Quantum Clinic of Integrative Medicine
Dr Veronica Downes
MB BCh BAO MRCGP DRCOG
The LIGHT House
No 6 Parkview – Passage West – Co Cork

Telephone 021 4863145 Fax 021 4863145

FIRST TIME EVALUATION

Name _____ **Date** _____ **Fibromyalgia Programme** ☐

Male ☐ **Female** ☐ **Age** _____ **Date of Birth** _____

Smoker ☐ **ExSmoker** ☐ **Non Smoker** ☐

Marital Status _____ **Children** _____

Present Occupation _____ **Past Occupation** _____

Contact Details:

Home Address:

_____

_____

Tel Home_____**Work**_____**Mobile**_____

e-mail _____

G.P. Name: _____**Address:**_____

Dentist Name:_____**Address**_____

Medical History
(Please list any operations in chronological order)

Approx. Year	Outcome
_____	_____
_____	_____
_____	_____
_____	_____

Past Obstetric History – Assisted Delivery - Difficult Birth - Poor Recovery	**Past Physical Trauma History**
1st _____	Road Traffic Accidents :
2nd _____	
3rd _____	
4th _____	Fall/Blunt Force on Body/Other:
5th _____	

FIBROMYALGIA – QUESTIONNAIRE

Functionality Survey: **Work Capacity**:

- I am able to work and live my life as I want to ☐
- I'm ok with work but am not as sharp or able as I used to be ☐
- I can work – but there is nothing left for anything else ☐
- I'm just about able to cling to my job with my fingernails ☐
- I'm off work and don't know when I can go back ☐
- I've given up work and don't feel that I will be able to go back ☐
- Work/life – what are those things? ☐

HEAD	**NECK**
I can read for as long as I want to ☐	I can't look over my shoulder ☐
The computer is a real bother for me ☐	I can't hold my head up at a desk ☐
I can't think clearly ☐	If I turn my head to talk to someone it kills me ☐
I can't remember important stuff ☐	I've stopped doing sports because of my neck ☐
My concentration is terrible ☐	If I look up or down suddenly I get really dizzy ☐
I can't bear noises/people around me ☐	
It takes me ages to get things done ☐	
I can't come up with new ideas ☐	
ARMS AND HANDS	**BACK FUNCTIONALITY**
I don't paint/garden (other hobby) like I used to ☐	I tolerate sitting for more than one hour ☐
	I tolerate sitting for less than one hour ☐
I can't open jars ☐	My back prevents me travelling over half an hour ☐
I can't carry shopping ☐	
I have trouble squeezing the petrol pump ☐	Leaning over a sink/bench/desk is difficult ☐
I can't prepare my meals easily ☐	Back pain prevents me lying down comfortably ☐
Washing windows/hoovering really hurts ☐	
I have given up all sport ☐	

PELVIS/HIPS/LEGS

I can walk as far as I want ☐

I can walk for about an hour (without ill effects) ☐

I can walk for about half an hour (without ill effects)

I can only walk for a few minutes as I really "pay for it" ☐

I can't sit comfortably for any period ☐

My restless legs are so bad I can't sit at social events/functions ☐

My feet are so sore/painful standing for more more than a few minutes is very difficult ☐

SOCIAL/INTERPERSONAL FUNCTIONING

Being around people is really difficult for me ☐

I rarely go shopping now it's too stressful ☐

I can't enjoy a night out anymore ☐

I don't watch the news – I feel too upset when I do ☐

Things have gone really flat/terrible between me and my partner/spouse ☐

I'm really irritable/shortfused with my children/family ☐

Past Medications Which you recall:

Present Meds/ Products:

Past Admissions and Investigations:

