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. Take your time. If you are not sure the condition applies to you or do not understand a term, do not check the box. Use common sense. For example, Insomnia once last month probably isn't that important and would not be marked. However, Insomnia 1-2 times per week is notable and would be marked. Please take your time…

Primary Complaints

766 ☐ Abdominal Pain R10.9
005 ☐ ADD/ADHD F90.1/F90.9
144 ☐ ALS (Lou Gehrig's Disease) G12.21
012 ☐ Anemia D64.9
013 ☐ Arthritic Disorder M12.9
181 ☐ Brain Aneurysm I61.9
094 ☐ Breast Cancer (male) C50.929
053 ☐ Cataracts H26.9
036 ☐ Circulatory Disorder I99.9
088 ☐ Crohn's disease K50.90
091 ☐ Desires Nutritional and Metabolic Analysis
050 ☐ Ear Infection H65.90
016 ☐ Emphysema J43.9
056 ☐ Fever R50.9
090 ☐ General Good Health
171 ☐ Goiter E04.9
061 ☐ Hearing Loss H91.90
065 ☐ Hepatitis K71.6
087 ☐ HIV Infection B20
029 ☐ Hyperglycemia (high blood sugar) R73.09
770 ☐ Hypocholesterolemia (Low Cholesterol) E78.6
070 ☐ Hypothyroid E03.9
062 ☐ Infertility, male N46.9
074 ☐ Irregular Menstrual Cycle N92.6
023 ☐ Leukemia w/o remission C95.90
040 ☐ Low blood pressure I95.9
142 ☐ Lupus, non-systemic L93.0
722 ☐ Malaise
077 ☐ Mental Disorder F99
079 ☐ Mouth/Throat/Tongue
726 ☐ Myopia
729 ☐ Nephrolithiasis (Kidney Stones)
085 ☐ Obesity E66.9
014 ☐ Osteoporosis M81.0
732 ☐ Pain in Limbs
145 ☐ Polymyalgia Rheumatica M35.3

098 ☐ Abdominal Gas/Bloating R14.0
006 ☐ Allergies (unspecified) J30.9
009 ☐ Alzheimer's G30.9
027 ☐ Anxiety Disorder F41.9
015 ☐ Asthma J45.909
025 ☐ Brain Tumor, malignant C71.9
017 ☐ Cancer
763 ☐ Cervical Cancer C53.9
021 ☐ Colon/Rectal Cancer C18.9
092 ☐ Currently Pregnant Z33.1
047 ☐ Diabetes Mellitus E11.9
034 ☐ Eczema L25.9
051 ☐ Epstein Barr B27.90
057 ☐ Fibromyalgia M79.7
086 ☐ GERD K21.9
059 ☐ Gout M10.9
037 ☐ Heart Disease I51.9
066 ☐ Hepatitis B B16.9
076 ☐ Hot flashes N95.1
720 ☐ Hypertension (High Blood Pressure) I10
048 ☐ Hypoglycemia (low blood sugar) E16.2
044 ☐ Indigestion K30
078 ☐ Insomnia G47.00
089 ☐ Irritable Bowel Syndrome K58.9
095 ☐ Leukemia w/ remission C95.91
020 ☐ Lung Cancer C34.90
024 ☐ Lymphoma, malignant C85.89
075 ☐ Menopausal Symptoms N95.1
140 ☐ Migraines G43.909
143 ☐ Multiple Sclerosis G35
727 ☐ Nasal Polyp
764 ☐ Nosebleed
730 ☐ Orgasm, poor/infrequent
026 ☐ Other Cancers
733 ☐ Painful Urination

002 ☐ Acne L70.8
007 ☐ Allergic Rhinitis from food J30.5
768 ☐ Amenorrhea M91.2
028 ☐ Autism F84.0
765 ☐ Bladder Disorder N32.9
018 ☐ Breast Cancer (female) C50.919
080 ☐ Canker Sores K12.0
035 ☐ Chronic Fatigue R53.82
043 ☐ Constipation K59.00
046 ☐ Depression F32.9
049 ☐ Dizziness/Balance problems R42
033 ☐ Edema R60.9
052 ☐ Eye Problems H57.13
058 ☐ Gallbladder Disorder K82.9
054 ☐ Glaucoma H40.9
060 ☐ Headaches R51
179 ☐ Hemochromatosis E83.119
067 ☐ Hepatitis C B17.10
038 ☐ Hypercholesterolemia (High Cholesterol) E78.0
069 ☐ Hyperthyroid E05.90
721 ☐ Hypotension (Low Blood Pressure) I95.9
072 ☐ Infertility, Female N97.9
073 ☐ Interstitial Cystitis N30.11
068 ☐ Kidney Disorder N28.9
064 ☐ Liver Disease K76.9
071 ☐ Lupus, systemic M32.10
055 ☐ Macular Degeneration H35.30
723 ☐ Menorrhagia
724 ☐ Motion Sickness
725 ☐ Myalgia
728 ☐ Nephritis
042 ☐ Numbness/Paresthesia R20.9
731 ☐ Osteoarthritis
081 ☐ Overweight E66.3
011 ☐ Parkinson's Disease G20

