



NUTRITIONAL ASSESSMENT CENTER, LLC

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

- 097 Abdominal Pain R10.9
005 ADD/ADHD F90.1/F90.9
144 ALS (Lou Gehrig's Disease) G12.21
012 Anemia D64.9
013 Arthritic Disorder M12.9
181 Brain Aneurysm I61.9
094 Breast Cancer (male) C50.929
053 Cataracts H26.9
036 Circulatory Disorder I99.9
088 Crohn's Disease K50.90
091 Desires Nutritional and Metabolic Analysis
050 Ear Infection H65.90
016 Emphysema J43.9
056 Fever R50.9
090 General Good Health
171 Goiter E04.9
061 Hearing Loss H91.90
065 Hepatitis K71.6
087 HIV Infection B20
029 Hyperglycemia (high blood sugar) R73.09
148 Hypocholesterolemia (low cholesterol) E78.6
070 Hypothyroid E03.9
062 Infertility, male N46.9
098 Abdominal Gas/Bloating R14.0
006 Allergies (unspecified) J30.9
009 Alzheimer's G30.9
027 Anxiety Disorder F41.9
015 Asthma J45.909
025 Brain Tumor, malignant C71.9
017 Cancer
026 Cervical Cancer C53.9
021 Colon/Rectal Cancer C18.9
092 Currently Pregnant Z33.1
047 Diabetes Mellitus E11.9
034 Eczema L25.9
051 Epstein Barr B27.90
057 Fibromyalgia M79.7
086 GERD K21.9
059 Gout M10.9
037 Heart Disease I51.9
066 Hepatitis B B16.9
076 Hot flashes N95.1
720 Hypertension (high blood pressure) I10
048 Hypoglycemia (low blood sugar) E16.2
044 Indigestion K30
078 Insomnia G47.00
002 Acne L70.8
007 Allergic Rhinitis from food J30.5
099 Amenorrhea M91.2
028 Autism F84.0
096 Bladder Disorder N32.9
018 Breast Cancer (female) C50.919
080 Canker Sores K12.0
035 Chronic Fatigue R53.82
043 Constipation K59.00
046 Depression F32.9
049 Dizziness/Balance problems R42
033 Edema R60.9
052 Eye problems H57.13
058 Gallbladder Disorder K82.9
054 Glaucoma H40.9
060 Headaches R51
179 Hemochromatosis E83.119
067 Hepatitis C B17.10
038 Hypercholesterolemia (high cholesterol) E78.0
069 Hyperthyroid E05.90
721 Hypotension (low blood pressure) I95.9
072 Infertility, Female N97.9
073 Interstitial Cystitis N30.11

