

# PATIENT SYMPTOM SURVEY

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_

*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

- |   |  |  |
|---|--|--|
| 090 <input type="checkbox"/> General Good Health                      | 039 <input type="checkbox"/> High Blood Pressure 401.9                       | 063 <input type="checkbox"/> Prostate Disorder 602.9         |
| 091 <input type="checkbox"/> Desires Nutritional & Metabolic Analysis | 040 <input type="checkbox"/> Low Blood Pressure 458.9                        | 069 <input type="checkbox"/> Hyperthyroidism 242.90          |
| 001 <input type="checkbox"/> Skin Disorder 692.9                      | 041 <input type="checkbox"/> Tachycardia (High Heart Rate) 785.00            | 070 <input type="checkbox"/> Hypothyroidism 244.9            |
| 002 <input type="checkbox"/> Acne 706.1                               | 042 <input type="checkbox"/> Numbness 782.0                                  | 071 <input type="checkbox"/> Systemic Lupus 710.0            |
| 003 <input type="checkbox"/> Psoriasis 696.1                          | 043 <input type="checkbox"/> Constipation 564.0                              | 072 <input type="checkbox"/> Infertility, female 628.9       |
| 004 <input type="checkbox"/> Urticaria (Hives) 708.9                  | 044 <input type="checkbox"/> Indigestion 536.8                               | 073 <input type="checkbox"/> Interstitial Cystitis 595.1     |
| 005 <input type="checkbox"/> ADD/ADHD 314.00/314.01                   | 045 <input type="checkbox"/> Ulcerative Colitis 556.9                        | 074 <input type="checkbox"/> Irregular Menstrual Cycle 626.4 |
| 006 <input type="checkbox"/> Allergies, Unspecified 477.9             | 046 <input type="checkbox"/> Depression 311                                  | 075 <input type="checkbox"/> Menopausal Symptoms 627.2       |
| 007 <input type="checkbox"/> Allergic Rhinitis from food 477.1        | 047 <input type="checkbox"/> Diabetes Mellitus 250.0                         | 076 <input type="checkbox"/> Hot Flashes 627.2               |
| 008 <input type="checkbox"/> Sinusitis 461.9                          | 030 <input type="checkbox"/> Diabetes Type I 250.01                          | 077 <input type="checkbox"/> Mental Disorder 300.9           |
| 009 <input type="checkbox"/> Alzheimer's 331.0                        | 031 <input type="checkbox"/> Diabetes Type II 250.02                         | 078 <input type="checkbox"/> Insomnia 780.52                 |
| 010 <input type="checkbox"/> Poor Concentration/Memory 310.1          | 029 <input type="checkbox"/> Hyperglycemia [high blood sugar] 790.29         | 079 <input type="checkbox"/> Mouth/Throat/Tongue             |
| 011 <input type="checkbox"/> Parkinson's Disease 332.0                | 048 <input type="checkbox"/> Hypoglycemia [low blood sugar] 251.2            | 080 <input type="checkbox"/> Canker Sores 528.2              |
| 012 <input type="checkbox"/> Anemia 285.9                             | 049 <input type="checkbox"/> Dizziness/Balance Problem 780.4                 | 081 <input type="checkbox"/> Overweight 278.02               |
| 013 <input type="checkbox"/> Arthritic Disorder 716.90                | 050 <input type="checkbox"/> Ear Infection 381.4                             | 082 <input type="checkbox"/> Underweight 783.22              |
| 014 <input type="checkbox"/> Osteoporosis 733.00                      | 051 <input type="checkbox"/> Epstein Barr 075                                | 083 <input type="checkbox"/> Sexual Disorder 302.89          |
| 015 <input type="checkbox"/> Asthma 493.90                            | 052 <input type="checkbox"/> Eye Problems 379.91                             | 084 <input type="checkbox"/> Spinal Problems 724.9           |
