

PATIENT SYMPTOM SURVEY

DATE _____

PATIENT'S NAME _____ AGE _____

WEIGHT _____ HEIGHT _____ BLOOD PRESSURE _____ PULSE _____ O₂ _____

This is a confidential patient symptom survey. Please check each condition which is true for you. If the condition does not apply to you or you do not understand a term or if you are not sure if a condition applies to you, then do not check the box. Use common sense. For example, Insomnia once in the last month probably isn't that important and would not be marked. However, Insomnia occurring 1-2 times per week is notable and would be marked. Please take your time...

Primary Complaints

- | | | |
|---|---|--|
| 090 5 General Good Health
091 5 Desires Nutritional & Metabolic Analysis
001 5 Skin Disorder 692.9
002 5 Acne 706.1
003 5 Psoriasis 696.1
004 5 Urticaria (Hives) 708.9
005 5 ADD/ADHD 314.01
006 5 Allergies 477.0
007 5 Food Allergy 691.8
008 5 Sinusitis 461.9
009 5 Alzheimer's 333.1
010 5 Poor Concentration/ Memory 310.1
011 5 Parkinson's Disease 332.0
012 5 Anemia 285.9
013 5 Arthritic Disorder 716.9
014 5 Osteoporosis 733.0
015 5 Asthma 493.9
016 5 Emphysema 492.8
017 5 Cancer
018 5 Breast 174.9
019 5 Prostate 185.0
020 5 Lung 162.9
021 5 Colon/Rectal 153.9
022 5 Skin 173.9
023 5 Leukemia 208 _[tm1] .1
024 5 Lymphoma 202 _[tm2] .8
025 5 Brain Tumor 191.9
026 5 Other
027 5 Anxiety / stress 300.00
028 5 Autism 299.0
033 5 Edema 782.3
034 5 Eczema 692.9
035 5 Chronic Fatigue 780.71
036 5 Circulatory Disorder 459.90
037 5 Heart Disease 429.90
038 5 High Cholesterol 272.0 | 039 5 High Blood Pressure 401.9
040 5 Low Blood Pressure 458.9
041 5 Tachycardia
(High Heart Rate) 785.00
042 5 Numbness 782.0
043 5 Constipation 564.0
044 5 Indigestion 536.8
045 5 Ulcerative Colitis 556.9
046 5 Depression 311.0
047 5 Diabetes Mellitus 250.0
030 5 Diabetes Type I 250.01
031 5 Diabetes Type II 250.02
029 5 Hyperglycemia
[high blood sugar] 790.6
048 5 Hypoglycemia
[low blood sugar] 251.2
049 5 Dizziness/Balance Problem 780.4
050 5 Ear Infection 386.30
051 5 Epstein Barr 075.0
052 5 Eye Problems 379.91
053 5 Cataracts 366.9
054 5 Glaucoma 365.62
055 5 Macular Degeneration 362.5
056 5 Fever 780.6
057 5 Fibromyalgia 729.1
058 5 Gallbladder Disorder 575.9
059 5 Gout 274.9
060 5 Headaches 784.0
061 5 Hearing Loss 389.90
062 5 Infertility, male 606.9
064 5 Liver Disease 571.9
065 5 Hepatitis 573.3
066 5 Hepatitis B 573.1
067 5 Hepatitis C 070.51
068 5 Kidney (593.9) / Bladder (596.9)
063 5 Prostate Disorder 602.9 | 069 5 Hyperthyroid 242.9
070 5 Hypothyroid 244.9
071 5 Lupus 710.0
072 5 Infertility, female 628.9
073 5 Interstitial Cystitis 595.1
074 5 Irregular Menstrual Cycle 626.4
075 5 Menopausal Symptoms 627.2
076 5 Hot Flashes 627.2
077 5 Mental Disorder 300.9
078 5 Insomnia 780.52
079 5 Mouth/Throat/Tongue
080 5 Canker Sores 528.2
081 5 Overweight 278.0
082 5 Underweight 783.2
083 5 Sexual Disorder 302.9
084 5 Spinal Problems
085 5 Obesity 278.0
086 5 GERD 530.81
087 5 HIV infection 079.53
088 5 Crohn's Disease 555.9
089 5 Irritable Bowel Syndrome 564.1
092 5 Pregnant v22.2 _[tm3]
093 5 Shingles 053.9
140 5 Migraines 346.90
141 5 Rheumatoid Arthritis 714.0
142 5 Lupus 710.0
143 5 Multiple Sclerosis 340.0
144 5 ALS Lou Gerigs disease 335.20
145 5 Polymyalgia Rheumatica 725.0
146 5 Scleroderma 710.1
171 5 Goiter 240.9
178 5 Raynaud's Syndrome 433.8
179 5 Hemochromatosis 275.0
180 5 Thalassemia 282.49
181 5 Post stroke/brain aneurism 747.81 |
|---|---|--|

