



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 pregnant

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) |
|---|---------------------------------|--|
| Working the Body: <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. | | |
| Recharge: <i>“Sleep and Refresh”</i> Getting enough rest, relaxation, and sleep. | | |
| Food and Drink: <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. | | |
| Personal Development: <i>“Personal life and Work life”</i> Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work. | | |
| Family, Friends, and Co-Workers: <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. | | |
| Spirit and Soul: <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. | | |
| Surroundings: <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. | | |
| Power of the Mind: <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?