- | | | | | | | | | |
|-----|--------------------------|---------------------------------------|-----|--------------------------|---------------------------------|-----|--------------------------|-----------------------------|
| 074 | <input type="checkbox"/> | Irregular Menstrual Cycle N92.6 | 089 | <input type="checkbox"/> | Irritable Bowel Syndrome K58.9 | 068 | <input type="checkbox"/> | Kidney Disorder N28.9 |
| 023 | <input type="checkbox"/> | Leukemia w/o remission C95.90 | 095 | <input type="checkbox"/> | Leukemia w/ remission C95.91 | 064 | <input type="checkbox"/> | Liver Disease K76.9 |
| 040 | <input type="checkbox"/> | Low Blood Pressure I95.9 | 020 | <input type="checkbox"/> | Lung Cancer C34.90 | 071 | <input type="checkbox"/> | Lupus, systemic M32.10 |
| 142 | <input type="checkbox"/> | Lupus, non-systemic L93.0 | 024 | <input type="checkbox"/> | Lymphoma, malignant C85.89 | 055 | <input type="checkbox"/> | Macular Degeneration H35.30 |
| 722 | <input type="checkbox"/> | Malaise R53.81 | 075 | <input type="checkbox"/> | Menopausal Symptoms N95.1 | 723 | <input type="checkbox"/> | Menorrhagia N92.0 |
| 077 | <input type="checkbox"/> | Mental Disorder F99 | 140 | <input type="checkbox"/> | Migraines G43.909 | 724 | <input type="checkbox"/> | Motion Sickness T75.3 |
| 079 | <input type="checkbox"/> | Mouth/Throat/Tongue | 143 | <input type="checkbox"/> | Multiple Sclerosis G35 | 725 | <input type="checkbox"/> | Myalgia M79.1 |
| 726 | <input type="checkbox"/> | Myopia H52.10 | 727 | <input type="checkbox"/> | Nasal Polyp | 728 | <input type="checkbox"/> | Nephritis |
| 729 | <input type="checkbox"/> | Nephrolithiasis (Kidney Stones) N20.0 | 095 | <input type="checkbox"/> | Nosebleed | 042 | <input type="checkbox"/> | Numbness/Paresthesia R20.9 |
| 085 | <input type="checkbox"/> | Obesity E66.9 | 730 | <input type="checkbox"/> | Orgasm, poor/infrequent | 731 | <input type="checkbox"/> | Osteoarthritis |
| 014 | <input type="checkbox"/> | Osteoporosis M81.0 | 026 | <input type="checkbox"/> | Other Cancers | 081 | <input type="checkbox"/> | Overweight E66.3 |
| 732 | <input type="checkbox"/> | Pain in Limbs | 733 | <input type="checkbox"/> | Painful Urination | 011 | <input type="checkbox"/> | Parkinson's Disease G20 |
| 145 | <input type="checkbox"/> | Polymyalgia Rheumatica M35.3 | 010 | <input type="checkbox"/> | Poor Concentration/Memory F07.8 | 181 | <input type="checkbox"/> | Post Stroke/Brain Aneurysm |
| 613 | <input type="checkbox"/> | Premenstrual Syndrome | 734 | <input type="checkbox"/> | Presbyopia | 019 | <input type="checkbox"/> | Prostate Cancer C61 |
| 735 | <input type="checkbox"/> | Prostate Cancer – screening | 063 | <input type="checkbox"/> | Prostate Disorder N42.9 | 003 | <input type="checkbox"/> | Psoriasis L40.8 |
| 178 | <input type="checkbox"/> | Raynaud's Syndrome I73.00 | 736 | <input type="checkbox"/> | Rheumatism | 141 | <input type="checkbox"/> | Rheumatoid Arthritis M06.9 |
| 737 | <input type="checkbox"/> | Salivary Secretions | 146 | <input type="checkbox"/> | Scleroderma M34.9 | 738 | <input type="checkbox"/> | Scoliosis |
| 083 | <input type="checkbox"/> | Sexual Disorder F66 | 739 | <input type="checkbox"/> | Shortness of Breath | 093 | <input type="checkbox"/> | Shingles B02.8 |
| 008 | <input type="checkbox"/> | Sinusitis J01.90 | 022 | <input type="checkbox"/> | Skin Cancer C44.90 | 001 | <input type="checkbox"/> | Skin Disorder L25.9 |
| 94 | <input type="checkbox"/> | Skin Rash | 096 | <input type="checkbox"/> | Sneezing | 740 | <input type="checkbox"/> | Sore Throat |
| 084 | <input type="checkbox"/> | Spinal Problems M53.9 | 463 | <input type="checkbox"/> | Stammering/Stuttering | 741 | <input type="checkbox"/> | Stress Incontinence, female |
| 742 | <input type="checkbox"/> | Stress Incontinence, male | 097 | <input type="checkbox"/> | Swollen Joints | 743 | <input type="checkbox"/> | Syncope |
| 041 | <input type="checkbox"/> | Tachycardia (high heart rate) R00.0 | 744 | <input type="checkbox"/> | Tender Breasts | 180 | <input type="checkbox"/> | Thalassemia D56.8 |
| 745 | <input type="checkbox"/> | Thoracalgia | 746 | <input type="checkbox"/> | Toothache | 747 | <input type="checkbox"/> | Tympanic Membrane (Earache) |
| 030 | <input type="checkbox"/> | Type 1 Diabetes E10.9 | 031 | <input type="checkbox"/> | Type 2 Diabetes E11.65 | 045 | <input type="checkbox"/> | Ulcerative Colitis K51.90 |
| 082 | <input type="checkbox"/> | Underweight R63.6 | 748 | <input type="checkbox"/> | Urethra Discharge | 749 | <input type="checkbox"/> | Urinary Frequency |
| 004 | <input type="checkbox"/> | Urticaria (Hives) L50.9 | 750 | <input type="checkbox"/> | Vaginal Discharge | 751 | <input type="checkbox"/> | Vaginal Yeast Infection |
| 098 | <input type="checkbox"/> | Varicosities | 752 | <input type="checkbox"/> | Vertigo | 753 | <input type="checkbox"/> | Viral Warts |
| 099 | <input type="checkbox"/> | Wheezing | | | | | | |