If necessary, please state your most significant concern...

General Health

- 100 5 Fingernail base is pink
 - 101 5 Fingernail base is purple
 - 102 5 Fingernails have ridges or white spots
 - 103 5 Fingernails are soft
 - 104 5 Fingernails are splitting
 - 105 5 Fingernails peel
 - 106 5 Pale fingernail beds
 - 107 5 Blacks out easily
 - 108 5 Balance problems
 - 109 5 Difficulty walking
 - 110 5 Has tattoos
 - 111 5 Brittle hair
 - 112 5 Dry hair
 - 113 5 Thin hair
 - 114 5 Hair loss
 - 115 5 Drinks alcoholic beverages daily
 - 116 5 Drinks less than 8 glasses of water per day
 - 117 5 Currently on Chemotherapy
 - 118 5 Currently on radiation treatment
 - 148 5 Had radiation therapy in the last year
 - 149 5 Had chemotherapy in the last year
 - 119 5 Had chemotherapy in the past
 - 120 5 Has had radiation treatments in the past
 - 121 5 Gained over 20 lbs in the last 12 months
 - 122 5 Somewhat Overweight
 - 123 5 Somewhat Underweight
 - 124 5 Unexplained weight loss of over 20lbs within the last 4 months
 - 125 5 Energy level is worse than it was 5 years ago
 - 127 5 Sleeps less than 6 hours per night
 - 128 5 Unable to recall dreams the next day
 - 129 5 Sensitive to chemicals, paint, fumes, cologne
 - 130 5 Had blood transfusion in the past
 - 131 5 Had transplant in the past
 - 138 5 Takes anti-rejection drugs
 - 132 5 Had a major accident or injury
 - 137 5 Sleep Apnea
 - 139 5 Toxic chemical exposure
 - 175 5 Has been out of the country recently
 - 176 5 Had childhood vaccines
 - 177 5 Had a vaccine in the last 12 months
 - 147 5 Had a flu shot last year
 - 182 5 Had a pneumonia vaccine last year
 - 183 5 Had a Hepatitis B vaccine in the last 2 years.
- Has a family history of:
- 184 5 Cancer
 - 185 5 Heart Disease
 - 186 5 Diabetes
 - 187 5 Alcoholism
 - 188 5 Depression
 - 189 5 Obesity

Lifestyle Habits

- 380 5 Drinks beverages from a can
- 370 5 Drinks alcohol
- 371 5 Drinks caffeinated coffee
- 372 5 Drinks caffeinated pop/soda
- 373 5 Drinks caffeinated tea
- 374 5 Drinks decaffeinated coffee
- 375 5 Drinks decaffeinated pop/soda
- 376 5 Drinks decaffeinated tea
- 377 5 Drinks more than 3 cups of coffee per day
- 378 5 Drinks more than 3 cups of tea per day
- 388 5 Drinks diet pop/soda
- 379 5 Drinks 1 or more pop/sodas per day
- I had 4 alcoholic drinks in one day:
 - 172 5 never
 - 173 5 more than 3 months ago
 - 174 5 less than 3 months ago
- 381 5 Has more than 5 alcoholic drinks per week
- 391 5 Craves sugar / starches
- 382 5 Currently smokes
- 383 5 Quit smoking in the last 5 years
- 384 5 Smoked for more than 5 years
- 385 5 Smokes more than 1 pack per day
- 126 5 Rarely exercises
- 133 5 Regularly exercises
- 386 5 Takes Vitamins
- 134 5 Vegetarian
- 135 5 Eats no red meat
- 136 5 Eats no meat, no dairy
- 387 5 Frequent use of artificial sweeteners
- 389 5 Anorexia
- 390 5 Bulimic

