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[www.RemedyNaturalHealth.com](http://www.RemedyNaturalHealth.com)

## Symptom Checklist

Please complete this symptom checklist at least one day prior to your scheduled appointment with Dr. Milani.

### 1. Please enter your information.

Today's Date:

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Patient's Full Name:

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Please select how you will be accessing your appointment with Dr. Milani?

- Phone Appointment
- Doxy.me (HIPAA compliant video-conference - [doxy.me/drmilani](https://doxy.me/drmilani))
- In-Office Appointment

### 2. Please rate the severity/frequency of the following symptoms you have been experiencing since your last appointment on a scale from 0 to 5. 0 - no symptoms, 5 - severe/most frequent

	Rating (Enter 0 to 5)	Notes
Fatigue		
Weakness		
Muscle Pain		
Muscle Cramps		
Joint Pain		
Morning Stiffness		
Numbness		
Tingling		
Tremor		
Skin sensitivity		
Unusual Pain		
Ice Pick Pain		
Headache		
Vertigo		
Light Sensitivity		

Red Eyes		
Blurred Vision		
Tearing		
Sinus Issues		
Cough		
Shortness of Breath		
Abdominal Pain		
Diarrhea		
Constipation		
Nausea		
Appetite high or low		
Metallic Taste		
Increased Thirst		
Increased Urination		
Difficulty Regulating Body Temp		
Static Shocks		
Memory problems		
Difficulty Concentrating		
Confusion		
Disorientation		
Word Searching		
Unable to comprehend new knowledge		
Mood Swings		
Difficulty Sleeping		
Night Sweats		