If necessary, please state your most significant concern(s):

General Health

- | | | | | | | | | |
|-----|--------------------------|-----------------------------------|-----|--------------------------|--------------------------------|-----|--------------------------|--|
| 226 | <input type="checkbox"/> | Breast Cancer – screening | 138 | <input type="checkbox"/> | Anti-Rejection Drugs | 108 | <input type="checkbox"/> | Balance Problems |
| 100 | <input type="checkbox"/> | Base of fingernails are pink | 101 | <input type="checkbox"/> | Base of fingernails are purple | 107 | <input type="checkbox"/> | Blacks-out easily |
| 111 | <input type="checkbox"/> | Brittle Hair | 219 | <input type="checkbox"/> | Breast Cancer - History | 117 | <input type="checkbox"/> | Currently on Chemotherapy |
| 118 | <input type="checkbox"/> | Currently on Radiation treatments | 109 | <input type="checkbox"/> | Difficulty walking | 115 | <input type="checkbox"/> | Drinks alcoholic beverage(s) every day |

116	Drinks less than 8 glasses of water per day	112	Dry Hair	755	Energy level is better than it was 5 years ago
756	Energy level is the same as it was 5 years ago	125	Energy level is worse than it was 5 years ago	102	Fingernails have ridges or white spots
103	Fingernails are soft	104	Fingernails are splitting	105	Fingernails peel
121	Gained over 20 lbs within the last 12 months	114	Hair Loss	119	Has had Chemotherapy in the past
758	Has had Chemotherapy with the last 3 months	120	Has had Radiation treatments in the past	132	Had a major accident or injury
130	Had Blood Transfusion in the past	131	Had Transplant in the past	110	Has tattoos
769	Is overweight	754	Is Underweight	124	Lost over 20 lbs within the last 4 months
106	Pale fingernail beds	757	Pink fingernail beds	126	Rarely exercises
129	Sensitive to chemicals, paint, exhaust fumes, cologne	127	Sleeps less than 6 hours per night	122	Somewhat Overweight
123	Somewhat Underweight	113	Thin hair	128	Unable to recall dreams the next day
187	Family History of Alcoholism	184	Family history of Cancer	188	Family history of Depression
186	Family History of Diabetes	185	Family history of Heart Disease	189	Family history of Obesity
149	Had Chemotherapy in the last year	176	Had childhood vaccinations	148	Had Radiation therapy in the last year
175	Has been out of the country recently	177	Has been vaccinated in the last 12 months	147	Has had a flu shot in the last year
183	Has had a Hepatitis vaccine within the last 2 years	182	Has had a pneumonia vaccine in the last year	137	Sleep Apnea
139	Toxic Chemical Exposure				