CT/MRI ☐

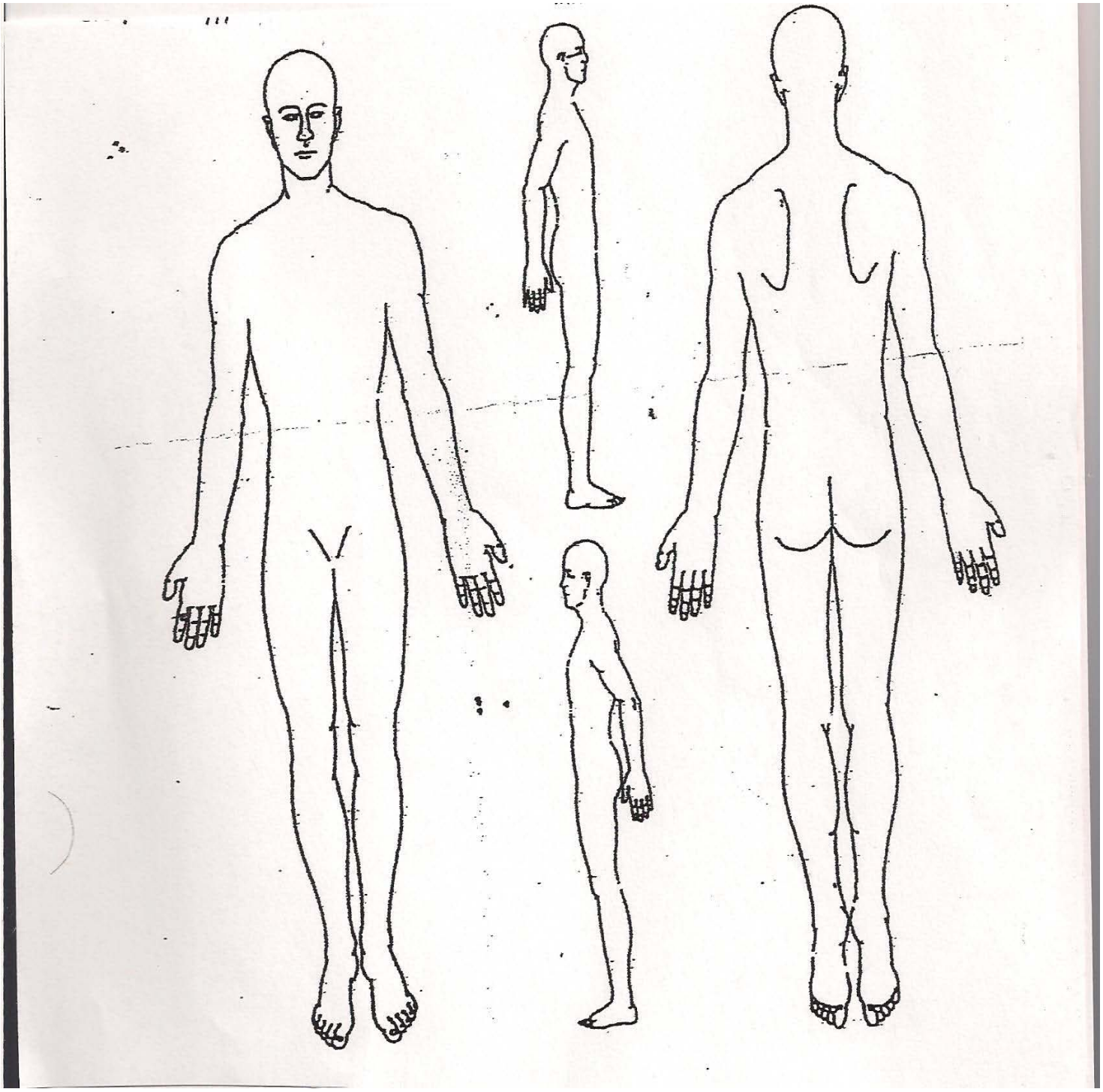
_____

_____

X-Rays/ Bone Scans ☐

Bloods ☐

PAIN – **Shade wherever there is pain / discomfort / tingling – Score it out of 10 where 10 is the worst pain imaginable and 0 is no pain**



ENERGY - Mark where you feel you are:			
Physical	**Emotional**	**Intellectual**	**Spiritual**
10 Exuberant - - - - - - - - - 0 Exhaustion	10 Profoundly happy - - - - - - - - - 0 Despairing	10 Can handle anything - - - - - - - - - 0 Feel really stupid	10 Joyful - - - - - - - - - 0 “I feel dead inside”

SLEEP

I go off to sleep easily ☐

Takes me a while to go off ☐

Toss and turn all night ☐

I stay asleep til morning ☐

I keep waking up through the whole night ☐

I wake up once or twice ☐

I feel unrefreshed when I wake up ☐

My muscles and joints feel very stiff in the morning ☐

It takes me ages to ‘get my act ‘ together in the morning ☐

I just sleep and sleep and sleep ☐

GASTROINTESTINAL SYSTEM: I have …….