010 ☐ Poor Concentration/Memory F07.8
734 ☐ Presbyopia
063 ☐ Prostate Disorder N42.9
736 ☐ Rheumatism
146 ☐ Scleroderma M34.9
739 ☐ Shortness of Breath
022 ☐ Skin Cancer C44.90
096 ☐ Sneezing
463 ☐ Stammering/Stuttering
097 ☐ Swollen Joints
744 ☐ Tender Breasts
746 ☐ Toothache
031 ☐ Type 2 Diabetes E11.65
748 ☐ Urethra Discharge
750 ☐ Vaginal Discharge
752 ☐ Vertigo

771 ☐ Post stroke/brain aneurysm
019 ☐ Prostate Cancer C61
003 ☐ Psoriasis L40.8
141 ☐ Rheumatoid Arthritis M06.9
738 ☐ Scoliosis
093 ☐ Shingles B02.9
001 ☐ Skin Disorder L25.9
740 ☐ Sore Throat
741 ☐ Stress Incontinence, female
743 ☐ Syncope
180 ☐ Thalassemia D56.8
747 ☐ Tympanic Membrane (Ear Ache)
045 ☐ Ulcerative Colitis K51.90
749 ☐ Urinary Frequency
751 ☐ Vaginal Yeast Infection
753 ☐ Viral Warts

613 ☐ Premenstrual Syndrome
735 ☐ Prostate Cancer - screening
178 ☐ Raynaud's syndrome I73.00
737 ☐ Salivary Secretions
083 ☐ Sexual Disorder F66
008 ☐ Sinusitis J01.90
94 ☐ Skin Rash
084 ☐ Spinal Problems M53.9
742 ☐ Stress Incontinence, male
041 ☐ Tachycardia (High Heart Rate) R00.0
745 ☐ Thoracicalgia
030 ☐ Type 1 Diabetes E10.9
082 ☐ Underweight R63.6
004 ☐ Urticaria (Hives) L50.9
767 ☐ Variscosities
099 ☐ Wheezing

If necessary, please state your most significant concern…

General Health

226 ☐ Breast Cancer - Screening
100 ☐ Base of fingernails are pink
111 ☐ Brittle hair
118 ☐ Currently on Radiation treatments
116 ☐ Drinks less than 8 glasses of water per day
756 ☐ Energy level is the same as it was 5 years ago
103 ☐ Fingernails are soft
121 ☐ Gained over 20 lbs within in the last 12 months
758 ☐ Has had Chemotherapy within the last 3 months
130 ☐ Had Blood Transfusion in the Past
769 ☐ Is overweight
106 ☐ Pale fingernail beds
129 ☐ Sensitive to chemicals, paint, exhaust fumes, cologne
123 ☐ Somewhat Underweight
187 ☐ Family history of Alcoholism
186 ☐ Family history of Diabetes
149 ☐ Had Chemotherapy in the last year
175 ☐ Has been out of the country recently

138 ☐ Anti Rejection Drugs
101 ☐ Base of fingernails are purple
219 ☐ Breast Cancer - History
109 ☐ Difficulty walking
112 ☐ Dry hair
125 ☐ Energy level is worse than it was 5 years ago
104 ☐ Fingernails are splitting
114 ☐ Hair loss
120 ☐ Has had Radiation treatments in the past
131 ☐ Had Transplant in the Past
754 ☐ Is underweight
757 ☐ Pink fingernail beds
127 ☐ Sleeps less than 6 hours per night
113 ☐ Thin hair
184 ☐ Family history of Cancer
185 ☐ Family history of Heart Disease
176 ☐ Had childhood vaccinations
177 ☐ Has been vaccinated in the last 12 months

