

SYMPTOM SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, leave it blank.
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),
or (3) for **SEVERE** symptoms (occurs almost constantly).

GROUP ONE

- | | | |
|-----------------------------------|--|-----------------------------------|
| 1 - 1 2 3 Acid foods upset | 8 - 1 2 3 Gag Easily | 15 - 1 2 3 Appetite reduced |
| 2 - 1 2 3 Get chilled, often | 9 - 1 2 3 Unable to relax, startles easily | 16 - 1 2 3 Cold sweats often |
| 3 - 1 2 3 "Lump" in throat | 10 - 1 2 3 Extremities cold, clammy | 17 - 1 2 3 Fever easily raised |
| 4 - 1 2 3 Dry mouth-eyes-nose | 11 - 1 2 3 Strong light irritates | 18 - 1 2 3 Neuralgia-like pains |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring | 20 - 1 2 3 Sour stomach frequent |
| 7 - 1 2 3 Cuts heal slowly | 14 - 1 2 3 "Nervous" stomach | |

GROUP TWO

- | | | |
|---|--|--|
| 21 - 1 2 3 Joint stiffness after arising | 29 - 1 2 3 Digestion rapid | 37 - 1 2 3 "Slow starter" |
| 22 - 1 2 3 Muscle-leg-toe cramps at night | 30 - 1 2 3 Vomiting frequent | 38 - 1 2 3 Get "chilled" infrequently |
| 23 - 1 2 3 "Butterfly" stomach, cramps | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor, sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | 41 - 1 2 3 Subject to colds, asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seem hungry; feels "lightheaded" often | 36 - 1 2 3 Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|---|--|---|
| 42 - 1 2 3 Eat when nervous | 49 - 1 2 3 Heart palpitates if meals missed or delayed | 53 - 1 2 3 Crave candy or coffee in afternoons |
| 43 - 1 2 3 Excessive appetite | 50 - 1 2 3 Afternoon headaches | 54 - 1 2 3 Moods of depression - "blues" or melancholy |
| 44 - 1 2 3 Hungry between meals | 51 - 1 2 3 Overeating sweets upsets | 55 - 1 2 3 Abnormal craving for sweets or snacks |
| 45 - 1 2 3 Irritable before meals | 52 - 1 2 3 Awaken after few hours sleep - hard to get back to sleep | |
| 46 - 1 2 3 Get "shaky" if hungry | | |
| 47 - 1 2 3 Fatigue, eating relieves | | |
| 48 - 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|---|---|--|
| 56 - 1 2 3 Hands and feet go to sleep easily, numbness | 63 - 1 2 3 Get "drowsy" often | 68 - 1 2 3 Bruise easily, "black and blue" spots |
| 57 - 1 2 3 Sigh frequently, "air hunger" | 64 - 1 2 3 Swollen ankles worse at night | 69 - 1 2 3 Tendency to anemia |
| 58 - 1 2 3 Aware of "breathing heavily" | 65 - 1 2 3 Muscle cramps, worse during exercise; get "charley horses" | 70 - 1 2 3 "Nose bleeds" frequent |
| 59 - 1 2 3 High altitude discomfort | 66 - 1 2 3 Shortness of breath on exertion | 71 - 1 2 3 Noises in head, or "ringing in ears" |
| 60 - 1 2 3 Opens windows in closed room | 67 - 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion | 72 - 1 2 3 Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 - 1 2 3 Susceptible to colds and fevers | | |
| 62 - 1 2 3 Afternoon "yawner" | | |

GROUP FIVE

- | | | |
|---|--|---|
| 73 - 1 2 3 Dizziness | 83 - 1 2 3 Feeling queasy; headache over eyes | 91 - 1 2 3 Sneezing attacks |
| 74 - 1 2 3 Dry skin | 84 - 1 2 3 Greasy foods upset | 92 - 1 2 3 Dreaming, nightmare type bad dreams |
| 75 - 1 2 3 Burning feet | 85 - 1 2 3 Stools light-colored | 93 - 1 2 3 Bad breath (halitosis) |
| 76 - 1 2 3 Blurred vision | 86 - 1 2 3 Skin peels on foot soles | 94 - 1 2 3 Milk products cause distress |
| 77 - 1 2 3 Itching skin and feet | 87 - 1 2 3 Pain between shoulder blades | 95 - 1 2 3 Sensitive to hot weather |
| 78 - 1 2 3 Excessive falling hair | 88 - 1 2 3 Use laxatives | 96 - 1 2 3 Burning or itching anus |
| 79 - 1 2 3 Frequent skin rashes | 89 - 1 2 3 Stools alternate from soft to watery | 97 - 1 2 3 Crave sweets |
| 80 - 1 2 3 Bitter, metallic taste in mouth in mornings | 90 - 1 2 3 History of gallbladder attacks or gallstones | |
| 81 - 1 2 3 Bowel movements painful or difficult | | |
| 82 - 1 2 3 Worrier, feels insecure | | |