Surgeries

- | | | |
|-------------------------------------|------------------------------|-------------------------|
| 700 5 Tonsillectomy and/or Adenoids | 704 5 Hysterectomy, complete | 711 5 Extremity surgery |
| 701 5 Appendix | 705 5 Hysterectomy, partial | 712 5 Hip replacement |
| 702 5 Gallbladder | 706 5 Tubal ligation | 713 5 Knee replacement |
| 703 5 Thyroid | 707 5 Breast implants | 714 5 Splenectomy |
| 715 5 Radiated thyroid | 709 5 Coronary by-pass | 716 5 Cataract surgery |
| 708 5 Cancer | 710 5 Spinal surgery | 717 5 Hemorrhoidectomy |

Gastrointestinal

- | | |
|--|--|
| 265 5 4-5 bowel movements per week | 284 5 Immediate indigestion upon eating |
| 266 5 3 or less bowel movements per week | 285 5 Indigestion in 2 hours or more after meals |
| 267 5 6 or more bowel movements per week | 286 5 Indigestion within 1 hour after meals |
| 268 5 Black tarry stools | 287 5 Difficulty swallowing |
| 269 5 Pale or yellow colored stool | 288 5 Eating relieves fatigue |
| 270 5 Blood stools | 289 5 Eats when nervous |
| 271 5 Constipation | 290 5 Excessive hunger |
| 272 5 Hemorrhoids | 291 5 Poor appetite |
| 273 5 Loose bowel movements | 292 5 Experiences fainting spells when hungry |
| 274 5 Frequent diarrhea | 293 5 Feels shaky when hungry |
| 275 5 Frequent nausea | 294 5 Frequently drowsy after eating a meal |
| 276 5 Frequent vomiting | 295 5 Gall bladder disease |
| 277 5 Abdominal gas | 296 5 Has had intestinal worms |
| 278 5 Belching and burping after eating | 297 5 Reflux/Hiatal hernia |
| 279 5 Bloating after eating | 298 5 Liver disease |
| 280 5 Severe abdominal pains | 299 5 Irritable Bowel Syndrome |
| 281 5 Stomach ulcers | 300 5 Diverticulitis |
| 282 5 Uses digestive aids | 301 5 Diverticulosis |
| 283 5 Uses laxatives | |

Respiratory

- | | | |
|-------------------------------|---------------------------------|-----------------------|
| 485 5 Catches severe colds | 491 5 Frequent colds | 497 5 Night sweats |
| 486 5 Chronic chest condition | 492 5 Frequent nose bleeds | 498 5 Post nasal drip |
| 487 5 Chronic cough | 493 5 Frequent sinus infections | 499 5 Sneezing spells |
| 488 5 Constant runny nose | 494 5 Frequent stuffy nose | 500 5 Spits up blood |
| 489 5 COPD | 495 5 Hay fever | 501 5 Spits up phlegm |
| 490 5 Difficulty breathing | 496 5 Nasal polyps | 502 5 Wheezes |

