, 2013 | -            | -            | Other | -     |
| Menstrual spotting between      | sign/symptom    | Jan 01, 2013 | -            | -            | Other | -     |
| Breast lumps                    | sign/symptom    | Jan 01, 2013 | Dec 31, 2013 | -            | Other | -     |
| Pre-menstrual chocolate craving | sign/symptom    | Jan 01, 2013 | -            | -            | Other | -     |
| Headache                        | diagnosis       | Jan 01, 2014 | -            | -            | Other | -     |
| Night waking                    | sign/symptom    | Jan 01, 2014 | -            | -            | Other | -     |

Feb 01, 2016

Alexa Hsu

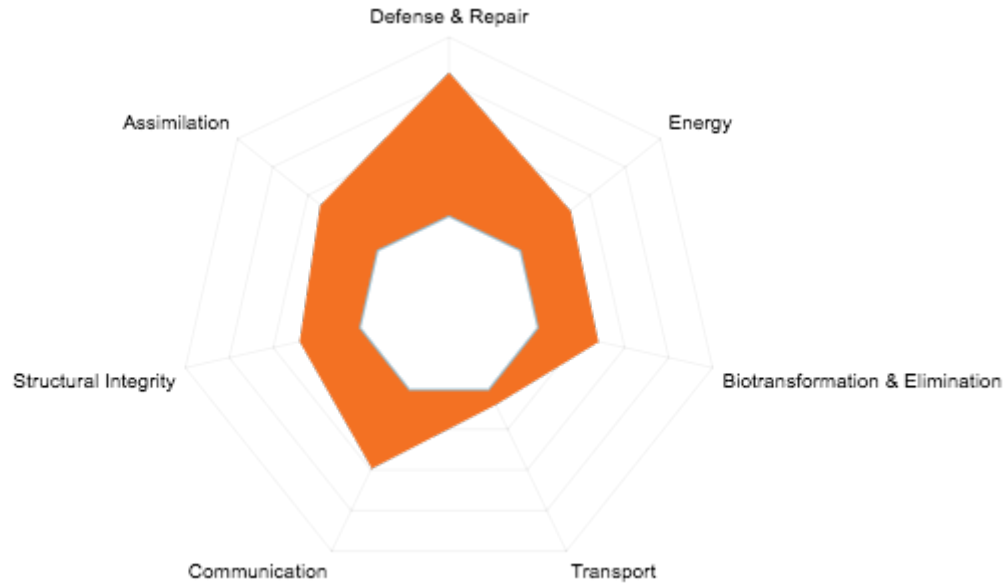
30 years

Female

-

| Item                       | Category     | Start Date   | End Date | Event Date | ATMs  | Notes |
|----------------------------|--------------|--------------|----------|------------|-------|-------|
| Headache                   | sign/symptom | Jan 01, 2014 | -        | -          | Other | -     |
| Jaw pain                   | sign/symptom | Jan 01, 2015 | -        | -          | Other | -     |
| Migraines                  | diagnosis    | Jan 01, 2015 | -        | -          | Other | -     |
| Migraine                   | sign/symptom | Jan 01, 2015 | -        | -          | Other | -     |
| Sensitivity to loud noises | sign/symptom | Jan 01, 2015 | -        | -          | Other | -     |