Nausea ☐ Indigestion ☐ Heartburn ☐ Bloating ☐ Belching ☐

Sleepy after meals ☐ Abdominal Pain ☐ Loose Stools ☐ Constipation ☐

Blood Rectally ☐ Anal Problems ☐

FOR WOMEN: ☐

PMT ☐ How many days before cycle to do get affected by symptoms? ☐

Do your experience: Mood changes ☐ Breast pain ☐ Cravings ☐ Increased pain in Pelvis ☐

Do you have period pain (/10) Heavy bleeding ☐ Erratic bleeding ☐

Repeat 'undercarriage/vulval' discharges or soreness ☐ Loss of sex drive ☐

Pain on intercourse ☐ Vaginal dryness ☐ Sweats ☐ Flushes ☐

FOR MEN ☐

Scrotal pain/soreness ☐ Urinary frequency by day ☐ / by night ☐ Urgency ☐

Erectile dysfunction ☐

NEUROLOGICAL/COGNITIVE

Headaches ☐ Migraine ☐ Epilepsy ☐ Neuralgia pain ☐ Faints ☐

Limb heaviness ☐ Restless legs ☐

Poor memory ☐ Poor concentration ☐

If, when you were well, you were 100% in global intellectual function – what are you now ☐%

Tingling/insect crawling/numbness ☐ Reduced/Inability to learn new skills/tasks ☐

Dizzy spells ☐ Clumsiness ☐ Feeling off balance ☐ Burning under feet/other ☐

TMJ

Has a dentist ever been concerned about one or both of the jaw joints in from of your ears ☐

Have you had to wear any splint/appliance ☐

WHICH OF THE FOLLOWING WOULD DESCRIBE YOU?

Caring ☐

I put my heart and soul into things ☐

I displace myself a lot for other people ☐

I'm always there for others ☐

I had a lot of responsibility as a child ☐

I would normally be very efficient ☐

I would have very high standards ☐

I can't sit down and do nothing ☐

I'm always "think, think, think" ☐

I can't say no to people ☐

I'm run ragged by my children/parents/friends ☐

Cardiorespiratory Symptoms	**Dermatological**
Chest Pains related to exercise ☐	Mouth Ulcers ☐
Shortness of breath ☐	Recurrent Cold Sores ☐
Wheeze ☐	Rashes ☐
Cough ☐	Stitches ☐
Phlegm - Colour _____ ☐	Fissures ☐
Palpitations ☐	
Feeling of Restriction in Chest ☐	
Feeling Weak/Faint ☐	
Endocrine/Glandular	**Urological**
Dry Eyes ☐	Passing Urine excessively during day ☐
Dry Mouth ☐	Getting up at night ☐
Thinning Hair ☐	Rushing to get to toilet ☐
Cold Intolerance ☐	Wetting underwear with coughing/ Laughing ☐
Sweats ☐	Pain on passing urine ☐
Cold Hands or Feet ☐	Frothy urine ☐
Sugar Cravings ☐	Blood in urine ☐
Low B. Pressure ☐	
Overheating ☐	
Immune System	**Past Query of Autoimmune Issues?**
Oral Thrush ☐	
Vaginal/Penile Thrush ☐	
Throat Infection ☐	
Sinusitis ☐	
Gastroenteritis ☐	
Ear Infections ☐	
Urinary Tract Infections ☐	
Skin Infections ☐	

In your own words, describe what life is like for you at present:

Signed _____ *Date* _____