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Syntonics Phototherapy Symptoms Checklist

(Many of these will be repetitive)

Name_____ DOB_____ Date _____

Long Lasting (Chronic) Condition:

__ Chronic health problems
__ General fatigue
__ Headaches
__ Eye pain
__ Digestion
__ Light sensitivity
__ Blurry vision that comes and goes
__ Weight loss
__ Hormone imbalance

Recent (Acute) Condition:

__ Head trauma recent
__ Stroke
__ Fevers
__ Headaches
__ Pain
__ Double vision
__ Eye pain
__ Motion sickness
__ Vertigo
__ Recent trauma
__ Sinus infections
__ Ear infections

Excess Condition:

__ Uncoordinated
__ Tunnel vision
__ Head tilt/turn
__ Double vision
__ Eye turn in
__ Lazy eye
__ Mental sluggishness
__ Asthma
__ Weight gain

Emotional Fatigue:

__ Mood swings
__ Over stress
__ Hyperirritability
__ Light sensitive
__ Headache
__ Allergies
__ Frustration
__ Eye strain
__ Abnormal fatigue
__ Rapid pulse
__ Extreme fatigue

Reactive Condition:

__ Fatigue
__ Over stress
__ Social problems
__ Learning problems
__ ADHD
__ Concentration problems
__ Fine motor or gross motor problems
__ Aggressive behavior
__ Frustration
__ Allergies (Including food. Please specify)
__ Asthma
__ Dizziness
__ Headache
__ Eyestrain
__ Abnormal fatigue
__ Withdrawal
__ Argumentative

Emotional/Post-traumatic Condition:

__ Head tilt
__ Over stress
__ Mood swings
__ Social exhaustion
__ Shaking
__ Tunnel vision
__ Extreme fatigue
__ Headache
__ Dizziness
__ Frustration
__ Motion sickness
__ Hyperirritability
__ Recent traumatic/emotional experience