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

- 097 ☐ 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
- 148 ☐ 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
- 026 ☐ 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
- 095 ☐ Nosebleed
- 730 ☐ Orgasm, poor/infrequent
- 026 ☐ Other Cancers
- 733 ☐ Painful Urination
- 010 ☐ Poor Concentration/Memory F07.8
- 002 ☐ Acne L70.8
- 007 ☐ Allergic Rhinitis from food J30.5
- 099 ☐ Amenorrhea M91.2
- 028 ☐ Autism F84.0
- 096 ☐ 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
- 181 ☐ Post stroke/brain aneurysm

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
098 ☐ Variscosities
099 ☐ Wheezing

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

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

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

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_____

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
148 ☐ 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
183 ☐ Has had a Hepatitis vaccine within the last 2 years
139 ☐ Toxic Chemical Exposure

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
182 ☐ Has had a pneumonia vaccine in the last year

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
137 ☐ Sleep Apnea

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

Gastrointestinal

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

Lifestyle Habits

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

Mouth and Throat

- 418 ☐ Amalgam dental fillings
- 400 ☐ Bad breath
- 401 ☐ Bitter taste in the mouth in the morning
- 420 ☐ 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
404 ☐ Sores or cracks in the corners of the mouth
413 ☐ Tongue burns
417 ☐ Toothaches
420 ☐ Other dental fillings
411 ☐ Swollen gums
414 ☐ Tongue has grooves or fissures
410 ☐ Sore gums
412 ☐ Swollen tongue
415 ☐ Tongue is coated

Neuromuscular

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

Respiratory

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

Women Only

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

Skin

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