

## 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 <input type="checkbox"/> General Good Health                      | 038 <input type="checkbox"/> High Cholesterol 272.0                          | 070 <input type="checkbox"/> Hypothyroidism 244.9            |
| 091 <input type="checkbox"/> Desires Nutritional & Metabolic Analysis | 039 <input type="checkbox"/> High Blood Pressure 401.9                       | 071 <input type="checkbox"/> Systemic Lupus 710.0            |
| 001 <input type="checkbox"/> Skin Disorder 692.9                      | 040 <input type="checkbox"/> Low Blood Pressure 458.9                        | 072 <input type="checkbox"/> Infertility, female 628.9       |
| 002 <input type="checkbox"/> Acne 706.1                               | 041 <input type="checkbox"/> Tachycardia(High Heart Rate) 785.00             | 073 <input type="checkbox"/> Interstitial Cystitis 595.1     |
| 003 <input type="checkbox"/> Psoriasis 696.1                          | 042 <input type="checkbox"/> Numbness 782.0                                  | 074 <input type="checkbox"/> Irregular Menstrual Cycle 626.4 |
| 004 <input type="checkbox"/> Urticaria (Hives) 708.9                  | 043 <input type="checkbox"/> Constipation 564.0                              | 075 <input type="checkbox"/> Menopausal Symptoms 627.2       |
| 005 <input type="checkbox"/> ADD/ADHD 314.00/314.01                   | 044 <input type="checkbox"/> Indigestion 536.8                               | 076 <input type="checkbox"/> Hot Flashes 627.2               |
| 006 <input type="checkbox"/> Allergies, Unspecified 477.9             | 045 <input type="checkbox"/> Ulcerative Colitis 556.9                        | 077 <input type="checkbox"/> Mental Disorder 300.9           |
| 007 <input type="checkbox"/> Allergic Rhinitis from food 477.1        | 046 <input type="checkbox"/> Depression 311                                  | 078 <input type="checkbox"/> Insomnia 780.52                 |
| 008 <input type="checkbox"/> Sinusitis 461.9                          | 047 <input type="checkbox"/> Diabetes Mellitus 250.0                         | 079 <input type="checkbox"/> Mouth/Throat/Tongue             |
| 009 <input type="checkbox"/> Alzheimer's 331.0                        | 030 <input type="checkbox"/> Diabetes Type I 250.01                          | 080 <input type="checkbox"/> Canker Sores 528.2              |
| 010 <input type="checkbox"/> Poor Concentration/Memory 310.1          | 031 <input type="checkbox"/> Diabetes Type II 250.02                         | 081 <input type="checkbox"/> Overweight 278.02               |
| 011 <input type="checkbox"/> Parkinson's Disease 332.0                | 029 <input type="checkbox"/> Hyperglycemia [high blood sugar] 790.29         | 082 <input type="checkbox"/> Underweight 783.22              |
| 012 <input type="checkbox"/> Anemia 285.9                             | 048 <input type="checkbox"/> Hypoglycemia [low blood sugar] 251.2            | 083 <input type="checkbox"/> Sexual Disorder 302.89          |
| 013 <input type="checkbox"/> Arthritic Disorder 716.90                | 049 <input type="checkbox"/> Dizziness/Balance Problem 780.4                 | 084 <input type="checkbox"/> Spinal Problems 724.9           |
| 014 <input type="checkbox"/> Osteoporosis 733.00                      | 050 <input type="checkbox"/> Ear Infection 381.4                             | 085 <input type="checkbox"/> Obesity 278.00                  |
| 015 <input type="checkbox"/> Asthma 493.90                            | 051 <input type="checkbox"/> Epstein Barr 075                                | 086 <input type="checkbox"/> GERD 530.81                     |
| 016 <input type="checkbox"/> Emphysema 492.8                          | 052 <input type="checkbox"/> Eye Problems 379.91                             | 087 <input type="checkbox"/> HIV 042                         |
| 017 <input type="checkbox"/> Cancer                                   | 053 <input type="checkbox"/> Cataracts 366.9                                 | 088 <input type="checkbox"/> Crohn's Disease 555.9           |
| 018 <input type="checkbox"/> Breast 174.9female 175.9male             | 054 <input type="checkbox"/> Glaucoma 365.9                                  | 089 <input type="checkbox"/> Irritable Bowel Syndrome 564.1  |