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				

Behavior Patterns

150	Afraid to eat anywhere but home	151	Always needs someone to advise	170	Brain Fog
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	165	Poor memory	162	Recurrent bad dreams
166	Scared to be alone	163	Sometimes wishes to be dead or away from it all	167	Strange people or places cause fear
168	Under considerable emotional stress	169	Unhappy when others are happy	164	Upset by criticism

Cardiovascular

197	At times Low Blood Pressure	190	Cold feet	191	Cold hands
192	Experiences shortness of breath while sitting still	199	Frequent swollen ankles	193	Heart skips beats
205	Heart palpitations	039	High Blood Pressure	195	Leg cramps during bedtime
196	Leg cramps during the daytime	198	Pain in legs/hips when walking	200	Pain in the heart or chest
201	Spells of rapid heart rate	194	Tendency of High Blood Pressure	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	Recurrent ear infections	224	Ringling or noises in the ears	225	Tinnitus

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	255	Swollen Lymph glands
253	Unusually jumpy or nervous	254	Unusually tired most of the time		

Eyes

320	Bloodshot eyes	321	Blurred Vision	322	Cross eyes
332	Dry eyes	323	Eye pain	324	Eyes feel gritty
325	Eyes water	327	Far sighted	759	Has or has had Cataracts
330	Itchy eyes	328	Mild Cataracts	326	Mild Glaucoma
329	Mild Macular Degeneration	331	Near sighted		

Feet

350	Corns	351	Frequent foot cramps	357	Fungal Infection
352	Heel spurs	353	Painful feet	356	Plantar Fasciitis
354	Plantar warts	355	Swelling in 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
277	Abdominal gas	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	292	Experiences fainting spells when hungry

293	Feels shaky when hungry	274	Frequent diarrhea	275	Frequent nausea
276	Frequent vomiting	294	Frequently drowsy after eating a meal	295	Gall bladder disease
302	Greasy foods cause indigestion	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	299	Irritable Bowel	298	Liver disease
273	Loose bowel movements	269	Pale or yellow colored stool	291	Poor appetite
297	Reflux/Hiatal Hernia	280	Severe abdominal pains	281	Stomach ulcers
271	Tends to be constipated	282	Uses digestive aids	283	Uses laxatives

Lifestyle Habits

389	Anorexia R63.0	390	Bulimia	391	Craves Sugars/Starches
382	Currently smokes	370	Drinks alcohol	371	Drinks caffeinated coffee
372	Drinks caffeinated pop/soda	373	Drinks caffeinated tea	375	Drinks Decaffeinated pop/soda
392	Drinks coffee	374	Drinks decaffeinated coffee	376	Drinks Decaffeinated tea
388	Drinks diet pop/soda	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	380	Drinks beverages from a can	393	Drinks tea
136	Eats no meat, no dairy	135	Eats no red meat	387	Frequent use of Artificial Sweeteners
174	Had 4 alcoholic drinks in one day less than 3 months ago	173	Had 4 alcoholic drinks in one day more than 3 months ago	381	Has more than 5 alcoholic drinks per week
172	Never had 4 alcoholic drinks in one day	383	Quit smoking in the last 5 years	133	Regularly exercises
384	Smoked for more than 5 years	385	Smokes more than 1 pack per day	386	Takes vitamins
134	Vegetarian	340	Home has well water	341	Home has city water
342	Home water is filtered	343	Home pipes are steel	344	Home pipes are PVC
345	Home pipes are copper	346	Home pipes are PEX	347	Home built prior to 1978
348	Home renovations with 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				

Mouth and Throat

418	Amalgam dental fillings	400	Bad breath	401	Bitter taste in the mouth in the morning
420	Dental fillings (gold, composite, etc.)	402	Dry mouth	403	Excessive saliva
406	Frequent canker sores	407	Frequent fever blisters	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	420	Other dental fillings	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	445	Frequent headaches	441	Frequent muscle soreness
447	Frequently feels faint	448	Has Epilepsy	449	Has Motion Sickness
450	Has Osteoarthritis	451	Has Rheumatism	453	Joint stiffness in the morning
455	Leg pain at rest	457	Low back pain	442	Muscle spasms
443	Muscle weakness	458	Neck pain	464	Nerve Pain
461	Numbness/tingling in the body	446	Often dizzy	459	Pain between the shoulders
452	Rheumatoid Arthritis	460	Shoulder/arm pain	462	Sleep walks
456	Spinal curvature	761	Stutters or stammers	454	Swollen joints
444	Tremors/Shakes				

