

CENTER FOR HEALTH

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PATIENT SYMPTOM SURVEY

PATIENT'S NAME _____ DOB: _____ DATE _____

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

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| <p>090 <input type="checkbox"/> General Good Health</p> <p>091 <input type="checkbox"/> Desires Nutritional & Metabolic Analysis</p> <p>001 <input type="checkbox"/> Skin Disorder 692.9</p> <p>002 <input type="checkbox"/> Acne 706.1</p> <p>003 <input type="checkbox"/> Psoriasis 696.1</p> <p>004 <input type="checkbox"/> Urticaria (Hives) 708.9</p> <p>005 <input type="checkbox"/> ADD/ADHD 314.00/314.01</p> <p>006 <input type="checkbox"/> Allergies, Unspecified 477.9</p> <p>007 <input type="checkbox"/> Allergic Rhinitis from food 477.1</p> <p>008 <input type="checkbox"/> Sinusitis 461.9</p> <p>009 <input type="checkbox"/> Alzheimer's 331.0</p> <p>010 <input type="checkbox"/> Poor Concentration/ Memory 310.1</p> <p>011 <input type="checkbox"/> Parkinson's Disease 332.0</p> <p>012 <input type="checkbox"/> Anemia 285.9</p> <p>013 <input type="checkbox"/> Arthritic Disorder 716.90</p> <p>014 <input type="checkbox"/> Osteoporosis 733.00</p> <p>015 <input type="checkbox"/> Asthma 493.90</p> <p>016 <input type="checkbox"/> Emphysema 492.8</p> <p>017 <input type="checkbox"/> Cancer</p> <p style="padding-left: 20px;">018 <input type="checkbox"/> Breast 174.9^{female} 175.9^{male}</p> <p style="padding-left: 20px;">019 <input type="checkbox"/> Prostate 185</p> <p style="padding-left: 20px;">020 <input type="checkbox"/> Lung 162.9</p> <p style="padding-left: 20px;">021 <input type="checkbox"/> Colon and Rectal 153.9</p> <p style="padding-left: 20px;">022 <input type="checkbox"/> Skin 173.9</p> <p style="padding-left: 20px;">023 <input type="checkbox"/> Leukemia w/o remission 208.90
Leukemia w/ remission 208.91</p> <p style="padding-left: 20px;">024 <input type="checkbox"/> Lymphoma, malignant 202.8</p> <p style="padding-left: 20px;">025 <input type="checkbox"/> Brain Tumor, malignant 191.9</p> <p>027 <input type="checkbox"/> Anxiety Disorder 300.00</p> <p>028 <input type="checkbox"/> Autism 299.00</p> <p>033 <input type="checkbox"/> Edema 782.3</p> <p>034 <input type="checkbox"/> Eczema 692.9</p> | <p>035 <input type="checkbox"/> Chronic Fatigue 780.71</p> <p>036 <input type="checkbox"/> Circulatory Disorder 459.9</p> <p>037 <input type="checkbox"/> Heart Disease 429.9</p> <p>038 <input type="checkbox"/> High Cholesterol 272.0</p> <p>039 <input type="checkbox"/> High Blood Pressure 401.9</p> <p>040 <input type="checkbox"/> Low Blood Pressure 458.9</p> <p>041 <input type="checkbox"/> Tachycardia (High Heart Rate) 785.00</p> <p>042 <input type="checkbox"/> Numbness 782.0</p> <p>043 <input type="checkbox"/> Constipation 564.0</p> <p>044 <input type="checkbox"/> Indigestion 536.8</p> <p>045 <input type="checkbox"/> Ulcerative Colitis 556.9</p> <p>046 <input