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PATIENT SYMPTOM SURVEY

DATE_____

PATIENT'S NAME_____ AGE_____

WEIGHT_____ HEIGHT_____ BLOOD PRESSURE_____ PULSE_____

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

090 ☐ General Good Health
091 ☐ Desires Nutritional & Metabolic Analysis
001 ☐ Skin Disorder 692.9
002 ☐ Acne 706.1
003 ☐ Psoriasis 696.1
004 ☐ Urticaria (Hives) 708.9
005 ☐ ADD/ADHD 314.01
006 ☐ Allergies 477.0
007 ☐ Food Allergy 691.8
008 ☐ Sinusitis 461.9
009 ☐ Alzheimer's 333.1
010 ☐ Poor Concentration/ Memory 310.1
011 ☐ Parkinson's Disease
012 ☐ Anemia 285.9
013 ☐ Arthritic Disorder 716.9
014 ☐ Osteoporosis 733.0
015 ☐ Asthma 493.9
016 ☐ Emphysema 492.8
035 ☐ Chronic Fatigue 780.71
036 ☐ Circulatory Disorder 459.90
037 ☐ Heart Disease 429.90
038 ☐ High Cholesterol 272.0
039 ☐ High Blood Pressure 401.9
040 ☐ Low Blood Pressure 458.9
041 ☐ Tachycardia (High Heart Rate) 785.00
042 ☐ Numbness 782.0
043 ☐ Constipation 564.0
044 ☐ Indigestion 536.8
045 ☐ Ulcerative Colitis 556.9
046 ☐ Depression 311.0
047 ☐ Diabetes Mellitus 250.0
048 ☐ Hypoglycemia 251.2
049 ☐ Dizziness/Balance Problem 780.4
050 ☐ Ear Infection 386.30
051 ☐ Epstein Barr 075.0
052 ☐ Eye Problems 379.91
053 ☐ Cataracts 366.9
054 ☐ Glaucoma 365.62
055 ☐ Macular Degeneration 362.5
056 ☐ Fever 780.6
057 ☐ Fibromyalgia 729.1
058 ☐ Gallbladder Disorder 575.9
059 ☐ Gout 274.9
060 ☐ Headaches 784.0
061 ☐ Hearing Loss 389.90
062 ☐ Infertility, male 606.9
063 ☐ Prostate Disorder 602.9
064 ☐ Liver Disease 571.9
065 ☐ Hepatitis 573.3
066 ☐ Hepatitis B
067 ☐ Hepatitis C
068 ☐ Kidney/Bladder Problems
069 ☐ Hyperthyroid 242.9
070 ☐ Hypothyroid 244.9
071 ☐ Lupus 710.0
072 ☐ Infertility, female 628.9
073 ☐ Interstitial Cystitis
074 ☐ Irregular Menstrual Cycle 626.4
075 ☐ Menopausal Symptoms 627.2
076 ☐ Hot Flashes 627.2
077 ☐ Mental Disorder
078 ☐ Insomnia 780.52
079 ☐ Mouth/Throat/Tongue
080 ☐ Canker Sores 528.2
081 ☐ Overweight 278.0
082 ☐ Underweight 783.2
083 ☐ Sexual Disorder 302.9
084 ☐ Spinal Problems
085 ☐ Obesity 278.0
086 ☐ GERD 530.81
087 ☐ HIV infection
017 ☐ Cancer
018 ☐ Breast 174.9
019 ☐ Prostate 185.0
020 ☐ Lung 162.9
021 ☐ Colon/Rectal 153.9
022 ☐ Skin 173.9
023 ☐ Leukemia
024 ☐ Lymphoma
025 ☐ Brain Tumor 191.9
026 ☐ Other
088 ☐ Crohn's Disease 555.9
089 ☐ Irritable Bowel Syndrome 564.1

If necessary, please state your most significant concern.

_____

_____

_____

_____

#11

Medications

Please list all drugs you are currently taking including over the counter drugs, aspirin, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

DRUG	PRESCRIBED FOR:	HOW LONG

Please list all drugs taken within the last year including over the counter drugs, antibiotics, aspirin, inhalers, etc. Also, list how long you have taken each drug and the condition for which it was prescribed.

DRUG	PRESCRIBED FOR:	HOW LONG

Please list all vitamins/herbs/supplements you are currently taking. Also, list how much of each supplement you are taking.

VITAMIN/HOW MUCH		

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*
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*

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

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
529 ☐ Skin eruptions
530 ☐ Skin is rough, especially on the back of the arms
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

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 fascitis
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

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

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

General Health

100 ☐ Base of fingernails are pink
101 ☐ Base of fingernails are 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 weight loss of over 20lbs within the 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
132 ☐ Had a major accident or injury (i.e. auto, work, other)

Lifestyle Habits

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
379 ☐ Drinks 1 or more pop/sodas per day
388 ☐ Drinks diet pop/soda
380 ☐ Drinks beverages from a can
381 ☐ Has more than 5 alcoholic drinks per week
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

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

COMPREHENSIVE NUTRITIONAL SERVICES
Glen T. Matejka, DN, DC, DACBN, CCN
Nutrition Patient Questionnaire

Patient#_____ Date _____
Classification_____ SS# _____

Name_____ Date of Birth _____

Address_____ City/State _____

Email_____ Zip Code_____

Telephone: Home_____ Work_____

Place of Employment_____ Occupation _____

Married _____ Single _____ Divorced _____ Widow(er) _____ # of Children _____

Spouse's Name_____ Place of Employment _____

In Case of Emergency, who should we contact?
Name_____ Phone_____ Relationship _____

How did you hear about our office? _____

We will provide a receipt for you to submit to your insurance. You are responsible for payment in full at the time of service.

** I clearly understand that all services rendered me are my responsibility and payment is expected at the time of service.

Patient's Signature_____ Date _____
If under 18 years of age, parent or guardian's signature _____

Nutritional Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: *"Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."*

A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.

Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body. Nutritional advice and nutritional intake may also enhance the stabilization of chiropractic treatment.

I have read and understand the above:
Signature _____ Date _____