| 016 <input type="checkbox"/> Emphysema 492.8                          | 053 <input type="checkbox"/> Cataracts 366.9                                 | 085 <input type="checkbox"/> Obesity 278.00                  |
| 017 <input type="checkbox"/> Cancer                                   | 054 <input type="checkbox"/> Glaucoma 365.9                                  | 086 <input type="checkbox"/> GERD 530.81                     |
| 018 <input type="checkbox"/> Breast 174.9female 175.9male             | 055 <input type="checkbox"/> Macular Degeneration 362.50                     | 087 <input type="checkbox"/> HIV 042                         |
| 019 <input type="checkbox"/> Prostate 185                             | 056 <input type="checkbox"/> Fever 780.6                                     | 088 <input type="checkbox"/> Crohn's Disease 555.9           |
| 020 <input type="checkbox"/> Lung 162.9                               | 057 <input type="checkbox"/> Fibromyalgia 729.1                              | 089 <input type="checkbox"/> Irritable Bowel Syndrome 564.1  |
| 021 <input type="checkbox"/> Colon and Rectal 153.9                   | 058 <input type="checkbox"/> Gallbladder Disorder 575.9                      | 092 <input type="checkbox"/> Normal Pregnancy v22.2          |
| 022 <input type="checkbox"/> Skin 173.9                               | 059 <input type="checkbox"/> Gout 274.9                                      | <i>**only applicable if currently pregnant</i>               |
| 023 <input type="checkbox"/> Leukemia w/o remission 208.90            | 060 <input type="checkbox"/> Headaches 784.0                                 | 093 <input type="checkbox"/> Shingles 053.9                  |
| 208.91 Leukemia w/ remission  | 061 <input type="checkbox"/> Hearing Loss 389.9                              | 140 <input type="checkbox"/> Migraines 346.90                |
| 024 <input type="checkbox"/> Lymphoma, malignant 202.8                | 062 <input type="checkbox"/> Infertility, male 606.9                         | 141 <input type="checkbox"/> Rheumatoid Arthritis 714.0      |
| 025 <input type="checkbox"/> Brain Tumor, malignant 191.9             | 064 <input type="checkbox"/> Liver Disease 571.9                             | 142 <input type="checkbox"/> Non-Systemic Lupus 695.4        |
| 027 <input type="checkbox"/> Anxiety Disorder 300.00                  | 065 <input type="checkbox"/> Hepatitis 573.3                                 | 143 <input type="checkbox"/> Multiple Sclerosis 340          |
| 028 <input type="checkbox"/> Autism 299.00                            | 066 <input type="checkbox"/> Hepatitis B 070.30                              | 144 <input type="checkbox"/> ALS (Lou Gerigs) 335.20         |
| 033 <input type="checkbox"/> Edema 782.3                              | 067 <input type="checkbox"/> Hepatitis C 070.51                              | 145 <input type="checkbox"/> Polymyalgia Rheumatica 725      |
| 034 <input type="checkbox"/> Eczema 692.9                             | 068 <input type="checkbox"/> Kidney Disorder 593.9 or Bladder Disorder 596.9 | 146 <input type="checkbox"/> Scleroderma 710.1               |
| 035 <input type="checkbox"/> Chronic Fatigue 780.71                   |  | 171 <input type="checkbox"/> Goiter 240.9                    |
| 036 <input type="checkbox"/> Circulatory Disorder 459.9               |  | 178 <input type="checkbox"/> Raynaud's Syndrome 443.8        |
| 037 <input type="checkbox"/> Heart Disease 429.9                      |  | 179 <input type="checkbox"/> Hemochromatosis 275.0           |
| 038 <input type="checkbox"/> High Cholesterol 272.0                   |  | 180 <input type="checkbox"/> Thalassemia 282.49              |
|   |  | 181 <input type="checkbox"/> Brain aneurysm 431              |

