

# 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

- |   |  |   |
|---|--|---|
| <p>766 <input type="checkbox"/> Abdominal Pain R10.9</p> <p>005 <input type="checkbox"/> ADD/ADHD F90.1/F90.9</p> <p>144 <input type="checkbox"/> ALS (Lou Gehrig's Disease) G12.21</p> <p>012 <input type="checkbox"/> Anemia D64.9</p> <p>013 <input type="checkbox"/> Arthritic Disorder M12.9</p> <p>765 <input type="checkbox"/> Bladder Disorder N32.9</p> <p>018 <input type="checkbox"/> Breast Cancer (female) C50.919</p> <p>017 <input type="checkbox"/> Cancer</p> <p>763 <input type="checkbox"/> Cervical Cancer C53.9</p> <p>036 <input type="checkbox"/> Circulatory Disorder I99.9</p> <p>088 <input type="checkbox"/> Crohn's disease K50.90</p> <p>091 <input type="checkbox"/> Desires Nutritional and Metabolic Analysis</p> <p>786 <input type="checkbox"/> Difficulty with Writing</p> <p>034 <input type="checkbox"/> Eczema L25.9</p> <p>051 <input type="checkbox"/> Epstein Barr B27.90</p> <p>057 <input type="checkbox"/> Fibromyalgia M79.7</p> <p>058 <input type="checkbox"/> Gallbladder Disorder K82.9</p> <p>054 <input type="checkbox"/> Glaucoma H40.9</p> <p>060 <input type="checkbox"/> Headaches R51</p> <p>179 <input type="checkbox"/> Hemochromatosis E83.119</p> <p>067 <input type="checkbox"/> Hepatitis C B17.10</p> <p>038 <input type="checkbox"/> Hypercholesterolemia (High Cholesterol) E78.0</p> <p>069 <input type="checkbox"/> Hyperthyroid E05.90</p> <p>721 <input type="checkbox"/> Hypotension (Low Blood Pressure) I95.9</p> <p>072 <input type="checkbox"/> Infertility, Female N97.9</p> <p>073 <input type="checkbox"/> Interstitial Cystitis N30.11</p> <p>068 <input type="checkbox"/> Kidney Disorder N28.9</p> <p>784 <input type="checkbox"/> Lightheadedness</p> <p>040 <input type="checkbox"/> Low blood pressure I95.9</p> <p>142 <input type="checkbox"/> Lupus, non-systemic L93.0</p> <p>722 <input type="checkbox"/> Malaise</p> <p>077 <input type="checkbox"/> Mental Disorder F99</p> <p>788 <input type="checkbox"/> Mood Swings</p> <p>725 <input type="checkbox"/> Myalgia</p> <p>728 <input type="checkbox"/> Nephritis</p> | <p>098 <input type="checkbox"/> Abdominal Gas/Bloating R14.0</p> <p>006 <input type="checkbox"/> Allergies (unspecified) J30.9</p> <p>009 <input type="checkbox"/> Alzheimer's G30.9</p> <p>027 <input type="checkbox"/> Anxiety Disorder F41.9</p> <p>015 <input type="checkbox"/> Asthma J45.909</p> <p>181 <input type="checkbox"/> Brain Aneurysm I61.9</p> <p>094 <input type="checkbox"/> Breast Cancer (male) C50.929</p> <p>080 <input type="checkbox"/> Canker Sores K12.0</p> <p>776 <input type="checkbox"/> Chills</p> <p>021 <input type="checkbox"/> Colon/Rectal Cancer C18.9</p> <p>092 <input type="checkbox"/> Currently Pregnant Z33.1</p> <p>047 <input type="checkbox"/> Diabetes Mellitus E11.9</p> <p>049 <input type="checkbox"/> Dizziness/Balance problems R42</p> <p>033 <input type="checkbox"/> Edema R60.9</p> <p>052 <input type="checkbox"/> Eye Problems H57.13</p> <p>787 <input type="checkbox"/> Frequent Word or Name Block</p> <p>090 <input type="checkbox"/> General Good Health</p> <p>171 <input type="checkbox"/> Goiter E04.9</p> <p>061 <input type="checkbox"/> Hearing Loss H91.90</p> <p>065 <input type="checkbox"/> Hepatitis K71.6</p> <p>087 <input type="checkbox"/> HIV Infection B20</p> <p>029 <input type="checkbox"/> Hyperglycemia (high blood sugar) R73.09</p> <p>770 <input type="checkbox"/> Hypocholesterolemia (Low Cholesterol) E78.6</p> <p>070 <input type="checkbox"/> Hypothyroid E03.9</p> <p>062 <input type="checkbox"/> Infertility, male N46.9</p> <p>074 <input type="checkbox"/> Irregular Menstrual Cycle N92.6</p> <p>023 <input type="checkbox"/> Leukemia w/o remission C95.90</p> <p>064 <input type="checkbox"/> Liver Disease K76.9</p> <p>020 <input type="checkbox"/> Lung Cancer C34.90</p> <p>024 <input type="checkbox"/> Lymphoma, malignant C85.89</p> <p>075 <input type="checkbox"/> Menopausal Symptoms N95.1</p> <p>140 <input type="checkbox"/> Migraines G43.909</p> <p>079 <input type="checkbox"/> Mouth/Throat/Tongue</p> <p>726 <input type="checkbox"/> Myopia</p> <p>729 <input type="checkbox"/> Nephrolithiasis (Kidney Stones)</p> | <p>002 <input type="checkbox"/> Acne L70.8</p> <p>007 <input type="checkbox"/> Allergic Rhinitis from food J30.5</p> <p>768 <input type="checkbox"/> Amenorrhea M91.2</p> <p>028 <input type="checkbox"/> Autism F84.0</p> <p>783 <input type="checkbox"/> Bell's Palsy / Facial Paralysis</p> <p>025 <input type="checkbox"/> Brain Tumor, malignant C71.9</p> <p>782 <input type="checkbox"/> Burning/Stabbing Pain</p> <p>053 <input type="checkbox"/> Cataracts H26.9</p> <p>035 <input type="checkbox"/> Chronic Fatigue R53.82</p> <p>043 <input type="checkbox"/> Constipation K59.00</p> <p>046 <input type="checkbox"/> Depression F32.9</p> <p>785 <input type="checkbox"/> Difficulty with Speech</p> <p>050 <input type="checkbox"/> Ear Infection H65.90</p> <p>016 <input type="checkbox"/> Emphysema J43.9</p> <p>056 <input type="checkbox"/> Fever R50.9</p> <p>777 <input type="checkbox"/> Flushing</p> <p>086 <input type="checkbox"/> GERD K21.9</p> <p>059 <input type="checkbox"/> Gout M10.9</p> <p>037 <input type="checkbox"/> Heart Disease I51.9</p> <p>066 <input type="checkbox"/> Hepatitis B B16.9</p> <p>076 <input type="checkbox"/> Hot flashes N95.1</p> <p>720 <input type="checkbox"/> Hypertension (High Blood Pressure) I10</p> <p>048 <input type="checkbox"/> Hypoglycemia (low blood sugar) E16.2</p> <p>044 <input type="checkbox"/> Indigestion K30</p> <p>078 <input type="checkbox"/> Insomnia G47.00</p> <p>089 <input type="checkbox"/> Irritable Bowel Syndrome K58.9</p> <p>095 <input type="checkbox"/> Leukemia w/ remission C95.91</p> <p>790 <input type="checkbox"/> Loss of Libido / Sex Drive</p> <p>071 <input type="checkbox"/> Lupus, systemic M32.10</p> <p>055 <input type="checkbox"/> Macular Degeneration H35.30</p> <p>723 <input type="checkbox"/> Menorrhagia</p> <p>724 <input type="checkbox"/> Motion Sickness</p> <p>143 <input type="checkbox"/> Multiple Sclerosis G35</p> <p>727 <input type="checkbox"/> Nasal Polyp</p> <p>764 <input type="checkbox"/> Nosebleed</p> |
|---|--|---|

