

**PLEASE BRING:** Recent labs, supplement bottles, list of Rx's.

## Symptom Survey

Name \_\_\_\_\_

In your own words describe your chief complaint \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Part A:

cough\_\_\_\_  
 phlegm\_\_\_\_  
 wheezing\_\_\_\_  
 short of breath\_\_\_\_  
 hoarseness\_\_\_\_  
 sneezing\_\_\_\_  
 loss of smell\_\_\_\_  
 nasal congestion\_\_\_\_  
 nasal discharge\_\_\_\_  
 asthma\_\_\_\_  
 allergies\_\_\_\_  
 hayfever\_\_\_\_  
 itching eyes\_\_\_\_  
 sinus headaches\_\_\_\_  
 acne\_\_\_\_  
 perspire easily\_\_\_\_  
 itchy skin\_\_\_\_  
 itchy inner ear\_\_\_\_  
 swollen glands\_\_\_\_  
 vocal problems\_\_\_\_  
 sore throats\_\_\_\_  
 painful lymph nodes\_\_\_\_  
 dry skin\_\_\_\_  
 dry brittle hair\_\_\_\_  
 smoker\_\_\_\_  
 fatigues after perspiring\_\_\_\_  
 catch cold easily\_\_\_\_  
 grief\_\_\_\_  
 melancholy- sadness\_\_\_\_  
 crave spicy foods\_\_\_\_  
 dislike dry weather\_\_\_\_  
 dislike wind\_\_\_\_  
 dislike damp weather\_\_\_\_

### Part B:

drooping eyelid\_\_\_\_  
 prolapsed uterus\_\_\_\_

Please check any symptoms that apply to you now or in the last 6 months

prolapsed stomach\_\_\_\_  
 gums bleed easily\_\_\_\_  
 nose bleeds\_\_\_\_  
 appetite - high\_\_\_\_low\_\_\_\_  
 diarrhea\_\_\_\_  
 loose stool\_\_\_\_  
 bowel movements # per day\_\_\_\_  
 heartburn\_\_\_\_  
 constipation\_\_\_\_  
 ulcers\_\_\_\_  
 stomach pain\_\_\_\_  
 gas\_\_\_\_  
 intestinal rumbling\_\_\_\_  
 alternating constipation & diarrhea\_\_\_\_  
 butterfly sensation in stomach\_\_\_\_  
 bad breath\_\_\_\_  
 poor short term memory\_\_\_\_  
 poor long term memory\_\_\_\_  
 inability to concentrate\_\_\_\_  
 known food allergies \_\_\_\_\_  
 \_\_\_\_\_  
 loss of taste\_\_\_\_  
 crave sweets\_\_\_\_  
     chocolate especially\_\_\_\_  
     cookies - cakes\_\_\_\_  
 bruise easily\_\_\_\_  
 slow wound healing\_\_\_\_  
 poor digestion\_\_\_\_  
 abdominal bloating\_\_\_\_  
 fatigue after eating\_\_\_\_  
 discomfort after eating\_\_\_\_  
 nausea\_\_\_\_  
 vomiting\_\_\_\_  
 belching - burping\_\_\_\_  
 hemorrhoids\_\_\_\_  
 hernia\_\_\_\_