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

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## General Health

- 100 ☐ Fingernail base is pink
- 101 ☐ Fingernail base is purple
- 102 ☐ Fingernails have ridges or white spots
- 103 ☐ Fingernails are soft
- 104 ☐ Fingernails are splitting
- 105 ☐ Fingernails peel
- 106 ☐ Pale fingernail beds
- 107 ☐ Blacks out easily
- 108 ☐ Balance problems
- 109 ☐ Difficulty walking
- 110 ☐ Has tattoos
- 111 ☐ Brittle hair
- 112 ☐ Dry hair
- 113 ☐ Thin hair
- 114 ☐ Hair loss
- 115 ☐ Drinks alcoholic beverages daily
- 116 ☐ Drinks less than 8 glasses of water per day
- 117 ☐ Currently on Chemotherapy
- 118 ☐ Currently on radiation treatment
- 119 ☐ Had chemotherapy in the past
- 120 ☐ Has had radiation treatments in the past
- 121 ☐ Gained over 20 lbs in the last 12 months
- 122 ☐ Somewhat Overweight
- 123 ☐ Somewhat Underweight

- 124 ☐ Unexplained loss of >20lbs in last 4 months
- 125 ☐ Energy level is worse than it was 5 years ago
- 127 ☐ Sleeps less than 6 hours per night
- 128 ☐ Unable to recall dreams the next day
- 129 ☐ Sensitive to chemicals, paint, fumes, cologne
- 130 ☐ Had blood transfusion in the past
- 131 ☐ Had transplant in the past
- 138 ☐ Takes anti-rejection drugs
- 132 ☐ Had a major accident or injury
- 137 ☐ Sleep Apnea
- 139 ☐ Toxic chemical exposure
- 175 ☐ Has been out of the country recently
- 176 ☐ Had childhood vaccines
- 177 ☐ Had a vaccine in the last 12 months
- 147 ☐ Had a flu shot last year
- 182 ☐ Had a pneumonia vaccine last year
- 183 ☐ Had a Hepatitis B vaccine in the last 2 years.

Has a family history of:

- 184 ☐ Cancer
- 185 ☐ Heart Disease
- 186 ☐ Diabetes
- 187 ☐ Alcoholism
- 188 ☐ Depression
- 189 ☐ Obesity

## Lifestyle & Environment

Do you use? ☐ Well Water ☐ City Water Filtered? ☐ Yes ☐ No Filter Type? \_\_\_\_\_

What kind of pipes are in your home? ☐ Steel ☐ CPVC ☐ Copper ☐ Pex ☐ Other \_\_\_\_\_

What year was your home built? \_\_\_\_\_ Any renovations in the past year? \_\_\_\_\_

Do you use chlorine bleach or other heavy duty cleaners in your home/work? ☐ Yes ☐ No

Have you ever worked around heavy machinery, plumbing, automotive or the metallurgic industry? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Have you ever worked around industrial solvents, chemicals or pesticides? ☐ Yes ☐ No

Explain: \_\_\_\_\_

380 ☐ Drinks beverages from a can

370 ☐ Drinks alcohol

371 ☐ Drinks caffeinated coffee

372 ☐ Drinks caffeinated pop/soda

373 ☐ Drinks caffeinated tea

374 ☐ Drinks decaffeinated coffee

375 ☐ Drinks decaffeinated pop/soda

376 ☐ Drinks decaffeinated tea

377 ☐ Drinks >3 cups of coffee daily

378 ☐ Drinks >3 cups of tea per day

388 ☐ Drinks diet pop/soda

379 ☐ Drinks >1 pop/sodas per day

I had 4 alcoholic drinks in one day:

172 ☐ never

173 ☐ more than 3 months ago

174 ☐ less than 3 months ago

381 ☐ Has >5 alcoholic drinks/week

391 ☐ Craves sugar / starches

382 ☐ Currently smokes

383 ☐ Quit smoking in last 5 years

384 ☐ Smoked for >5 years

385 ☐ Smokes >1 pack per day

126 ☐ Rarely exercises

133 ☐ Regularly exercises

386 ☐ Takes Vitamins

134 ☐ Vegetarian

135 ☐ Eats no red meat

136 ☐ Eats no meat, no dairy

387 ☐ Frequent use of artificial  
sweeteners

389 ☐ Anorexia

390 ☐ Bulimic

## Surgeries

700 □ Tonsillectomy and/or Adenoids  
701 □ Appendix  
702 □ Gallbladder  
703 □ Thyroid  
704 □ Hysterectomy, complete  
705 □ Hysterectomy, partial  
706 □ Tubal ligation

707 □ Breast implants  
708 □ Cancer  
709 □ Coronary by-pass  
710 □ Spinal surgery  
711 □ Extremity surgery  
712 □ Hip replacement  
713 □ Knee replacement

714 □ Splenectomy  
715 □ Radiated thyroid  
716 □ Cataract surgery  
717 □ Hemorrhoidectomy  
718 □ Bariatric/Weight loss  
Type: \_\_\_\_\_