- 042  Numbness/Paresthesia R20.9  
 731  Osteoarthritis  
 081  Overweight E66.3  
 011  Parkinson's Disease G20  
 010  Poor Concentration/Memory F07.8  
 613  Premenstrual Syndrome  
 735  Prostate Cancer - screening  
 178  Raynaud's syndrome I73.00  
 737  Salivary Secretions  
 083  Sexual Disorder F66  
 008  Sinusitis J01.90  
 227  Skin Rash  
 084  Spinal Problems M53.9  
 742  Stress Incontinence, male  
 743  Syncope  
 180  Thalassemia D56.8  
 747  Tympanic Membrane (Ear Ache)  
 045  Ulcerative Colitis K51.90  
 780  Unexplained Weight Loss  
 749  Urinary Frequency  
 751  Vaginal Yeast Infection  
 753  Viral Warts  
 085  Obesity E66.9  
 014  Osteoporosis M81.0  
 732  Pain in Limbs  
 789  Pelvic Pain  
 779  Poor Stamina  
 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  
 778  Sweats  
 041  Tachycardia (High Heart Rate) R00.0  
 745  Thoracicalgia  
 030  Type 1 Diabetes E10.9  
 082  Underweight R63.6  
 748  Urethra Discharge  
 004  Urticaria (Hives) L50.9  
 767  Varicosities  
 099  Wheezing  
 730  Orgasm, poor/infrequent  
 026  Other Cancers  
 733  Painful Urination  
 145  Polymyalgia Rheumatica M35.3  
 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  
 097  Swollen Joints  
 744  Tender Breasts  
 746  Toothache  
 031  Type 2 Diabetes E11.65  
 781  Unexplained Weight Gain  
 791  Urgent Need to Sit or Lie Down  
 750  Vaginal Discharge  
 752  Vertigo

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

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### Current Medical Treatments

- 138  Currently on Anti Rejection Drugs  
 118  Currently on Radiation Treatments  
 775  Currently on Blood Thinners  
 625  Takes Hormone Replacement  
 117  Currently on Chemotherapy

### Past Medical History

- 829  History of Anemia  
 837  History of Cardiovascular disease  
 841  History of Diabetes  
 839  History of Heart Attack  
 832  History of High Blood Pressure  
 836  History of Kidney disease  
 840  History of Stroke  
 848  History of Colon Cancer  
 850  History of Prostate Cancer  
 846  History of Anorexia  
 830  History of COPD or Emphysema  
 835  History of Epilepsy or seizures  
 831  History of Hepatitis A, B or C  
 833  History of High Cholesterol  
 844  History of Osteoporosis  
 838  History of Thyroid disease  
 849  History of Lung Cancer  
 852  History of Uterine Cancer  
 847  History of Bulimia  
 842  History of Depression  
 845  History of Gout  
 594  History of Herpes Infection  
 834  History of HIV  
 843  History of Pneumonia  
 219  History of Breast Cancer  
 851  History of Lymphoma  
 853  History of other cancers

### Past Medical Treatments

- 130  Had blood transfusion in the past  
 176  Had childhood vaccinations  
 177  Has been vaccinated in the last 12 months



- 147  Has had a flu shot in the last year  
 131  Had transplant in the past  
 119  Has had chemotherapy in the past  
 715  Radiated Thyroid

- 182  Has had a pneumonia vaccine in the last year  
 758  Has had chemotherapy within the last 3 months  
 148  Had radiation therapy in the last year

- 183  Has had a Hepatitis vaccine within the last 2 years  
 149  Had chemotherapy in the last year  
 120  Has had radiation treatments in the past

### Surgeries

- 701  Appendix removed  
 707  Breast Implants  
 716  Cataract Surgery  
 702  Gallbladder removed  
 712  Hip Replacement  
 713  Knee Replacement  
 710  Spinal Surgery  
 706  Tubal Ligation (fallopian tubes tied)

- 718  Bariatric/Weight loss surgery  
 640  Breast Reduction  
 709  Coronary Bypass  
 774  Gender reassignment  
 704  Hysterectomy, complete  
 854  Mastectomy  
 703  Thyroid removed

- 641  Breast Augmentation  
 708  Cancer surgery  
 711  Extremity Surgery  
 717  Hemorrhoid Surgery  
 705  Hysterectomy, partial  
 714  Spleen Removed (Splenectomy)  
 700  Tonsils and/or Adenoids removed

### Family History

- 187  Family history of Alcoholism  
 186  Family history of Diabetes

- 184  Family history of Cancer  
 185  Family history of Heart Disease

- 188  Family history of Depression  
 189  Family history of Obesity

### General Health

- 108  Balance Problems  
 107  Blacks out easily  
 109  Difficulty walking  
 755  Energy level is better than 5 years ago  
 102  Fingernails have ridges or white spots  
 105  Fingernails peel  
 132  Had a major accident or injury  
 754  Is underweight  
 757  Pink fingernail beds  
 127  Sleeps less than 6 hours per night  
 113  Thin hair

- 100  Base of fingernails are pink  
 111  Brittle hair  
 792  Exaggerated Hangover Symptoms  
 756  Energy level is the same as 5 years ago  
 103  Fingernails are soft  
 121  Gained over 20 lbs within in the last 12 months  
 637  Herpes infection  
 124  Lost over 20 lbs within the last 4 months  
 126  Rarely exercises  
 122  Somewhat Overweight  
 128  Unable to recall dreams the next day

- 101  Base of fingernails are purple  
 226  Breast Cancer - Screening  
 112  Dry hair  
 125  Energy level is worse than 5 years ago  
 104  Fingernails are splitting  
 114  Hair loss  
 769  Is overweight  
 106  Pale fingernail beds  
 137  Sleep Apnea  
 123  Somewhat Underweight

### Lifestyle Habits

- 389  Currently Anorexic R63.0  
 382  Currently smokes  
 383  Quit smoking in the last 5 years  
 115  Drinks alcoholic beverage(s) every day

- 390  Currently Bulimic  
 385  Smokes more than 1 pack per day  
 116  Drinks less than 8 glasses of water per day  
 172  Never had 4 alcoholic drinks in one day

- 391  Craves Sugars/starches  
 384  Smoked for more than 5 years  
 370  Drinks alcohol  
 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
- 374  Drinks decaffeinated coffee
- 375  Drinks decaffeinated pop/soda
- 373  Drinks caffeinated tea
- 387  Frequent use of artificial sweeteners
- 134  Vegetarian

- 381  Has more than 5 alcoholic drinks per week
- 377  Drinks more than 3 cups of coffee per day
- 388  Drinks diet pop/soda
- 376  Drinks decaffeinated tea
- 136  Eats no meat, no dairy
- 386  Takes vitamins

- 371  Drinks caffeinated coffee
- 372  Drinks caffeinated pop/soda
- 379  Drinks 1 or more pop/sodas per day
- 378  Drinks more than 3 cups of tea per day
- 135  Eats no red meat
- 133  Regularly exercises

**Environmental Exposures**

- 418  Amalgam dental fillings
- 822  Coal mining
- 380  Drinks beverages from a can
- 110  Has tattoos
- 810  Herbicide exposure
- 341  Home has city water
- 345  Home pipes are copper
- 343  Home pipes are steel
- 817  Mold exposure
- 819  Pottery work
- 813  Tick exposure
- 827  Uses aluminum cookware
- 826  Uses hair coloring or bleach

- 824  Close proximity to power lines
- 772  Dental Fillings (gold, composite etc.)
- 825  Exposure to lead paint
- 361  Has worked around industrial solvents, chemicals or pesticides in the past
- 347  Home built prior to 1978
- 340  Home has well water
- 346  Home pipes are PEX
- 812  Insecticide exposure
- 818  Painting
- 820  Smelting
- 139  Toxic chemical exposure
- 828  Uses cast iron cookware
- 821  Welding

- 823  Close proximity to power plant
- 420  Other dental fillings
- 175  Has been out of the country recently
- 360  Has worked in plumbing, automotive or metallurgic industry in the past
- 348  Home renovations within the last year
- 342  Home water is filtered
- 344  Home pipes are PVC
- 815  Mercury from fish intake
- 811  Pesticide exposures
- 814  Solvent exposure
- 816  Traveled to 3rd world countries
- 349  Uses chlorine bleach or other heavy duty cleaning chemicals

**Allergies**

- 206  Dairy
- 209  Gluten
- 212  Ragweed
- 214  Soy
- 217  Wheat

- 207  Eggs
- 210  Mold
- 129  Sensitive to smells like chemicals, paint, exhaust fumes, cologne
- 215  Sulfa Drugs
- 218  Other allergies

- 208  Garlic
- 211  Peanut
- 213  Shellfish
- 216  Tree Nuts

**Behavior Patterns**

- 150  Afraid to eat anywhere except home
- 152  Cries often
- 155  Difficulty staying asleep
- 158  Frequently becomes scared for no reason
- 161  Often annoyed by people
- 166  Scared to be alone
- 794  Too little sleep

- 151  Always needs someone to advise
- 153  Difficulty concentrating
- 156  Easily angered
- 159  Frequently miserable or blue
- 165  Poor memory
- 163  Sometimes wishes to be dead or away from it all
- 793  Too much sleep

- 170  Brain Fog
- 154  Difficulty falling asleep
- 157  Feelings are easily hurt
- 160  Has to be on guard even with friends
- 162  Recurrent bad dreams
- 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

795  Heart Murmur

205  Heart palpitations

193  Heart skips beats

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

796  Eye sensitivity

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

798  Acid reflux

278  Belching and burping after eating

268  Black tarry stools

279  Bloating 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 vomiting

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
- 298  Liver disease
- 291  Poor appetite
- 281  Stomach ulcers
- 282  Uses digestive aids

- 286  Indigestion within 1 hour after meals
- 273  Loose bowel movements
- 297  Reflux/Hiatal Hernia
- 271  Tends to constipation
- 283  Uses laxatives

- 299  Irritable Bowel
- 269  Pale or yellow colored stool
- 280  Severe abdominal pains
- 797  Upset stomach

### Mouth and Throat

- 400  Bad breath
- 403  Excessive saliva
- 408  Frequent sore throats
- 416  Gums bleed when brushing teeth
- 410  Sore gums
- 412  Swollen tongue
- 415  Tongue is coated

- 401  Bitter taste in the mouth in the morning
- 406  Frequent canker sores
- 409  Frequently has a sore tongue
- 419  Have had root canals
- 404  Sores or cracks in the corners of the mouth
- 413  Tongue burns
- 417  Toothaches

- 402  Dry mouth
- 407  Frequent fever blisters
- 405  Glands often swell
- 803  Jaw pain
- 411  Swollen gums
- 414  Tongue has grooves or fissures

### Neuromuscular

- 440  Bites nails
- 447  Frequently feels faint
- 450  Has Osteoarthritis
- 453  Joint stiffness
- 800  Mid back pain
- 442  Muscle spasms
- 464  Nerve Pain
- 459  Pain between the shoulders
- 462  Sleep walks
- 454  Swollen joints

- 445  Frequent headaches
- 448  Has Epilepsy
- 451  Has Rheumatism
- 455  Leg pain at rest
- 802  Muscle cramps
- 443  Muscle weakness
- 461  Numbness/tingling in the body
- 452  Rheumatoid Arthritis
- 456  Spinal curvature
- 444  Tremors/Shakes

- 441  Frequent muscle soreness
- 449  Has Motion Sickness
- 799  Joint pain
- 457  Low back pain
- 801  Muscle pain
- 458  Neck pain
- 446  Often dizzy
- 460  Shoulder/arm pain
- 761  Stutters or stammers

### 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

### Skin

- 534  Dry Skin
- 522  Frequent goose bumps
- 524  Has Psoriasis
- 527  Problems with Eczema
- 530  Skin is rough, especially on the back of the arms
- 532  Sores that heal slowly

- 520  Bruises easily
- 523  Has acne
- 525  Hives
- 529  Skin eruptions
- 531  Skin is tender
- 533  Troubled with boils

- 521  Excessive perspiration
- 528  Has moles which are changing in size and/or color
- 526  Itchy skin
- 807  Skin hypersensitivity
- 806  Skin rashes

### Urinary

- 555  Urinates more than 2 times per night
- 558  Difficulty starting urination
- 560  Frequent urination
- 566  Kidney stones
- 561  Troubled by urgent urination

- 556  Bed wetting
- 564  Frequent bladder infections
- 562  Incontinence when sneezing or laughing
- 563  Loses bladder control

- 557  Blood in the urine
- 565  Frequent kidney infections
- 808  Irritable bladder
- 559  Painful urination

### Men Only

- 585  Difficulty completing intercourse
- 588  Had a vasectomy
- 596  Low sex drive
- 591  Painful genitals
- 593  Sores on external genitalia

- 586  Difficulty getting or keeping an erection
- 589  Had difficulty fathering children
- 597  Low testosterone
- 592  Prostate troubles
- 809  Testicular pain

- 587  Discharge from the urethra
- 584  Inflammation of Testis
- 590  Lumps in the testicles
- 595  Sexual Diseases

### Women Only

- 612  Abnormal cycle >29 days and/or <26 days
- 634  Bloody spotting discharge
- 620  Currently on birth control medication
- 627  Diminished sexual desire
- 636  External genital sores

- 642  Abortion
- 647  Breast Fibroids
- 611  Cycles are every 27-29 days
- 639  Endometriosis
- 623  Has had miscarriage

- 616  Acne worse at menstruation
- 648  Currently breastfeeding
- 643  D & C
- 617  Excessive menstrual flow
- 621  Has taken birth control medication for more than one year

- 622  Has taken birth control medication within the last year
- 630  Lumps in the breasts
- 624  Mild to Moderate Hot Flashes
- 628  Painful intercourse
- 619  Pre-menstrual depression
- 631  Tender breasts

- 610  Heavy hair growth on face or body
- 609  Mastitis
- 497  Night sweats
- 615  Painful periods
- 618  Retains fluid during periods
- 644  Tubal Pregnancy

- 632  Hysterectomy
- 614  Menstrual cramps
- 646  Ovarian Fibroids
- 629  Poor or infrequent orgasm
- 638  Sexual diseases
- 804  Unexplained menstrual irregularities
- 633  Vaginal discharge

- 805  Unexplained milk production
- 762  Vagina dryness

- 645  Uterine Fibroids
- 635  Yeast infections



## 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Supplements

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

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



**\*\*FROM ALL OF THE SYMPTOMS YOU CHECKED, WHICH ARE YOUR TOP 5 CONCERNS?\***  
(If a choice is not available, please write in your description.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**History of Illness and Treatment (please list dates, if possible):**

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**Operations, Accidents, or Injuries (please list dates, if possible):**

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