type="checkbox"/> Depression 311</p> <p>047 <input type="checkbox"/> Diabetes Mellitus 250.0</p> <p>030 <input type="checkbox"/> Diabetes Type I 250.01</p> <p>031 <input type="checkbox"/> Diabetes Type II 250.02</p> <p>029 <input type="checkbox"/> Hyperglycemia [high blood sugar] 790.29</p> <p>048 <input type="checkbox"/> Hypoglycemia [low blood sugar] 251.2</p> <p>049 <input type="checkbox"/> Dizziness/Balance Problem 780.4</p> <p>050 <input type="checkbox"/> Ear Infection 381.4</p> <p>051 <input type="checkbox"/> Epstein Barr 075</p> <p>052 <input type="checkbox"/> Eye Problems 379.91</p> <p>053 <input type="checkbox"/> Cataracts 366.9</p> <p>054 <input type="checkbox"/> Glaucoma 365.9</p> <p>055 <input type="checkbox"/> Macular Degeneration 362.50</p> <p>056 <input type="checkbox"/> Fever 780.6</p> <p>057 <input type="checkbox"/> Fibromyalgia 729.1</p> <p>058 <input type="checkbox"/> Gallbladder Disorder 575.9</p> <p>059 <input type="checkbox"/> Gout 274.9</p> <p>060 <input type="checkbox"/> Headaches 784.0</p> | <p>061 <input type="checkbox"/> Hearing Loss 389.9</p> <p>062 <input type="checkbox"/> Infertility, male 606.9</p> <p>064 <input type="checkbox"/> Liver Disease 571.9</p> <p style="padding-left: 20px;">065 <input type="checkbox"/> Hepatitis 573.3</p> <p style="padding-left: 20px;">066 <input type="checkbox"/> Hepatitis B 070.30</p> <p style="padding-left: 20px;">067 <input type="checkbox"/> Hepatitis C 070.51</p> <p>068 <input type="checkbox"/> Kidney Disorder 593.9 or Bladder Disorder 596.9</p> <p>063 <input type="checkbox"/> Prostate Disorder 602.9</p> <p>069 <input type="checkbox"/> Hyperthyroidism 242.90</p> <p>070 <input type="checkbox"/> Hypothyroidism 244.9</p> <p>071 <input type="checkbox"/> Systemic Lupus 710.0</p> <p>072 <input type="checkbox"/> Infertility, female 628.9</p> <p>073 <input type="checkbox"/> Interstitial Cystitis 595.1</p> <p>074 <input type="checkbox"/> Irregular Menstrual Cycle 626.4</p> <p>075 <input type="checkbox"/> Menopausal Symptoms 627.2</p> <p>076 <input type="checkbox"/> Hot Flashes 627.2</p> <p>077 <input type="checkbox"/> Mental Disorder 300.9</p> <p>078 <input type="checkbox"/> Insomnia 780.52</p> <p>079 <input type="checkbox"/> Mouth/Throat/Tongue</p> <p>080 <input type="checkbox"/> Canker Sores 528.2</p> <p>081 <input type="checkbox"/> Overweight 278.02</p> <p>082 <input type="checkbox"/> Underweight 783.22</p> <p>083 <input type="checkbox"/> Sexual Disorder 302.89</p> <p>084 <input type="checkbox"/> Spinal Problems 724.9</p> <p>085 <input type="checkbox"/> Obesity 278.00</p> <p>086 <input type="checkbox"/> GERD 530.81</p> <p>087 <input type="checkbox"/> HIV 042</p> <p>088 <input type="checkbox"/> Crohn's Disease 555.9</p> <p>089 <input type="checkbox"/> Irritable Bowel Syndrome 564.1</p> <p>092 <input type="checkbox"/> Normal Pregnancy v22.2</p> |
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**only applicable if currently pregnant