## Gastrointestinal

265 □ 4-5 bowel movements per week  
266 □ 3 or less bowel movements per week  
267 □ 6 or more bowel movements per week  
268 □ Black tarry stools  
269 □ Pale or yellow colored stool  
270 □ Blood stools  
271 □ Constipation  
272 □ Hemorrhoids  
273 □ Loose bowel movements  
274 □ Frequent diarrhea  
275 □ Frequent nausea  
276 □ Frequent vomiting  
277 □ Abdominal gas  
278 □ Belching and burping after eating  
279 □ Bloating after eating  
280 □ Severe abdominal pains  
281 □ Stomach ulcers  
282 □ Uses digestive aids  
283 □ Uses laxatives

284 □ Immediate indigestion upon eating  
285 □ Indigestion in 2 hours or more after meals  
286 □ Indigestion within 1 hour after meals  
287 □ Difficulty swallowing  
288 □ Eating relieves fatigue  
289 □ Eats when nervous  
290 □ Excessive hunger  
291 □ Poor appetite  
292 □ Experiences fainting spells when hungry  
293 □ Feels shaky when hungry  
294 □ Frequently drowsy after eating a meal  
295 □ Gall bladder disease  
296 □ Has had intestinal worms  
297 □ Reflux/Hiatal hernia  
298 □ Liver disease  
299 □ Irritable Bowel Syndrome  
300 □ Diverticulitis  
301 □ Diverticulosis

## 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  
495 □ Hay fever  
496 □ Nasal polyps

497 □ Night sweats  
498 □ Post nasal drip  
499 □ Sneezing spells  
500 □ Spits up blood  
501 □ Spits up phlegm  
502 □ Wheezes

## Mouth and Throat

400 □ Bad breath  
401 □ Bitter taste in the mouth  
in the morning  
402 □ Dry mouth  
403 □ Excessive saliva  
404 □ Sores or cracks in the  
corners of the mouth  
405 □ Glands often swell  
406 □ Frequent canker sores

407 □ Frequent fever blisters  
408 □ Frequent sore throats  
409 □ Frequently has a sore  
tongue  
410 □ Sore gums  
411 □ Swollen gums  
412 □ Swollen tongue  
413 □ Tongue burns

414 □ Tongue has grooves or fissures  
415 □ Tongue is coated  
416 □ Gums bleed when brushing teeth  
417 □ Toothaches  
418 □ Amalgam dental fillings  
420 □ Other dental fillings  
(gold, composite, etc)  
419 □ Has had root canal(s)

## Endocrine

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

## Cardiovascular

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

## Skin

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

## Ears

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

## Eyes

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

## Feet

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

## Neuromuscular

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

## Behavior Patterns

- 150 □ Afraid to eat anywhere except home
- 151 □ Always needs someone to advise
- 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
- 162 □ Recurrent bad dreams
- 163 □ Sometimes wishes to be dead or away from it all
- 164 □ Upset by criticism
- 165 □ Poor memory
- 166 □ Scared to be alone
- 167 □ Strange people or places cause fear
- 168 □ Under considerable emotional stress
- 169 □ Unhappy when other are happy
- 170 □ Brain fog

## Urinary

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

## 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
- 590 □ Lumps in the testicles
- 591 □ Painful genitals
- 592 □ Prostate troubles
- 593 □ Sores on external genitalia
- 594 □ Herpes
- 595 □ Sexual diseases

## Women Only

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

## Medications

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

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

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

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

## Allergies

Please list any known allergies (ex. foods, medications, spices, environmental, etc.)

<input type="checkbox"/> Dairy	<input type="checkbox"/> Gluten	<input type="checkbox"/> Ragweed	<input type="checkbox"/> Sulfa drugs
<input type="checkbox"/> Eggs	<input type="checkbox"/> Mold	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Tree nuts
<input type="checkbox"/> Garlic	<input type="checkbox"/> Peanut	<input type="checkbox"/> Soy	<input type="checkbox"/> Wheat
<input type="checkbox"/> Other _____			

## Supplements

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

<u>VITAMIN</u>	<u>BRAND</u>	<u>DOSAGE</u>