108 ☐ Balance Problems
107 ☐ Blacks out easily
117 ☐ Currently on Chemotherapy
115 ☐ Drinks alcoholic beverage(s) every day
755 ☐ Energy level is better than it was 5 years ago
102 ☐ Fingernails have ridges or white spots
105 ☐ Fingernails peel
119 ☐ Has had Chemotherapy in the past
132 ☐ Had a major accident or injury
110 ☐ Has tattoos
124 ☐ Lost over 20 lbs within the last 4 months
126 ☐ Rarely exercises
122 ☐ Somewhat Overweight
128 ☐ Unable to recall dreams the next day
188 ☐ Family history of Depression
189 ☐ Family history of Obesity
148 ☐ Had Radiation therapy in the last year
147 ☐ Has had a flu shot in the last year

183 ☐ Has had a Hepatitis vaccine within the last 2 years
182 ☐ Has had a pneumonia vaccine in the last year
137 ☐ Sleep Apnea
139 ☐ Toxic Chemical Exposure

Allergies

206 ☐ Dairy
207 ☐ Eggs
208 ☐ Garlic
209 ☐ Gluten
210 ☐ Mold
211 ☐ Peanut
212 ☐ Ragweed
213 ☐ Shellfish
214 ☐ Soy
215 ☐ Sulfa Drugs
216 ☐ Tree Nuts
217 ☐ Wheat
218 ☐ Other allergies

Behavior Patterns

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

Cardiovascular

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

Ears

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

Endocrine

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

Eyes

320 ☐ Bloodshot eyes
321 ☐ Blurred Vision
322 ☐ Cross eyes
332 ☐ Dry Eyes
323 ☐ Eye pain
324 ☐ Eyes feel gritty
325 ☐ Eyes water
327 ☐ Far sighted
759 ☐ Has or has had cataracts
330 ☐ Itchy eyes
328 ☐ Mild Cataracts
326 ☐ Mild Glaucoma
329 ☐ Mild Macular Degeneration
331 ☐ Near sighted

Feet

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

Gastrointestinal

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

Lifestyle Habits

389 ☐ Anorexia R63.0
382 ☐ Currently smokes
372 ☐ Drinks caffeinated pop/soda
392 ☐ Drinks coffee
388 ☐ Drinks diet pop/soda
379 ☐ Drinks 1 or more pop/sodas per day
136 ☐ Eats no meat, no dairy
174 ☐ Had 4 alcoholic drinks in one day less than 3 months ago
172 ☐ Never had 4 alcoholic drinks in one day
384 ☐ Smoked for more than 5 years
134 ☐ Vegetarian
342 ☐ Home water is filtered
345 ☐ Home pipes are copper
348 ☐ Home renovations within the last year
361 ☐ Has worked around industrial solvents, chemicals or pesticides
390 ☐ Bulemia
370 ☐ Drinks alcohol
373 ☐ Drinks caffeinated tea
374 ☐ Drinks decaffeinated coffee
377 ☐ Drinks more than 3 cups of coffee per day
380 ☐ Drinks beverages from a can
135 ☐ Eats no red meat
173 ☐ Had 4 alcoholic drinks in one day more than 3 months ago
383 ☐ Quit smoking in the last 5 years
385 ☐ Smokes more than 1 pack per day
340 ☐ Home has well water
343 ☐ Home pipes are steel
346 ☐ Home pipes are PEX
349 ☐ Uses chlorine bleach or other heavy duty chemicals
391 ☐ Craves Sugars/starches
371 ☐ Drinks caffeinated coffee
375 ☐ Drinks Decaffeinate Pop/Soda
376 ☐ Drinks decaffeinated tea
378 ☐ Drinks more than 3 cups of tea per day
393 ☐ Drinks tea
387 ☐ Frequent use of Artificial Sweeteners
381 ☐ Has more than 5 alcoholic drinks per week
133 ☐ Regularly exercises
386 ☐ Takes vitamins
341 ☐ Home has city water
344 ☐ Home pipes are PVC
347 ☐ Home built prior to 1978
360 ☐ Has worked in plumbing, automotive or metallurgic industry

Mouth and Throat

418 ☐ Amalgam dental fillings
400 ☐ Bad breath
401 ☐ Bitter taste in the mouth in the morning