## Part C

headache\_\_\_\_  
 where on your head\_\_\_\_\_

migraine\_\_\_\_

tight or constricted chest\_\_\_\_

anger easily\_\_\_\_

pains increase with stress\_\_\_\_

clear throat often\_\_\_\_

high blood pressure\_\_\_\_  
 last reading \_\_\_\_/\_\_\_\_

acid regurgitation\_\_\_\_

vertigo\_\_\_\_

eyes red\_\_\_\_

yellow eyes/skin\_\_\_\_

spots before eyes\_\_\_\_

hiccups\_\_\_\_

irritable\_\_\_\_

lower rib pain\_\_\_\_

bitter taste in mouth\_\_\_\_

depression\_\_\_\_

frustration\_\_\_\_

sensation of something in throat\_\_\_\_

Premenstrual symptoms\_\_\_\_  
 describe\_\_\_\_\_

\_\_\_\_\_

dizziness\_\_\_\_

eyes tired\_\_\_\_

eyes sensitive\_\_\_\_

blurred vision\_\_\_\_

eyes sore\_\_\_\_

high cholesterol\_\_\_\_

high triglycerides\_\_\_\_

history of hepatitis\_\_\_\_

## Part D: Women Only

age at first period\_\_\_\_

age of menopause\_\_\_\_

painful menses\_\_\_\_

cycle (i.e. every 28 days)\_\_\_\_

irregular cycle\_\_\_\_

length of flow (i.e. 4-7 days)\_\_\_\_

clots\_\_\_\_

cramps later in flow\_\_\_\_

recent change in cycle\_\_\_\_

history of vaginal warts\_\_\_\_

vaginal pain\_\_\_\_

irregular pap test\_\_\_\_

breast distention\_\_\_\_

breasts painful\_\_\_\_

fibroid tumors\_\_\_\_

fibrocystic breast/ovary\_\_\_\_

cramps early in flow\_\_\_\_

Color of flow: dark\_\_light\_\_bright\_\_

# of pregnancy\_\_\_\_

miscarriages\_\_\_\_

infertility\_\_\_\_

surgeries\_\_\_\_\_

\_\_\_\_\_

date of last period\_\_\_\_/\_\_\_\_/\_\_\_\_

regular breast exam or mammogram\_\_\_\_

## Part E:

fatigue\_\_\_\_

slump time of day\_\_\_\_ am/pm

awakens fatigued\_\_\_\_

cold feet\_\_\_\_

cold hands\_\_\_\_

urine color: dark\_\_light\_\_clear\_\_

urination daily:  
 4-6 times\_\_\_\_  
 6-10 times\_\_\_\_  
 10+ times\_\_\_\_

night urination\_\_\_\_

decreased stream or amount\_\_\_\_

urgent urination\_\_\_\_

painful urination\_\_\_\_

ear ringing\_\_high\_\_low\_\_

hearing loss\_\_\_\_

dark circles\_\_\_\_

weak/sore knees\_\_\_\_

rheumatoid arthritis\_\_\_\_

hair loss\_\_\_\_

impotence\_\_\_\_

chronic urinary infections\_\_\_\_

intolerant of cold\_\_\_\_

history of Kidney infection\_\_\_\_

joints stiff\_\_\_\_

difficulty breathing\_\_\_\_

## Part E cont.

fear\_\_\_\_

anxiety\_\_\_\_

morning diarrhea\_\_\_\_

excess energy\_\_\_\_

sex drive-high\_\_low\_\_normal\_\_

incontinence\_\_\_\_

difficult urination\_\_\_\_

burning/painful urination\_\_\_\_

swelling ankles\_\_\_\_

puffy beneath eyes\_\_\_\_  
 lower back pain\_\_\_\_  
 loose teeth\_\_\_\_  
 osteoarthritis\_\_\_\_  
 infertility\_\_\_\_  
 spermatorrhea\_\_\_\_  
 abnormal thirst\_\_\_\_  
 craves salt\_\_\_\_  
 history of kidney stones\_\_\_\_  
 joints painful\_\_\_\_  
 pains get worse with exercise\_\_\_\_  
 phobias\_\_\_\_  
 asthma\_\_\_\_  
 seminal emission\_\_\_\_  
 memory loss\_\_\_\_

Part F:

palpitations\_\_\_\_  
 speech problems\_\_\_\_  
 delirium\_\_\_\_  
 jittery\_\_\_\_  
 sweat at night\_\_\_\_  
 hot palms\_\_\_\_  
 insomnia\_\_\_\_  
 pale skin\_\_\_\_  
 missed pulse beats\_\_\_\_  
 feeling of impending doom\_\_\_\_  
 dry mouth\_\_\_\_  
 chest pain\_\_\_\_  
 restlessness\_\_\_\_  
 irritability\_\_\_\_  
 short of breath\_\_\_\_  
 hot flashes\_\_\_\_  
 numb hands\_\_\_\_  
 sore tongue\_\_\_\_  
 mouth sores\_\_\_\_  
 heart murmur\_\_\_\_  
 chest congested\_\_\_\_  
 scanty, yellow urine\_\_\_\_  
 racing heart beat\_\_\_\_