Matrix

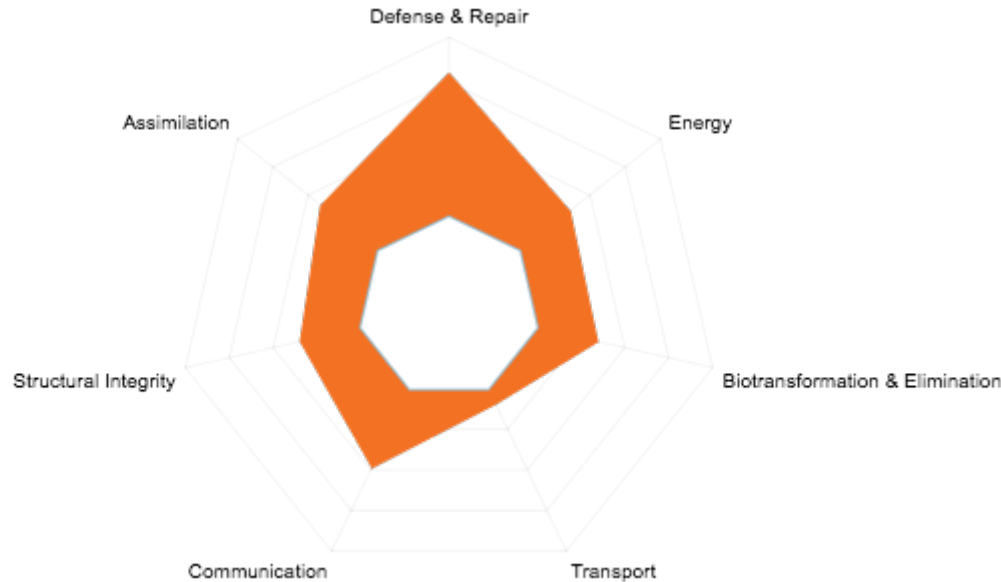


Imbalance

**Structural Integrity:** asthma Fhx, asthma, food allergies, migraines, jaw pain, headache, migraine, joint pain, muscle pain, fainting, light-headedness, Tylenol

**Assimilation:** asthma Fhx, allergies Fhx, irritable bowel syndrome, frequent yeast infections, eating disorder, food allergies, acne, fatigue, muscle pain, heartburn, sweet cravings, dryness of skin, scalp or hair, NSAIDs, Tylenol

Matrix



Imbalance

**Defense & Repair:** cancer Fhx, asthma Fhx, allergies Fhx, irritable bowel syndrome, asthma, frequent yeast infections, food allergies, environmental allergies, acne, migraines, fatigue, distorted sense of smell, migraine, sensitivity to loud noises, joint pain, muscle pain, hay fever: spring, hay fever: summer, hay fever: fall, hay fever: change of season, dryness of skin, scalp or hair, moles w color or size change, menstrual cramps, menstrual spotting between, pre-menstrual chocolate craving , pre-menstrual fatigue, NSAIDs

**Energy:** cancer Fhx, diabetes Fhx, migraines, cold intolerance, daytime sleepiness, fatigue, headache, migraine, muscle pain, muscle weakness, fainting, light-headedness, sweet cravings, pre-menstrual fatigue

**Biotransformation & Elimination:** cancer Fhx, migraines, Sensitivity to Cigarette smoke, Sensitivity to Perfume or Colognes, fatigue, migraine, muscle pain, menstrual cramps, menstrual spotting between, breast lumps, pre-menstrual chocolate craving , pre-menstrual fatigue, old paint, Regular Exposure to Second-Hand Smoke, Birth Control Pills, NSAIDs, Tylenol

**Transport:** diabetes Fhx, fatigue, fainting, light-headedness

**Communication:** cancer Fhx, diabetes Fhx, asthma Fhx, irritable bowel syndrome, eating disorder, jaw pain, cold intolerance, daytime sleepiness, fatigue, night waking, can't remember dreams, distorted sense of smell, migraine, menstrual cramps, menstrual spotting between, breast lumps, pre-menstrual chocolate craving , pre-menstrual fatigue, Regular Exposure to Second-Hand Smoke, Birth Control Pills



Feb 01, 2016

Alexa Hsu

30 years

Female

-

 LifeStyle Factors

|                                   |  |
|-----------------------------------|--|
| <b>Exercise &amp; Movement</b>    | Very Tired, Muscle Aches                   |
| <b>Mental Emotional Spiritual</b> | Attend Catholic Mass Once A Month, Usually |
| <b>Relationships</b>              | Single                                     |