Name: _____ Date: _____

TCM Diagnostics

For each symptom below that you currently have, rate its severity from 1-5 (5 being worst). Leave blank if N / A.

Earth	
____ Poor appetite	___ Difficulty getting up in the morning
____ Excessive appetite	___ Over weight
___ Craving sweets	___ Heaviness in the body or limbs
___ Fatigue after eating	___ Bruise easily
___ Poor digestion	___ Low energy
___ Food allergies	___ Hemorrhoids
___ Loose stool	___ Bad breath
___ Constipation	___ Nausea / vomitting
___ Alternating constipation / loose stool	___ Over thinking
___ Gas / bloating	___ Foggy thinking
___ Abdominal pain	___ Yeast infection
___ Muscular weakness	___ Fatigue

Metal	
___ Shortness of breath	___ Frequent sinus issues
___Cough	___ Dry skin
___ Asthma	___ Rash / hives / eczema
___Chest Tightness	___ Grief / sadness
___ Post nasal drip	___ Easily sick
___ Allergies	___ Sweat easily

Name: _____ Date: _____

Water

___ Hearing Loss	___ Bladder infections
___Low pitched ringing in ears	___ Wake in the night to urinate
___ Low back pain	___ Low or excessive sex drive
___ Knee issues	___ Thinning hair
___ Cold hands and feet	___ Kidney stones (history or current)
___ Frequent urination / lack of bladder control	___ Edema
___ Night sweating	___ Teeth or bone issues

Wood

___ Irritability / Frustration / Impatience	___ Feeling of lump in throat
___ Depression	___ Muscle twitching / spasm / tics
___Stress	___ Neck / shoulder tension
___ Unfulfilled desires	___ Sensation or pain under rib cage
___ Visual problems	___ PMS
___ Floaters in your visual field	___ Genital itching / Pain
___ Blurred vision / Poor night vision	___ Herpes / Hepatitis
___ Red / Dry / Itchy eyes	___ Grinding teeth
___ Headaches / Migraines	___ Hypertension
___ Dizziness / Vertigo	___ Acid Reflux
___ High Pitched Ringing in ears	___ Gall stones (history or current)

Fire

____ Poor sleep	___ Poor circulation
___ Poor focus	___ Mouth Sores
___ Poor memory	___ Depression
___ Vivid dreams	___ Restlessness
___ Anxiety	___ Palpitations