

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

- 090 General Good Health
- 091 Desires Nutritional & Metabolic Analysis
- 001 Skin Disorder 692.9
- 002 Acne 706.1
- 003 Psoriasis 696.1
- 004 Urticaria (Hives) 708.9
- 005 ADD/ADHD 314.00/314.01
- 006 Allergies, Unspecified 477.9
- 007 Allergic Rhinitis from food 477.1
- 008 Sinusitis 461.9
- 009 Alzheimer's 331.0
- 010 Poor Concentration/Memory 310.1
- 011 Parkinson's Disease 332.0
- 012 Anemia 285.9
- 013 Arthritic Disorder 716.90
- 014 Osteoporosis 733.00
- 015 Asthma 493.90
- 016 Emphysema 492.8
- 017 Cancer
 - 018 Breast 174.9female 175.9male
 - 019 Prostate 185
 - 020 Lung 162.9
 - 021 Colon and Rectal 153.9
 - 022 Skin 173.9
 - 023 Leukemia w/o remission 208.90 Leukemia w/ remission 208.91
 - 024 Lymphoma, malignant 202.8
 - 025 Brain Tumor, malignant 191.9
- 027 Anxiety Disorder 300.00
- 028 Autism 299.00

- 033 Edema 782.3
- 034 Eczema 692.9
- 035 Chronic Fatigue 780.71
- 036 Circulatory Disorder 459.9
- 037 Heart Disease 429.9
- 038 High Cholesterol 272.0
- 039 High Blood Pressure 401.9
- 040 Low Blood Pressure 458.9
- 041 Tachycardia
(High Heart Rate) 785.00
- 042 Numbness 782.0
- 043 Constipation 564.0
- 044 Indigestion 536.8
- 045 Ulcerative Colitis 556.9
- 046 Depression 311
- 047 Diabetes Mellitus 250.0
- 030 Diabetes Type I 250.01
- 031 Diabetes Type II 250.02
- 029 Hyperglycemia
[high blood sugar] 790.29
- 048 Hypoglycemia
[low blood sugar] 251.2
- 049 Dizziness/Balance Problem
780.4
- 050 Ear Infection 381.4
- 051 Epstein Barr 075
- 052 Eye Problems 379.91
- 053 Cataracts 366.9
- 054 Glaucoma 365.9
- 055 Macular Degeneration 362.50
- 056 Fever 780.6
- 057 Fibromyalgia 729.1
- 058 Gallbladder Disorder 575.9
- 059 Gout 274.9
- 060 Headaches 784.0
- 061 Hearing Loss 389.9
- 062 Infertility, male 606.9
- 064 Liver Disease 571.9
 - 065 Hepatitis 573.3
 - 066 Hepatitis B 070.30
 - 067 Hepatitis C 070.51
- 068 Kidney Disorder 593.9 or Bladder Disorder 596.9
- 063 Prostate Disorder 602.9
- 069 Hyperthyroidism 242.90

- 070 Hypothyroidism 244.9
- 071 Systemic Lupus 710.0
- 072 Infertility, female 628.9
- 073 Interstitial Cystitis 595.1
- 074 Irregular Menstrual Cycle 626.4
- 075 Menopausal Symptoms 627.2
- 076 Hot Flashes 627.2
- 077 Mental Disorder 300.9
- 078 Insomnia 780.52
- 079 Mouth/Throat/Tongue
- 080 Canker Sores 528.2
- 081 Overweight 278.02
- 082 Underweight 783.22
- 083 Sexual Disorder 302.89
- 084 Spinal Problems 724.9
- 085 Obesity 278.00
- 086 GERD 530.81
- 087 HIV 042
- 088 Crohn's Disease 555.9
- 089 Irritable Bowel Syndrome 564.1
- 092 Normal Pregnancy v22.2
- **only applicable if *currently* pregnant
- 093 Shingles 053.9
- 140 Migraines 346.90
- 141 Rheumatoid Arthritis 714.0
- 142 Non-Systemic Lupus 695.4
- 143 Multiple Sclerosis 340
- 144 ALS (Lou Gerigs) 335.20
- 145 Polymyalgia Rheumatica 725
- 146 Scleroderma 710.1
- 171 Goiter 240.9
- 178 Raynaud's Syndrome 443.8
- 179 Hemochromatosis 275.0
- 180 Thalassemia 282.49
- 181 Brain aneurysm 431

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

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
- 148 Had radiation therapy in the last year
- 149 Had chemotherapy in the last year
- 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 weight loss of over 20lbs within the 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 Habits

- 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 more than 3 cups of coffee per day
- 378 Drinks more than 3 cups of tea per day
- 388 Drinks diet pop/soda
- 379 Drinks 1 or more 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 more than 5 alcoholic drinks per week
- 391 Craves sugar / starches
- 382 Currently smokes
- 383 Quit smoking in the last 5 years
- 384 Smoked for more than 5 years
- 385 Smokes more than 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
- 715 Radiated thyroid
- 708 Cancer
- 704 Hysterectomy, complete
- 705 Hysterectomy, partial
- 706 Tubal ligation
- 707 Breast implants
- 709 Coronary by-pass
- 710 Spinal surgery
- 711 Extremity surgery
- 712 Hip replacement
- 713 Knee replacement
- 714 Splenectomy
- 716 Cataract surgery
- 717 Hemorrhoidectomy

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
- 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
- 253 Unusually jumpy or nervous
- 254 Unusually tired most of the time

Cardiovascular

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

Skin

- 520 Bruises easily
- 521 Excessive perspiration
- 522 Frequent goose bumps
- 523 Has acne
- 524 Has Psoriasis
- 525 Hives
- 526 Itchy skin
- 527 Problems with Eczema
- 528 Has moles which are changing in size
and/or color

- 530 Skin is rough, especially on the back of the arms
- 529 Skin eruptions
- 531 Skin is tender
- 532 Sores that heal slowly
- 533 Troubled with boils
- 534 Dry skin

Ears

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

Eyes

- 320 Bloodshot eyes
- 321 Blurred vision
- 322 Cross eyes
- 323 Eye pain
- 324 Eyes feel gritty
- 325 Eyes watery
- 326 Mild Glaucoma
- 327 Far sighted
- 328 Developing cataracts

- 329 Mild Macular degeneration
- 330 Itchy eyes
- 331 Near sighted
- 332 Dry Eyes

Feet

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

357 Fungal Infection

Neuromuscular

- 440 Bites nails
- 441 Frequent muscle soreness
- 442 Muscle spasms
- 443 Muscle weakness
- 444 Tremors
- 445 Frequent headaches
- 446 Often dizzy
- 447 Frequently feels faint
- 448 Has Epilepsy
- 449 Has motion sickness
- 450 Has Osteoarthritis
- 451 Has Rheumatism
- 452 Rheumatoid Arthritis
- 453 Joint stiffness in the morning
- 454 Swollen joints
- 455 Leg pain at rest
- 456 Spinal curvature
- 457 Low back pain
- 458 Neck pain
- 459 Pain between the shoulders
- 460 Shoulder/arm pain
- 461 Numbness/tingling in the body
- 462 Sleep walks
- 463 Stutters or stammers
- 464 Nerve 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 including over the counter drugs, aspirin, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

DRUG
HOW LONG

PRESCRIBED FOR:

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

VITAMIN/HOW MUCH/BRAND: