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

098 ☐ Abdominal Gas/Bloating R14.0
002 ☐ Acne L70.8
005 ☐ ADD/ADHD F90.1/F90.9
006 ☐ Allergies (unspecified) J30.9
007 ☐ Allergic Rhinitis from food J30.5
144 ☐ ALS (Lou Gehrig's Disease) G12.21
009 ☐ Alzheimer's G30.9
768 ☐ Amenorrhea M91.2
012 ☐ Anemia D64.9
027 ☐ Anxiety / Stress F41.9
028 ☐ Autism F84.0
015 ☐ Asthma J45.909
783 ☐ Bell's Palsy / Facial Paralysis
765 ☐ Bladder Disorder N32.9
181 ☐ Brain Aneurysm I61.9
025 ☐ Brain Tumor C71.9
018 ☐ Breast Cancer (female) C50.919
094 ☐ Breast Cancer (male) C50.929
782 ☐ Burning/Stabbing Pain
017 ☐ Cancer
080 ☐ Canker Sores K12.0
763 ☐ Cervical Cancer C53.9
776 ☐ Chills
036 ☐ Circulatory Disorder I99.9
021 ☐ Colon/Rectal Cancer C18.9
088 ☐ Crohn's disease K50.90
092 ☐ Currently Pregnant Z33.1
046 ☐ Depression F32.9
091 ☐ Desires Nutritional and Metabolic Analysis
785 ☐ Difficulty with Speech
786 ☐ Difficulty with Writing
049 ☐ Dizziness/Balance problems R42
033 ☐ Edema R60.9
016 ☐ Emphysema J43.9
051 ☐ Epstein Barr B27.90
052 ☐ Eye Problems H57.13
056 ☐ Fever R50.9
057 ☐ Fibromyalgia M79.7
787 ☐ Frequent Word or Name Block
777 ☐ Flushing
090 ☐ General Good Health
086 ☐ GERD / Acid Reflux K21.9
054 ☐ Glaucoma H40.9
171 ☐ Goiter E04.9
059 ☐ Gout M10.9
060 ☐ Headaches R51
061 ☐ Hearing Loss H91.90
037 ☐ Heart Disease I51.9
179 ☐ Hemochromatosis E83.119
065 ☐ Hepatitis K71.6
066 ☐ Hepatitis B B16.9
067 ☐ Hepatitis C B17.10
087 ☐ HIV Infection B20
076 ☐ Hot flashes N95.1
038 ☐ Hypercholesterolemia (High Cholesterol) E78.0
029 ☐ Hyperglycemia (high blood sugar) R73.09
069 ☐ Hyperthyroid E05.90
770 ☐ Hypocholesterolemia (Low Cholesterol) E78.6
048 ☐ Hypoglycemia (low blood sugar) E16.2
070 ☐ Hypothyroid E03.9
044 ☐ Indigestion K30
072 ☐ Infertility, Female N97.9
062 ☐ Infertility, male N46.9
078 ☐ Insomnia G47.00
074 ☐ Irregular Menstrual Cycle N92.6
089 ☐ Irritable Bowel Syndrome K58.9
023 ☐ Leukemia w/o remission C95.90
095 ☐ Leukemia w/ remission C95.91
040 ☐ Low blood pressure I95.9
020 ☐ Lung Cancer C34.90
071 ☐ Lupus, systemic M32.10
142 ☐ Lupus, non-systemic L93.0
024 ☐ Lymphoma, malignant C85.89
055 ☐ Macular Degeneration H35.30
075 ☐ Menopausal Symptoms N95.1
077 ☐ Mental Disorder F99
140 ☐ Migraines G43.909
788 ☐ Mood Swings
143 ☐ Multiple Sclerosis G35
727 ☐ Nasal Polyp
764 ☐ Nosebleed
042 ☐ Numbness/Paresthesia R20.9
085 ☐ Obesity E66.9
731 ☐ Osteoarthritis
014 ☐ Osteoporosis M81.0
081 ☐ Overweight E66.3
011 ☐ Parkinson's Disease G20
789 ☐ Pelvic Pain
145 ☐ Polymyalgia Rheumatica M35.3
779 ☐ Poor Stamina
613 ☐ Premenstrual Syndrome
019 ☐ Prostate Cancer C61
063 ☐ Prostate Disorder N42.9
178 ☐ Raynaud's syndrome I73.00
146 ☐ Scleroderma M34.9
083 ☐ Sexual Disorder F66
093 ☐ Shingles B02.9
022 ☐ Skin Cancer C44.90
001 ☐ Skin Disorder L25.9
740 ☐ Sore Throat
084 ☐ Spinal Problems M53.9
041 ☐ Tachycardia (High Heart Rate) R00.0
030 ☐ Type 1 Diabetes E10.9
031 ☐ Type 2 Diabetes E11.65
045 ☐ Ulcerative Colitis K51.90

082 ☐ Underweight R63.6
781 ☐ Unexplained Weight Gain
780 ☐ Unexplained Weight Loss
748 ☐ Urethra Discharge
791 ☐ Urgent Need to Sit or Lie Down
751 ☐ Yeast Infection
753 ☐ Warts

If necessary, please state your most significant concern…

_____

_____

Men Only

749 ☐ Urinary Frequency, male
557 ☐ Blood in the urine, male
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
584 ☐ Inflammation of Testis
596 ☐ Low sex drive, MALE
563 ☐ Loses bladder control, male
597 ☐ Low testosterone, male
590 ☐ Lumps in the testicles
591 ☐ Painful genitals
866 ☐ Prostate Removed
592 ☐ Prostate troubles
595 ☐ Sexual Diseases
593 ☐ Sores on external genitalia
809 ☐ Testicular pain

Current Medical Treatments

873 ☐ Currently on Dialysis
862 ☐ Currently being treated for Hyperthyroid
861 ☐ Current treatment for Graves Disease
138 ☐ Currently on Anti Rejection Drugs
775 ☐ Currently on Blood Thinners
117 ☐ Currently on Chemotherapy
118 ☐ Currently on Radiation Treatments
625 ☐ Takes Hormone Replacement

Past Medical History

837 ☐ History of Cardiovascular disease
830 ☐ History of COPD or Emphysema
842 ☐ History of Depression
841 ☐ History of Diabetes
835 ☐ History of Epilepsy or seizures
845 ☐ History of Gout
839 ☐ History of Heart Attack
831 ☐ History of Hepatitis A, B or C
832 ☐ History of High Blood Pressure
833 ☐ History of High Cholesterol
834 ☐ History of HIV
836 ☐ History of Kidney disease
844 ☐ History of Osteoporosis
843 ☐ History of Pneumonia
840 ☐ History of Stroke
838 ☐ History of Thyroid disease
219 ☐ History of Breast Cancer
848 ☐ History of Colon Cancer
855 ☐ History of Leukemia
857 ☐ History of Liver Cancer
849 ☐ History of Lung Cancer
851 ☐ History of Lymphoma
858 ☐ History of Ovarian Cancer
850 ☐ History of Prostate Cancer
856 ☐ History of Renal Cell Carcinoma
852 ☐ History of Uterine Cancer
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
182 ☐ Has had a pneumonia vaccine in the last year
183 ☐ Has had a Hepatitis vaccine within the last 2 years
131 ☐ Has a transplant (heart; liver; kidney; lung)
758 ☐ Has had chemotherapy within the last 3 months
149 ☐ Had chemotherapy in the last year
119 ☐ Has had chemotherapy in the past
148 ☐ Had radiation therapy in the last year
120 ☐ Has had radiation treatments in the past
715 ☐ Radiated Thyroid
865 ☐ Received Covid 19 Vaccine
701 ☐ Appendix removed
718 ☐ Bariatric/Weight loss surgery
641 ☐ Breast Augmentation
707 ☐ Breast Implants
640 ☐ Breast Reduction
708 ☐ Cancer surgery
716 ☐ Cataract Surgery
709 ☐ Coronary Bypass
711 ☐ Extremity Surgery
702 ☐ Gallbladder removed
774 ☐ Genital reassignment
717 ☐ Hemorrhoid Surgery
712 ☐ Hip Replacement

704 ☐ Hysterectomy, complete
854 ☐ Mastectomy
710 ☐ Spinal Surgery
700 ☐ Tonsils and/or Adenoids removed
705 ☐ Hysterectomy, partial
860 ☐ Pacemaker
859 ☐ Stents
706 ☐ Tubal Ligation (fallopian tubes tied)
713 ☐ Knee Replacement
714 ☐ Spleen Removed (Splenectomy)
703 ☐ Thyroid removed
☐ Transplant - autologous, bone marrow or stem cell

Family History

184 ☐ Family history of Cancer
185 ☐ Family history of Heart Disease
188 ☐ Family history of Depression
189 ☐ Family history of Obesity
186 ☐ Family history of Diabetes

General Health

100 ☐ Base of fingernails are pink
109 ☐ Difficulty walking
125 ☐ Energy level is worse than 5 years ago
104 ☐ Fingernails are splitting
114 ☐ Hair loss
124 ☐ Lost over 20 lbs within the last 4 months
137 ☐ Sleep Apnea
153 ☐ Difficulty concentrating
101 ☐ Base of fingernails are purple
755 ☐ Energy level is better than 5 years ago
102 ☐ Fingernails have ridges or white spots
105 ☐ Fingernails peel
132 ☐ Chronic pain from injury
106 ☐ Pale fingernail beds
113 ☐ Thin hair
165 ☐ Poor memory / concentration
111 ☐ Dry / Brittle hair
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
126 ☐ Rarely exercises
170 ☐ Brain Fog

Lifestyle Habits

389 ☐ Currently Anorexic R63.0
382 ☐ Currently smokes/vapes
383 ☐ Quit smoking/vaping in the last 5 years
174 ☐ Had 4 alcoholic drinks in one day less than 3 months ago
374 ☐ Drinks decaffeinated coffee, soda, tea
379 ☐ Drinks 1 or more pop/sodas per day
134 ☐ Vegetarian
390 ☐ Currently Bulimic
385 ☐ Smokes more than 1 pack per day
116 ☐ Drinks less than 8 glasses of water per day
381 ☐ Has more than 5 alcoholic drinks per week
377 ☐ Drinks more than 3 cups of coffee per day
378 ☐ Drinks more than 3 cups of tea per day
386 ☐ Takes vitamins
391 ☐ Craves Sugars/starches
384 ☐ Smoked/Vaped for more than 5 years
370 ☐ Drinks alcohol
371 ☐ Drinks caffeinated coffee, soda, tea
388 ☐ Drinks diet pop/soda
387 ☐ Frequent use of artificial sweeteners
133 ☐ Regularly exercises

Environmental Exposures

418 ☐ Amalgam dental fillings
380 ☐ Drinks beverages from a can
361 ☐ Exposed to solvents, chemicals, herbicides or pesticides in the past
348 ☐ Home renovations within the last year
342 ☐ Home water is filtered
344 ☐ Home pipes are PVC
813 ☐ Tick exposure
828 ☐ Uses cast iron cookware
824 ☐ Close proximity to power plant and/or power lines
175 ☐ Has been out of the country recently
360 ☐ Exposed to heavy metals in plumbing, automotive or manufacturing
341 ☐ Home has city water
345 ☐ Home pipes are copper
815 ☐ Eats seafood more than twice per week
816 ☐ Traveled to 3rd world countries
349 ☐ Uses chlorine bleach or other heavy duty cleaning chemicals
772 ☐ Dental Fillings (gold, composite etc.)
110 ☐ Has tattoos
347 ☐ Home built prior to 1978
340 ☐ Home has well water
346 ☐ Home pipes are PEX
817 ☐ Mold exposure
827 ☐ Uses aluminum cookware
826 ☐ Uses hair coloring, bleach, perm or chemical straighteners

Allergies

206 ☐ Dairy
207 ☐ Eggs
208 ☐ Garlic
209 ☐ Gluten
210 ☐ Mold
211 ☐ Peanut
212 ☐ Ragweed
129 ☐ Sensitive to smells like chemicals, paint, exhaust fumes, cologne
213 ☐ Shellfish
214 ☐ Soy
215 ☐ Sulfa Drugs
216 ☐ Tree Nuts
217 ☐ Wheat
218 ☐ Other allergies

Cardiovascular

190 ☐ Cold feet
191 ☐ Cold hands
795 ☐ Heart Murmur
205 ☐ Heart palpitations
193 ☐ Heart skips beats
039 ☐ High blood pressure
196 ☐ Leg / Foot cramps
198 ☐ Pain in leg/hips when walking
200 ☐ Pains in the heart or chest
201 ☐ Spells of rapid heart rate
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 ☐ Ear infections
224 ☐ Ringing or noises in the ears
225 ☐ Tinnitus

Endocrine

245 ☐ Coarse hair
246 ☐ Coarse skin
248 ☐ Excessive thirst
249 ☐ Frequently feels cold
250 ☐ Frequently feels hot
251 ☐ Gets lightheaded when standing quickly
252 ☐ Heals slowly
255 ☐ Swollen Lymph glands
254 ☐ Chronic Fatigue / tired most of the time

Eyes

320 ☐ Bloodshot eyes
321 ☐ Blurred Vision
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
331 ☐ Near sighted

Feet

357 ☐ Fungal Infection
352 ☐ Heel spurs
353 ☐ Painful feet
356 ☐ Plantar Fascitis
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
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
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
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
298 ☐ Liver disease
273 ☐ Loose bowel movements
269 ☐ Pale or yellow colored stool
291 ☐ Poor appetite
297 ☐ Hiatal Hernia
280 ☐ Abdominal pains
281 ☐ Stomach ulcers
271 ☐ Tends to constipation
282 ☐ Uses digestive aids
283 ☐ Uses laxatives

Mouth and Throat

400 ☐ Bad breath
401 ☐ Bitter taste in the mouth in the morning
402 ☐ Dry mouth
406 ☐ Frequent canker sores
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
803 ☐ Jaw pain
410 ☐ Sore gums
404 ☐ Sores or cracks in the corners of the mouth
411 ☐ Swollen gums
412 ☐ Swollen tongue
413 ☐ Tongue burns
414 ☐ Tongue has grooves or fissures
415 ☐ Tongue is coated
417 ☐ Toothaches

Neuromuscular

440 ☐ Bites nails
441 ☐ Frequent muscle soreness
447 ☐ Frequently feels faint
799 ☐ Joint pain
453 ☐ Joint stiffness
455 ☐ Leg pain at rest
457 ☐ Low back pain
800 ☐ Mid back pain
802 ☐ Muscle cramps
801 ☐ Muscle pain
443 ☐ Muscle weakness
458 ☐ Neck pain
464 ☐ Nerve Pain
461 ☐ Numbness/tingling in the body
459 ☐ Pain between the shoulders
452 ☐ Rheumatoid Arthritis
460 ☐ Shoulder/arm pain
456 ☐ Spinal curvature
761 ☐ Stutters or stammers
454 ☐ Swollen joints
444 ☐ Tremors/Shakes

Respiratory

489 ☐ COPD
490 ☐ Difficulty breathing
491 ☐ Frequent colds
492 ☐ Frequent nose bleeds
493 ☐ Frequent sinus infections
495 ☐ Hay fever
499 ☐ Sneezing spells
500 ☐ Spits up blood
501 ☐ Spits up phlegm
502 ☐ Wheezes

Skin

534 ☐ Dry Skin
520 ☐ Bruises easily
528 ☐ Has moles which are changing in size and/or color
524 ☐ Psoriasis
525 ☐ Hives
526 ☐ Itchy skin
527 ☐ Problems with Eczema
529 ☐ Skin eruptions
807 ☐ Skin hypersensitivity
530 ☐ Skin is rough, especially on the back of the arms
531 ☐ Skin is tender
806 ☐ Skin rashes
533 ☐ Troubled with boils

Urinary

555 ☐ Urinates more than 2 times per night
556 ☐ Bed wetting
558 ☐ Difficulty starting urination
564 ☐ Frequent bladder infections
565 ☐ Frequent kidney infections
871 ☐ Frequent urination
562 ☐ Incontinence
566 ☐ Kidney stones
559 ☐ Painful urination
561 ☐ Troubled by urgent urination

Women Only

642 ☐ Abortion
616 ☐ Acne worse at menstruation
869 ☐ Blood in the urine, female

634 ☐ Bloody spotting discharge
620 ☐ Currently on birth control medication
639 ☐ Endometriosis
623 ☐ Has had miscarriage
610 ☐ Heavy hair growth on face or body
872 ☐ Low testosterone, female
614 ☐ Menstrual cramps
646 ☐ Ovarian Fibroids
618 ☐ Retains fluid during periods
644 ☐ Tubal Pregnancy
645 ☐ Uterine Fibroids

647 ☐ Breast Fibroids
611 ☐ Normal Menstrual Cycle (every 27-29 days)
617 ☐ Excessive menstrual flow
621 ☐ Has taken birth control medication for more than one year
868 ☐ Loses bladder control, female
630 ☐ Lumps in the breasts
624 ☐ Mild to Moderate Hot Flashes
628 ☐ Painful intercourse
638 ☐ Sexual diseases
805 ☐ Unexplained milk production
633 ☐ Vaginal discharge

648 ☐ Currently breastfeeding
643 ☐ D & C
636 ☐ External genital sores
622 ☐ Has taken birth control medication within the last year
874 ☐ Low sex drive, FEMALE
609 ☐ Mastitis
497 ☐ Night sweats
619 ☐ Pre-menstrual depression
631 ☐ Tender breasts
870 ☐ Urinary Frequency, female
762 ☐ Vagina dryness

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***

**Of all the symptoms you checked, which are your TOP 5 concerns? **
Please *include the number next to the box you checked* for each of your TOP 5 symptoms
(if a choice is not available, please write your description)

1. _____
2. _____
3. _____
4. _____
5. _____

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

_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____