Chiropractic Solutions

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PATIENT SYMPTOM SURVEY

PATIENT'S NAME**____** ***DATE*****_____________**

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

- 091 ☐ Desires Nutritional & Metabolic Analysis
- 087 ☐ HIV
- 013 ☐ Arthritic Disorder
- 014 ☐ Osteoporosis
- 042 ☐ Numbness
- 059 ☐ Gout
- 051 ☐ Epstein Barr
- 141 ☐ Rheumatoid Arthritis
- 071 ☐ Systemic Lupus
- 145 ☐ Polymyalgia Rheumatica
- 146 ☐ Scleroderma
- 084 ☐ Spinal Problems
- 001 ☐ Skin Disorder
- 002 ☐ Acne
- 003 ☐ Psoriasis
- 004 ☐ Urticaria (Hives)
- 033 ☐ Edema
- 034 ☐ Eczema
- 142 ☐ Non-Systemic Lupus
- 093 ☐ Shingles
- 006 ☐ Allergies
- 007 ☐ Allergic Rhinitis from food
- 008 ☐ Sinusitis
- 015 ☐ Asthma
- 016 ☐ Emphysema
- 036 ☐ Circulatory Disorder
- 037 ☐ Heart Disease
- 039 ☐ High Blood Pressure
- 040 ☐ Low Blood Pressure
- 178 ☐ Raynaud's Syndrome
- 041 ☐ Tachycardia [High Heart Rate]
- 181 ☐ Brain aneurysm
- 009 ☐ Alzheimer's
- 011 ☐ Parkinson's Disease

- 140 ☐ Migraines
- 143 ☐ Multiple Sclerosis
- 144 ☐ ALS [Lou Gehrig's]
- 078 ☐ Insomnia
- 077 ☐ Mental Disorder
- 027 ☐ Anxiety Disorder
- 083 ☐ Sexual Disorder
- 046 ☐ Depression
- 028 ☐ Autism
- 010 ☐ Poor Concentration/Memory
- 005 ☐ ADD/ADHD
- 049 ☐ Dizziness/Balance Problem
- 056 ☐ Fever
- 060 ☐ Headaches
- 043 ☐ Constipation
- 044 ☐ Indigestion
- 045 ☐ Ulcerative Colitis
- 058 ☐ Gallbladder Disorder
- 064 ☐ Liver Disease
- 065 ☐ Hepatitis
- 066 ☐ Hepatitis B
- 067 ☐ Hepatitis C
- 079 ☐ Mouth/Throat/Tongue
- 080 ☐ Canker Sores
- 086 ☐ GERD
- 088 ☐ Crohn's Disease
- 089 ☐ Irritable Bowel Syndrome
- 050 ☐ Ear Infections
- 052 ☐ Eye Problems
- 053 ☐ Cataracts
- 054 ☐ Glaucoma
- 055 ☐ Macular Degeneration
- 061 ☐ Hearing Loss
- 057 ☐ Fibromyalgia
- 069 ☐ Hyperthyroidism
- 070 ☐ Hypothyroidism

- 038 ☐ High Cholesterol
- 048 ☐ Hypoglycemia [low blood sugar]
- 029 ☐ Hyperglycemia [high blood sugar]
- 047 ☐ Diabetes Mellitus I
- 030 ☐ Diabetes Type I
- 031 ☐ Diabetes Type II
- 081 ☐ Overweight
- 085 ☐ Obesity
- 082 ☐ Underweight
- 035 ☐ Chronic Fatigue
- 179 ☐ Hemochromatosis
- 012 ☐ Anemia
- 180 ☐ Thalassemia
- 171 ☐ Goiter
- 068 ☐ Kidney Disorder or Bladder Disorder
- 063 ☐ Prostate Disorder
- 072 ☐ Infertility, female
- 062 ☐ Infertility, male
- 073 ☐ Interstitial Cystitis
- 074 ☐ Irregular Menstrual Cycle
- 075 ☐ Menopausal Symptoms
- 076 ☐ Hot Flashes
- 092 ☐ Normal Pregnancy [*currently* pregnant]
- 017 ☐ Cancer
  - 018 ☐ Breast
  - 019 ☐ Prostate
  - 020 ☐ Lung
  - 021 ☐ Colon and Rectal
  - 022 ☐ Skin
  - 023 ☐ Leukemia
  - 024 ☐ Lymphoma, malignant
  - 025 ☐ Brain Tumor, malignant

Please state your *most significant* health concern:

____

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
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 loss of >20lbs in 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

Allergies:
206 ☐ Dairy
207 ☐ Eggs
208 ☐ Garlic
209 ☐ Gluten
210 ☐ Mold
211 ☐ Peanut
212 ☐ Ragweed
213 ☐ Shellfish
214 ☐ Soy
215 ☐ Sulfa drugs
216 ☐ Tree nuts
217 ☐ Wheat
218 ☐ Other allergies

Lifestyle & Environment

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 >3 cups of coffee daily
378 ☐ Drinks >3 cups of tea per day
388 ☐ Drinks diet pop/soda
379 ☐ Drinks >1 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 >5 alcoholic drinks/week
391 ☐ Craves sugar / starches
382 ☐ Currently smokes
383 ☐ Quit smoking in last 5 years
384 ☐ Smoked for >5 years
385 ☐ Smokes >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
340 ☐ Home has well water
341 ☐ Home has city water
342 ☐ Home water is filtered

Home pipes are:
343 ☐ Steel
344 ☐ PVC
345 ☐ Copper
346 ☐ PEX

347 ☐ Home built prior to 1978
348 ☐ Home renovations within the last year
349 ☐ Uses chlorine bleach or other heavy duty chemicals
360 ☐ Has worked in plumbing, automotive or metallurgic industry
361 ☐ Has worked around industrial solvents, chemicals or pesticides

Surgeries

700 ▢ Tonsillectomy and/or Adenoids
701 ▢ Appendix
702 ▢ Gallbladder
703 ▢ Thyroid
704 ▢ Hysterectomy, complete
705 ▢ Hysterectomy, partial
706 ▢ Tubal ligation
707 ▢ Breast implants
708 ▢ Cancer
709 ▢ Coronary by-pass
710 ▢ Spinal surgery
711 ▢ Extremity surgery
712 ▢ Hip replacement
713 ▢ Knee replacement
714 ▢ Splenectomy
715 ▢ Radiated thyroid
716 ▢ Cataract surgery
717 ▢ Hemorroidectomy
718 ▢ Bariatric/Weight loss Type: ________________

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 ▢ Bloated 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 others 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
622 ☐ Has taken birth control medication within the last year
623 ☐ Has had miscarriage
624 ☐ Hot flashes
625 ☐ Takes hormone replacement medication
627 ☐ Diminished sexual desire
628 ☐ Painful intercourse
629 ☐ Poor or infrequent orgasm
630 ☐ Lumps in the breasts
631 ☐ Tender breasts
633 ☐ Vaginal discharge
634 ☐ Bloody spotting discharge
635 ☐ Yeast infections
636 ☐ Sores on external genitalia
637 ☐ Herpes
638 ☐ Sexual diseases
639 ☐ Endometriosis
640 ☐ Breast reduction
641 ☐ Breast augmentation
642 ☐ Abortion
643 ☐ D&C
644 ☐ Tubal pregnancy
645 ☐ Uterine fibroids
646 ☐ Ovarian fibroids
647 ☐ Breast fibroids
648 ☐ Currently Breastfeeding

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

OFFICE USE ONLY

Height _______ Weight________ BP ____/_____ O2______ Pulse ________