Part G:

sense of heaviness\_\_\_\_  
 favor warm drinks\_\_\_\_  
 favorite color\_\_\_\_  
 physical labor\_\_\_\_  
 muscle cramps\_\_\_\_  
 fever/chills\_\_\_\_

brittle nails\_\_\_\_  
 favors cold drinks\_\_\_\_  
 sedentary work\_\_\_\_  
 regular exercise\_\_\_\_  
 twitches/spasms\_\_\_\_  
 weakness\_\_\_\_  
 usually hot or cold\_\_\_\_

Part H: Please Circle What Applies to You

Medications:

Antacids  
 Antidepressants  
 Antibiotic/Antifungal  
 Glucose Regulator/Insulin  
 Anti-inflammatory  
 Aspirin/Tylenol/Advil  
 Chemotherapy  
 Radiation therapy  
 Heart Medications  
 Cholesterol Medications  
 High Blood Pressure Rx  
 Hormones  
 Laxatives  
 Oral Contraceptives  
 Recreational Drugs  
 Thyroid  
 Relaxants/Sleeping Pills  
 Ulcer Medications  
 Other\_\_\_\_\_

Do You Eat, Drink or Use (Circle):

Alcohol  
 Coffee  
 Decaf  
 Candy  
 Cigarettes  
 Carbonated Beverages  
 Diet Sodas  
 Distilled Water  
 Fried Foods  
 Fast foods, regularly  
 Refined sugars  
 Red meat, regularly  
 Margarine  
 Vitamins\_\_\_\_\_

---



---

Minerals\_\_\_\_\_

Herbs\_\_\_\_\_

Homeopathics\_\_\_\_\_

Check if you:

diet often\_\_\_

exercise\_\_\_

salt food w/o tasting\_\_\_

are under excessive stress\_\_\_

are exposed to chemicals\_\_\_

work at a computer\_\_\_

Check any you have had:

appendicitis\_\_\_

scarlet fever\_\_\_

typhoid fever\_\_\_

HIV\_\_\_

Rheumatic fever\_\_\_

nephritis\_\_\_

malaria\_\_\_

anemia\_\_\_

mumps\_\_\_

measles\_\_\_

small pox\_\_\_

eczema\_\_\_

diabetes\_\_\_

diphtheria\_\_\_

heart disease\_\_\_

pneumonia\_\_\_

polio\_\_\_

jaundice\_\_\_

hearing loss\_\_\_

tuberculosis\_\_\_

herpes\_\_\_

tonsillectomy\_\_\_

hepatitis\_\_\_

epilepsy\_\_\_

obesity\_\_\_

asthma\_\_\_

cancer\_\_\_

heart attack\_\_\_

goiter\_\_\_

influenza\_\_\_

pleurisy\_\_\_

meningitis\_\_\_

chemical poisoning\_\_\_

drug reaction\_\_\_

allergic reaction\_\_\_

whooping cough\_\_\_

alcoholism\_\_\_

mental disorders\_\_\_

eating disorders\_\_\_

venereal infection\_\_\_

any

surgeries\_\_\_\_\_

Anything else you would like us to be aware of?\_\_\_\_\_

Family History of: (list who)

Stroke\_\_\_\_\_

Heart Disease\_\_\_\_\_

Cancer\_\_\_\_\_

Diabetes\_\_\_\_\_

Mental Disorders\_\_\_\_\_

Gallbladder Disease\_\_\_\_\_

Thyroid Disease\_\_\_\_\_

Alzheimer's\_\_\_\_\_

Neurologic Disease\_\_\_\_\_