772 ☐ Dental Fillings (gold, composite etc.)
402 ☐ Dry mouth
403 ☐ Excessive saliva
406 ☐ Frequent canker sores
407 ☐ Frequent fever blisters
408 ☐ Frequent sore throats
409 ☐ Frequently has a sore tongue
405 ☐ Glands often swell
416 ☐ Gums bleed when brushing teeth
419 ☐ Have had root canals
420 ☐ Other dental fillings
410 ☐ Sore gums
404 ☐ Sores or cracks in the corners of the mouth
411 ☐ Swollen gums
412 ☐ Swollen tongue
413 ☐ Tongue burns
414 ☐ Tongue has grooves or fissures
415 ☐ Tongue is coated
417 ☐ Toothaches

Neuromuscular

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

Respiratory

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

Women Only

497 ☐ Night sweats
612 ☐ Abnormal cycle >29 days and/or <26 days
642 ☐ Abortion
616 ☐ Acne worse at menstruation
634 ☐ Bloody spotting discharge
641 ☐ Breast Augmentation
647 ☐ Breast Fibroids
707 ☐ Breast Implants
640 ☐ Breast Reduction
648 ☐ Currently breastfeeding
620 ☐ Currently taking birth control medication
611 ☐ Cycles are every 27-29 days
643 ☐ D & C
627 ☐ Diminished sexual desire
639 ☐ Endometriosis
617 ☐ Excessive menstrual flow
636 ☐ External genital sores
623 ☐ Has had miscarriage
621 ☐ Has taken birth control medication for more than one year
622 ☐ Has taken birth control medication within the last year
610 ☐ Heavy hair growth on face or body
637 ☐ Herpes infection
632 ☐ Hysterectomy
630 ☐ Lumps in the breasts
609 ☐ Mastitis
614 ☐ Menstrual cramps
624 ☐ Mild to Moderate Hot Flashes
646 ☐ Ovarian Fibroids
628 ☐ Painful intercourse
615 ☐ Painful periods
629 ☐ Poor or infrequent orgasm
619 ☐ Pre-menstrual depression
618 ☐ Retains fluid during periods
638 ☐ Sexual diseases
625 ☐ Takes hormone replacement medication
631 ☐ Tender breasts
644 ☐ Tubal Pregnancy
645 ☐ Uterine Fibroids
633 ☐ Vaginal discharge
762 ☐ Vagina dryness
635 ☐ Yeast infections

Skin

534 ☐ Dry Skin
520 ☐ Bruises easily
521 ☐ Excessive perspiration
522 ☐ Frequent goose bumps
523 ☐ Has Acne

528 ☐ Has moles which are changing in size and/or color
524 ☐ Has Psoriasis
525 ☐ Hives
526 ☐ Itchy skin
527 ☐ Problems with Eczema
529 ☐ Skin eruptions
530 ☐ Skin is rough, especially on the back of the arms
531 ☐ Skin is tender
532 ☐ Sores that heal slowly
533 ☐ Troubled with boils

Urinary

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

Men Only

585 ☐ Difficulty completing intercourse
586 ☐ Difficulty getting or keeping an erection
587 ☐ Discharge from the urethra
588 ☐ Had a vasectomy
589 ☐ Had difficulty fathering children
594 ☐ Herpes
584 ☐ Inflammation of Testis
596 ☐ Low sex drive
590 ☐ Lumps in the testicles
591 ☐ Painful genitals
592 ☐ Prostate troubles
595 ☐ Sexual Diseases
593 ☐ Sores on external genitalia

Surgeries

701 ☐ Appendix removed
718 ☐ Bariatric/Weight loss surgery
708 ☐ Cancer surgery
716 ☐ Cataract Surgery
709 ☐ Coronary Bypass
711 ☐ Extremity Surgery
702 ☐ Gallbladder removed
717 ☐ Hemorrhoid Surgery
712 ☐ Hip Replacement
704 ☐ Hysterectomy, complete
705 ☐ Hysterectomy, partial
713 ☐ Knee Replacement
715 ☐ Radiated Thyroid
710 ☐ Spinal Surgery
714 ☐ Spleen Removed (Splenectomy)
703 ☐ Thyroid removed
700 ☐ Tonsils and/or Adenoids removed
706 ☐ Tubal Ligation (fallopian tubes tied)

Medications

Please list all drugs you are currently taking on a daily basis.

DRUG	***PRESCRIBED FOR:***	***HOW LONG***

Please list all drugs taken within the last year and/or you take as needed including over the counter drugs, antibiotics, aspirin, inhalers, etc.

DRUG	***PRESCRIBED FOR:***	***HOW LONG***

Supplements

Please list all vitamins/herbs/supplements you are currently taking and dosages.

VITAMIN	***BRAND***	***DOSAGE***