Mouth and Throat

- | | | |
|--|---------------------------------------|---|
| 400 5 Bad breath | 407 5 Frequent fever blisters | 414 5 Tongue has grooves or fissures |
| 401 5 Bitter taste in the mouth
in the morning | 408 5 Frequent sore throats | 415 5 Tongue is coated |
| 402 5 Dry mouth | 409 5 Frequently has a sore
tongue | 416 5 Gums bleed when brushing teeth |
| 403 5 Excessive saliva | 410 5 Sore gums | 417 5 Toothaches |
| 404 5 Sores or cracks in the
corners of the mouth | 411 5 Swollen gums | 418 5 Amalgam dental fillings |
| 405 5 Glands often swell | 412 5 Swollen tongue | 420 5 Other dental fillings
(gold, composite, etc) |
| 406 5 Frequent canker sores | 413 5 Tongue burns | 419 5 Has had root canal(s) |

Endocrine

- 245 5 Coarse hair
- 246 5 Coarse skin
- 247 5 Diabetic
- 248 5 Excessive thirst
- 249 5 Frequently feels cold
- 250 5 Frequently feels hot
- 251 5 Gets lightheaded when standing quickly
- 252 5 Heals slowly
- 253 5 Unusually jumpy or nervous
- 254 5 Unusually tired most of the time

Cardiovascular

- 190 5 Cold feet
- 191 5 Cold hands
- 192 5 Experiences shortness of breath while sitting still
- 193 5 Heart skips beats
- 194 5 Tendency of High blood pressure
- 195 5 Leg cramps during bedtime
- 196 5 Leg cramps during daytime
- 197 5 Low blood pressure at times
- 198 5 Pain in leg/hips when walking
- 199 5 Frequent swollen ankles
- 200 5 Pains in the heart or chest
- 201 5 Spells of rapid heart rate
- 202 5 Troubled with blood clots
- 203 5 Unusually slow pulse rate
- 204 5 Varicose veins
- 205 5 Heart palpitations

Skin

- 520 5 Bruises easily
- 521 5 Excessive perspiration
- 522 5 Frequent goose bumps
- 523 5 Has acne
- 524 5 Has Psoriasis
- 525 5 Hives
- 526 5 Itchy skin
- 527 5 Problems with Eczema
- 528 5 Has moles which are changing in size and/or color
- 530 5 Skin is rough, especially on the back of the arms
- 529 5 Skin eruptions
- 531 5 Skin is tender
- 532 5 Sores that heal slowly
- 533 5 Troubled with boils
- 534 5 Dry skin

Ears

- 220 5 Discharge from ears
- 221 5 Hard of hearing
- 222 5 Punctured ear drum
- 223 5 Recurrent ear infection
- 224 5 Ringing or noises in the ears
- 225 5 Tinnitus

Eyes

- 320 5 Bloodshot eyes
- 321 5 Blurred vision
- 322 5 Cross eyes
- 323 5 Eye pain
- 324 5 Eyes feel gritty
- 325 5 Eyes watery
- 326 5 Mild Glaucoma
- 327 5 Far sighted
- 328 5 Developing cataracts
- 329 5 Mild Macular degeneration
- 330 5 Itchy eyes
- 331 5 Near sighted
- 332 5 Dry Eyes

Feet

- 350 5 Corns
- 351 5 Frequent foot cramps
- 352 5 Heel spurs
- 353 5 Painful feet
- 354 5 Plantar warts
- 355 5 Swelling in the feet and/or ankles
- 356 5 Plantar fasciitis
- 357 5 Fungal Infection

Neuromuscular

- 440 5 Bites nails
- 441 5 Frequent muscle soreness
- 442 5 Muscle spasms
- 443 5 Muscle weakness
- 444 5 Tremors
- 445 5 Frequent headaches
- 446 5 Often dizzy
- 447 5 Frequently feels faint
- 448 5 Has Epilepsy
- 449 5 Has motion sickness
- 450 5 Has Osteoarthritis
- 451 5 Has Rheumatism
- 452 5 Rheumatoid Arthritis
- 453 5 Joint stiffness in the morning
- 454 5 Swollen joints
- 455 5 Leg pain at rest
- 456 5 Spinal curvature
- 457 5 Low back pain
- 458 5 Neck pain
- 459 5 Pain between the shoulders
- 460 5 Shoulder/arm pain
- 461 5 Numbness/tingling in the body
- 462 5 Sleep walks
- 463 5 Stutters or stammers
- 464 5 Nerve pain

