

PATIENT SYMPTOM SURVEY

TOTAL HEALTH CLINIC
931 San Bruno Ave West Ste 1
San Bruno, Ca 94066

PHONE: 650 291-0709

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 <input type="checkbox"/> General Good Health | Rate) 785.00 | 042 <input type="checkbox"/> Numbness 782.0 |
| 091 <input type="checkbox"/> Desires Nutritional & Metabolic Analysis | | 043 <input type="checkbox"/> Constipation 564.0 |
| 001 <input type="checkbox"/> Skin Disorder 692.9 | | 044 <input type="checkbox"/> Indigestion 536.8 |
| 002 <input type="checkbox"/> Acne 706.1 | | 045 <input type="checkbox"/> Ulcerative Colitis 556.9 |
| 003 <input type="checkbox"/> Psoriasis 696.1 | | 046 <input type="checkbox"/> Depression 311.0 |
| 004 <input type="checkbox"/> Urticaria (Hives) 708.9 | | 047 <input type="checkbox"/> Diabetes Mellitus 250.0 |
| 005 <input type="checkbox"/> ADD/ADHD 314.01 | | 048 <input type="checkbox"/> Hypoglycemia 251.2 |
| 006 <input type="checkbox"/> Allergies 477.0 | | 049 <input type="checkbox"/> Dizziness/Balance Problem |
| 007 <input type="checkbox"/> Food Allergy 691.8 | | 780.4 |
| 008 <input type="checkbox"/> Sinusitis 461.9 | | 050 <input type="checkbox"/> Ear Infection 386.30 |
| 009 <input type="checkbox"/> Alzheimer's 333.1 | | 051 <input type="checkbox"/> Epstein Barr 075.0 |
| 010 <input type="checkbox"/> Poor Concentration/ Memory 310.1 | | 052 <input type="checkbox"/> Eye Problems 379.91 |
| 011 <input type="checkbox"/> Parkinson's Disease | | 053 <input type="checkbox"/> Cataracts 366.9 |
| 012 <input type="checkbox"/> Anemia 285.9 | | 054 <input type="checkbox"/> Glaucoma 365.62 |
| 013 <input type="checkbox"/> Arthritic Disorder 716.9 | | 055 <input type="checkbox"/> Macular Degeneration |
| 014 <input type="checkbox"/> Osteoporosis 733.0 | | 362.5 |
| 015 <input type="checkbox"/> Asthma 493.9 | | 056 <input type="checkbox"/> Fever 780.6 |
| 016 <input type="checkbox"/> Emphysema 492.8 | | 057 <input type="checkbox"/> Fibromyalgia 729.1 |
| 035 <input type="checkbox"/> Chronic Fatigue 780.71 | | 058 <input type="checkbox"/> Gallbladder Disorder 575.9 |
| 036 <input type="checkbox"/> Circulatory Disorder 459.90 | | 059 <input type="checkbox"/> Gout 274.9 |
| 037 <input type="checkbox"/> Heart Disease 429.90 | | 060 <input type="checkbox"/> Headaches 784.0 |
| 038 <input type="checkbox"/> High Cholesterol 272.0 | | 061 <input type="checkbox"/> Hearing Loss 389.90 |
| 039 <input type="checkbox"/> High Blood Pressure 401.9 | | 062 <input type="checkbox"/> Infertility, male 606.9 |
| 040 <input type="checkbox"/> Low Blood Pressure 458.9 | | 063 <input type="checkbox"/> Prostate Disorder 602.9 |
| 041 <input type="checkbox"/> Tachycardia (High Heart | | 064 <input type="checkbox"/> Liver Disease 571.9 |
| | | 065 <input type="checkbox"/> Hepatitis 573.3 |
| | | 066 <input type="checkbox"/> Hepatitis B |
| | | 067 <input type="checkbox"/> 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.

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

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

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 <input type="checkbox"/> Bad breath | 407 <input type="checkbox"/> Frequent fever blisters | 415 <input type="checkbox"/> Tongue is coated |
| 401 <input type="checkbox"/> Bitter taste in the mouth
in the morning | 408 <input type="checkbox"/> Frequent sore throats | 416 <input type="checkbox"/> Gums bleed when brushing
teeth |
| 402 <input type="checkbox"/> Dry mouth | 409 <input type="checkbox"/> Frequently has a sore
tongue | 417 <input type="checkbox"/> Toothaches |
| 403 <input type="checkbox"/> Excessive saliva | 410 <input type="checkbox"/> Sore gums | 418 <input type="checkbox"/> Amalgam dental fillings |
| 404 <input type="checkbox"/> Sores or cracks in the
corners of the mouth | 411 <input type="checkbox"/> Swollen gums | 420 <input type="checkbox"/> Other dental fillings (gold,
composite, etc) |
| 405 <input type="checkbox"/> Glands often swell | 412 <input type="checkbox"/> Swollen tongue | 419 <input type="checkbox"/> Has had root canal(s) |
| 406 <input type="checkbox"/> Frequent canker sores | 413 <input type="checkbox"/> Tongue burns | |
| | 414 <input type="checkbox"/> Tongue has grooves or
fissures | |

Endocrine

- | | | |
|--|--|--|
| 245 <input type="checkbox"/> Coarse hair | 249 <input type="checkbox"/> Frequently feels cold | 253 <input type="checkbox"/> Unusually jumpy or nervous |
| 246 <input type="checkbox"/> Coarse skin | 250 <input type="checkbox"/> Frequently feels hot | 254 <input type="checkbox"/> Unusually tired most of the
time |
| 247 <input type="checkbox"/> Diabetic | 251 <input type="checkbox"/> Gets lightheaded when standing
quickly | |
| 248 <input type="checkbox"/> Excessive
thirst | 252 <input type="checkbox"/> Heals slowly | |

Cardiovascular

- | | | |
|--|---|---|
| 190 <input type="checkbox"/> Cold feet | 195 <input type="checkbox"/> Leg cramps during
bedtime | 200 <input type="checkbox"/> Pains in the heart or
chest |
| 191 <input type="checkbox"/> Cold hands | 196 <input type="checkbox"/> Leg cramps during
daytime | 201 <input type="checkbox"/> Spells of rapid heart rate |
| 192 <input type="checkbox"/> Experiences
shortness of breath
while sitting still | 197 <input type="checkbox"/> Low blood pressure at
times | 202 <input type="checkbox"/> Troubled with blood
clots |
| 193 <input type="checkbox"/> Heart skips beats | 198 <input type="checkbox"/> Pain in leg/hips when
walking | 203 <input type="checkbox"/> Unusually slow pulse
rate |
| 194 <input type="checkbox"/> Tendency of High blood
pressure | 199 <input type="checkbox"/> Frequent swollen ankles | 204 <input type="checkbox"/> Varicose veins |

Skin

- | | | |
|---|--|---|
| 520 <input type="checkbox"/> Bruises easily | 523 <input type="checkbox"/> Has acne | 526 <input type="checkbox"/> Itchy skin |
| 521 <input type="checkbox"/> Excessive perspiration | 524 <input type="checkbox"/> Has Psoriasis | 527 <input type="checkbox"/> Problems with Eczema |
| 522 <input type="checkbox"/> Frequent goose bumps | 525 <input type="checkbox"/> Hives | 528 <input type="checkbox"/> 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 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
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