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	503	Has asthma	495	Hay fever
496	Nasal polyps	498	Post nasal drip	499	Sneezing spells
500	Spits up blood	501	Spits up phlegm	502	Wheezes

Women Only

497	Night sweats	612	Abnormal cycle >29 days and/or <26 days	642	Abortion
616	Acne worse at menstruation	634	Bloody spotting discharge	641	Breast augmentation
647	Breast Fibroids	707	Breast implants	640	Breast reduction
648	Currently breastfeeding	620	Currently taking birth control medication	611	Cycles are every 27-29 days
643	D & C	627	Diminished sexual desire	639	Endometriosis
617	Excessive menstrual flow	636	External genital sores	623	Has had miscarriage
621	Has taken birth control medication for more than 1 year	622	Has taken birth control medication within the last year	610	Heavy hair growth on face or body
637	Herpes infection	632	Hysterectomy	630	Lumps in the breasts
609	Mastitis	614	Menstrual cramps	624	Mild to Moderate Hot Flashes
646	Ovarian Fibroids	628	Painful intercourse	615	Painful periods
629	Poor or infrequent orgasm	619	Pre-menstrual depression	618	Retains fluid during periods
638	Sexual diseases	625	Takes hormone replacement medication	631	Tender breasts
644	Tubal pregnancy	645	Uterine Fibroids	633	Vaginal discharge
762	Vagina dryness	635	Yeast infections		

Skin

534	Dry skin	520	Bruises easily	521	Excessive perspiration
522	Frequent goose bumps	523	Has Acne	528	Has moles which are changing in size and/or color
524	Has Psoriasis	525	Hives	526	Itchy skin
527	Problems with Eczema	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

Urinary

555	Urinating more than 2 times per night	556	Bed wetting	557	Blood in the urine
558	Difficulty starting urination	564	Frequent bladder infections	565	Frequent kidney infections
560	Frequent urination	562	Incontinence when sneezing or laughing	566	Kidney stones
563	Loses bladder control	559	Painful urination	561	Troubled with urgent urination

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	594	Herpes
584	Inflammation of testes	596	Low sex drive	590	Lumps in the testicles
591	Painful genitals	592	Prostate troubles	595	Sexual diseases
593	Sores on external genitalia				

Surgeries

701	Appendix removed	718	Bariatric/Weight loss surgery	708	Cancer surgery
716	Cataract surgery	709	Coronary Bypass	711	Extremity surgery
702	Gallbladder removed	717	Hemorrhoid Surgery	712	Hip replacement
704	Hysterectomy, complete	705	Hysterectomy, partial	713	Knee replacement
715	Radiated Thyroid	710	Spinal surgery	714	Spleen removed (Splenectomy)
703	Thyroid removed	700	Tonsils and/or Adenoids removed	706	Tubal Ligation (fallopian tubes tied)

Other surgeries:

Medications

Please list ALL drugs you are CURRENTLY taking on a DAILY BASIS.

<u>DRUG</u>	<u>PRESCRIBED FOR</u>	<u>HOW LONG</u>

Please list all drugs taken within the last year and/or you take as needed, including over the counter drugs, antibiotics, aspirin, inhalers, etc.

<u>DRUG</u>	<u>PRESCRIBED FOR</u>	<u>HOW LONG</u>

Supplements

Please list all vitamins/herbs/supplements you are currently taking and dosages.

<u>SUPPLEMENT</u>	<u>BRAND</u>	<u>DOSAGE</u>