| 019 <input type="checkbox"/> Prostate 185                             | 055 <input type="checkbox"/> Macular Degeneration 362.50                     | 092 <input type="checkbox"/> Normal Pregnancy v22.2          |
| 020 <input type="checkbox"/> Lung 162.9                               | 056 <input type="checkbox"/> Fever 780.6                                     | **only applicable if currently pregnant                      |
| 021 <input type="checkbox"/> Colon and Rectal 153.9                   | 057 <input type="checkbox"/> Fibromyalgia 729.1                              | 093 <input type="checkbox"/> Shingles 053.9                  |
| 022 <input type="checkbox"/> Skin 173.9                               | 058 <input type="checkbox"/> Gallbladder Disorder 575.9                      | 140 <input type="checkbox"/> Migraines 346.90                |
| 023 <input type="checkbox"/> Leukemia w/o remission 208.90            | 059 <input type="checkbox"/> Gout 274.9                                      | 141 <input type="checkbox"/> Rheumatoid Arthritis 714.0      |
| Leukemia w/ remission 208.91  | 060 <input type="checkbox"/> Headaches 784.0                                 | 142 <input type="checkbox"/> Non-Systemic Lupus 695.4        |
| 024 <input type="checkbox"/> Lymphoma, malignant 202.8                | 061 <input type="checkbox"/> Hearing Loss 389.9                              | 143 <input type="checkbox"/> Multiple Sclerosis 340          |
| 025 <input type="checkbox"/> Brain Tumor, malignant 191.9             | 062 <input type="checkbox"/> Infertility, male 606.9                         | 144 <input type="checkbox"/> ALS Lou Gerigs disease 335.20   |
| 027 <input type="checkbox"/> Anxiety Disorder 300.00                  | 064 <input type="checkbox"/> Liver Disease 571.9                             | 145 <input type="checkbox"/> Polymyalgia Rheumatica 725      |
| 028 <input type="checkbox"/> Autism 299.00                            | 065 <input type="checkbox"/> Hepatitis 573.3                                 | 146 <input type="checkbox"/> Scleroderma 710.1               |
| 033 <input type="checkbox"/> Edema 782.3                              | 066 <input type="checkbox"/> Hepatitis B 070.30                              | 171 <input type="checkbox"/> Goiter 240.9                    |
| 034 <input type="checkbox"/> Eczema 692.9                             | 067 <input type="checkbox"/> Hepatitis C 070.51                              | 178 <input type="checkbox"/> Raynaud's Syndrome 433.8        |
| 035 <input type="checkbox"/> Chronic Fatigue 780.71                   | 068 <input type="checkbox"/> Kidney Disorder 593.9 or Bladder Disorder 596.9 | 179 <input type="checkbox"/> Hemochoomatosis 275.0           |
| 036 <input type="checkbox"/> Circulatory Disorder 459.9               | 063 <input type="checkbox"/> Prostate Disorder 602.9                         | 180 <input type="checkbox"/> Thalassemia 282.49              |
| 037 <input type="checkbox"/> Heart Disease 429.9                      | 069 <input type="checkbox"/> Hyperthyroidism 242.90                          | 181 <input type="checkbox"/> Brain aneurysm 431              |

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

## Ears

- |  |  |  |
|--|--|--|
| 220 <input type="checkbox"/> Discharge from ears | 222 <input type="checkbox"/> Punctured ear drum      | 224 <input type="checkbox"/> Ringing or noises in the ears |
| 221 <input type="checkbox"/> Hard of hearing     | 223 <input type="checkbox"/> Recurrent ear infection | 225 <input type="checkbox"/> Tinnitus                      |

## Eyes

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

## Feet

- |   |   |  |
|---|---|--|
| 350 <input type="checkbox"/> Corns                | 353 <input type="checkbox"/> Painful feet                       | 356 <input type="checkbox"/> Plantar fasciitis |
| 351 <input type="checkbox"/> Frequent foot cramps | 354 <input type="checkbox"/> Plantar warts                      | 357 <input type="checkbox"/> Fungal Infection  |
| 352 <input type="checkbox"/> Heel spurs           | 355 <input type="checkbox"/> Swelling in the feet and/or ankles |  |

## Neuromuscular

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

## Behavior Patterns

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