- | | | |
|---------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| 093 <input type="checkbox"/> Shingles 053.9 | 144 <input type="checkbox"/> ALS Lou Gerigs disease
335.20 | 178 <input type="checkbox"/> Raynaud's Syndrome 433.8 |
| 140 <input type="checkbox"/> Migraines 346.90 | 145 <input type="checkbox"/> Polymyalgia Rheumatica
725 | 179 <input type="checkbox"/> Hemochromatosis 275.0 |
| 141 <input type="checkbox"/> Rheumatoid Arthritis 714.0 | 146 <input type="checkbox"/> Scleroderma 710.1 | 180 <input type="checkbox"/> Thalassemia 282.49 |
| 142 <input type="checkbox"/> Non-Systemic Lupus 695.4 | 171 <input type="checkbox"/> Goiter 240.9 | 181 <input type="checkbox"/> Brain aneurysm 431 |
| 143 <input type="checkbox"/> Multiple Sclerosis 340 | | |

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

General Health

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 100 <input type="checkbox"/> Fingernail base is pink | 123 <input type="checkbox"/> Somewhat Underweight |
| 101 <input type="checkbox"/> Fingernail base is purple | 124 <input type="checkbox"/> Unexplained weight loss of over 20lbs within the last 4 months |
| 102 <input type="checkbox"/> Fingernails have ridges or white spots | 125 <input type="checkbox"/> Energy level is worse than it was 5 years ago |
| 103 <input type="checkbox"/> Fingernails are soft | 127 <input type="checkbox"/> Sleeps less than 6 hours per night |
| 104 <input type="checkbox"/> Fingernails are splitting | 128 <input type="checkbox"/> Unable to recall dreams the next day |
| 105 <input type="checkbox"/> Fingernails peel | 129 <input type="checkbox"/> Sensitive to chemicals, paint, fumes, cologne |
| 106 <input type="checkbox"/> Pale fingernail beds | 130 <input type="checkbox"/> Had blood transfusion in the past |
| 107 <input type="checkbox"/> Blacks out easily | 131 <input type="checkbox"/> Had transplant in the past |
| 108 <input type="checkbox"/> Balance problems | 138 <input type="checkbox"/> Takes anti-rejection drugs |
| 109 <input type="checkbox"/> Difficulty walking | 132 <input type="checkbox"/> Had a major accident or injury |
| 110 <input type="checkbox"/> Has tattoos | 137 <input type="checkbox"/> Sleep Apnea |
| 111 <input type="checkbox"/> Brittle hair | 139 <input type="checkbox"/> Toxic chemical exposure |
| 112 <input type="checkbox"/> Dry hair | 175 <input type="checkbox"/> Has been out of the country recently |
| 113 <input type="checkbox"/> Thin hair | 176 <input type="checkbox"/> Had childhood vaccines |
| 114 <input type="checkbox"/> Hair loss | 177 <input type="checkbox"/> Had a vaccine in the last 12 months |
| 115 <input type="checkbox"/> Drinks alcoholic beverages daily | 147 <input type="checkbox"/> Had a flu shot last year |
| 116 <input type="checkbox"/> Drinks less than 8 glasses of water per day | 182 <input type="checkbox"/> Had a pneumonia vaccine last year |
| 117 <input type="checkbox"/> Currently on Chemotherapy | 183 <input type="checkbox"/> Had a Hepatitis B vaccine in the last 2 years. |
| 118 <input type="checkbox"/> Currently on radiation treatment | Has a family history of: |
| 148 <input type="checkbox"/> Had radiation therapy in the last year | 184 <input type="checkbox"/> Cancer |
| 149 <input type="checkbox"/> Had chemotherapy in the last year | 185 <input type="checkbox"/> Heart Disease |
| 119 <input type="checkbox"/> Had chemotherapy in the past | 186 <input type="checkbox"/> Diabetes |
| 120 <input type="checkbox"/> Has had radiation treatments in the past | 187 <input type="checkbox"/> Alcoholism |
| 121 <input type="checkbox"/> Gained over 20 lbs in the last 12 months | 188 <input type="checkbox"/> Depression |
| 122 <input type="checkbox"/> Somewhat Overweight | 189 <input type="checkbox"/> 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

