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Please answer the following questions and return to me with your New Patient questions answered.

**Do you have generalized pain that can be debilitating?**

- Limbs fall asleep easily: Yes/No
- Painful : Yes /No
- Numbness: Yes/No
- Deep Achy+/-1 sharp stabbing shooting pains: Yes/No
- Neuralgic Type Pain: Yes/No

**Brain Fog:**

- Generalized irritability: Yes/No
- Anxiety/panic: Yes/No
- Labile affect: Yes/No
- Uncontrollable laughing or crying: Yes/No
- Insomnia: yes/No With/without restless leg syndrome Yes/No
- Motor Restlessness ( Day or Night): Yes/No
- Cognitive compromise: Yes/No

**Other:**

- Cold/Clammy Fingers/Toes: Yes/No
- Mottled skin: Yes/No

- Pale Swollen Tongue with scalloped edges: Yes/No
- Soft/tender abdomen: Yes/No
- Feet may turn deep purple: Yes/No
- Sensitive/Extremely sensitive Teeth Yes/No