Behavior Patterns

- 150 5 Afraid to eat anywhere except home
- 151 5 Always needs someone to advise
- 152 5 Cries often
- 153 5 Difficulty concentrating
- 154 5 Difficulty falling asleep
- 155 5 Difficulty staying asleep
- 156 5 Easily angered
- 157 5 Feelings are easily hurt
- 158 5 Frequently becomes scared for no reason
- 159 5 Frequently miserable or blue
- 160 5 Has to be on guard even with friends
- 161 5 Often annoyed by people
- 162 5 Recurrent bad dreams
- 163 5 Sometimes wishes to be dead or away from it all
- 164 5 Upset by criticism
- 165 5 Poor memory
- 166 5 Scared to be alone
- 167 5 Strange people or places cause fear
- 168 5 Under considerable emotional stress
- 169 5 Unhappy when other are happy
- 170 5 Brain fog

Urinary

- 555 5 Urinates more than 2 times per night
- 556 5 Bed wetting
- 557 5 Blood in the urine
- 558 5 Difficulty starting urination
- 559 5 Painful urination
- 560 5 Frequent urination
- 561 5 Troubled by urgent urination
- 562 5 Incontinence when sneezing or laughing
- 563 5 Loses bladder control
- 564 5 Frequent bladder infections
- 565 5 Frequent kidney infections
- 566 5 Kidney stones

Men Only

- 585 5 Difficulty completing intercourse
- 586 5 Difficulty getting or keeping an erection
- 587 5 Discharge from the urethra
- 588 5 Had a vasectomy
- 589 5 Had difficulty fathering children
- 590 5 Lumps in the testicles
- 591 5 Painful genitals
- 592 5 Prostate troubles
- 593 5 Sores on external genitalia
- 594 5 Herpes
- 595 5 Sexual diseases

Women Only

- 610 5 Heavy hair growth on face or body
- 611 5 Cycles are every 27-29 days
- 612 5 Abnormal cycle >29 days and/or <26 days
- 613 5 PMS
- 614 5 Menstrual cramps
- 615 5 Painful periods
- 616 5 Acne worse at menstruation
- 617 5 Excessive menstrual flow
- 618 5 Retains fluid during periods
- 619 5 Pre-menstrual depression
- 620 5 Currently taking birth control medication
- 621 5 Has taken birth control medication more than 1 year
- 622 5 Has taken birth control medication within the last year
- 623 5 Has had miscarriage
- 624 5 Hot flashes
- 625 5 Takes hormone replacement medication
- 627 5 Diminished sexual desire
- 628 5 Painful intercourse
- 629 5 Poor or infrequent orgasm
- 630 5 Lumps in the breasts
- 631 5 Tender breasts
- 633 5 Vaginal discharge
- 634 5 Bloody spotting discharge
- 635 5 Yeast infections
- 636 5 Sores on external genitalia
- 637 5 Herpes
- 638 5 Sexual diseases
- 639 5 Endometriosis
- 640 5 Breast reduction
- 641 5 Breast augmentation
- 642 5 Abortion
- 643 5 D&C
- 644 5 Tubal pregnancy
- 645 5 Uterine fibroids
- 646 5 Ovarian fibroids
- 647 5 Breast fibroids
- 648 5 Currently Breastfeeding

Medications

Please list all drugs you are currently taking including over the counter drugs, aspirin, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

<u>DRUG</u>	<u>PRESCRIBED FOR:</u>	<u>HOW LONG</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all drugs taken within the last year including over the counter drugs, antibiotics, aspirin, inhalers, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

<u>DRUG</u>	<u>PRESCRIBED FOR:</u>	<u>HOW LONG</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all vitamins/herbs/supplements you are currently taking. Also, list how much of each supplement you are taking.

VITAMIN/HOW MUCH/BRAND