GROUP SIX

- | | | |
|--|--|--|
| 98 - 1 2 3 Loss of taste for meat | 101 - 1 2 3 Coated tongue | 104 - 1 2 3 Mucous colitis or "irritable bowel" |
| 99 - 1 2 3 Lower bowel gas several hours after eating | 102 - 1 2 3 Pass large amounts of foul-smelling gas | 105 - 1 2 3 Gas shortly after eating |
| 100 - 1 2 3 Burning stomach sensations, eating relieves | 103 - 1 2 3 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hours | 106 - 1 2 3 Stomach "bloating" after eating |

GROUP SEVEN

- | | | | |
|---|--|---|--|
| (A) | | (E) | |
| 107 - 1 2 3 Insomnia | | 150 - 1 2 3 Dizziness | |
| 108 - 1 2 3 Nervousness | | 151 - 1 2 3 Headaches | |
| 109 - 1 2 3 Can't gain weight | | 152 - 1 2 3 Hot flashes | |
| 110 - 1 2 3 Intolerance to heat | | 153 - 1 2 3 Increased blood pressure | |
| 111 - 1 2 3 Highly emotional | | 154 - 1 2 3 Hair growth on face or body (female) | |
| 112 - 1 2 3 Flush easily | | 155 - 1 2 3 Sugar in urine (not diabetes) | |
| 113 - 1 2 3 Night sweats | | 156 - 1 2 3 Masculine tendencies (female) | |
| 114 - 1 2 3 Thin, moist skin | | | |
| 115 - 1 2 3 Inward trembling | | | |
| 116 - 1 2 3 Heart palpitates | | | |
| 117 - 1 2 3 Increased appetite without weight gain | | | |
| 118 - 1 2 3 Pulse fast at rest | | | |
| 119 - 1 2 3 Eyelids and face twitch | | | |
| 120 - 1 2 3 Irritable and restless | | | |
| 121 - 1 2 3 Can't work under pressure | | | |
| (B) | | (F) | |
| 122 - 1 2 3 Increase in weight | | 157 - 1 2 3 Weakness, dizziness | |
| 123 - 1 2 3 Decrease in appetite | | 158 - 1 2 3 Chronic fatigue | |
| 124 - 1 2 3 Fatigue easily | | 159 - 1 2 3 Low blood pressure | |
| 125 - 1 2 3 Ringing in ears | | 160 - 1 2 3 Nails, weak, ridged | |
| 126 - 1 2 3 Sleepy during day | | 161 - 1 2 3 Tendency to hives | |
| 127 - 1 2 3 Sensitive to cold | | 162 - 1 2 3 Arthritic tendencies | |
| 128 - 1 2 3 Dry or scaly skin | | 163 - 1 2 3 Perspiration increase | |
| 129 - 1 2 3 Constipation | | 164 - 1 2 3 Bowel disorders | |
| 130 - 1 2 3 Mental sluggishness | | 165 - 1 2 3 Poor circulation | |
| 131 - 1 2 3 Hair coarse, falls out | | 166 - 1 2 3 Swollen ankles | |
| 132 - 1 2 3 Headaches upon arising wear off during day | | 167 - 1 2 3 Crave salt | |
| 133 - 1 2 3 Slow pulse, below 65 | | 168 - 1 2 3 Brown spots or bronzing of skin | |
| 134 - 1 2 3 Frequency of urination | | 169 - 1 2 3 Allergies - tendency to asthma | |
| 135 - 1 2 3 Impaired hearing | | 170 - 1 2 3 Weakness after colds, influenza | |
| 136 - 1 2 3 Reduced initiative | | 171 - 1 2 3 Exhaustion - muscular and nervous | |
| | | 172 - 1 2 3 Respiratory disorders | |

GROUP EIGHT

- 173 - 1 2 3 Apprehension
- 174 - 1 2 3 Irritability
- 175 - 1 2 3 Morbid fears
- 176 - 1 2 3 Never seems to get well
- 177 - 1 2 3 Forgetfulness
- 178 - 1 2 3 Indigestion
- 179 - 1 2 3 Poor appetite
- 180 - 1 2 3 Craving for sweets
- 181 - 1 2 3 Muscular soreness
- 182 - 1 2 3 Depression; feelings of dread
- 183 - 1 2 3 Noise sensitivity
- 184 - 1 2 3 Acoustic hallucinations
- 185 - 1 2 3 Tendency to cry without reason
- 186 - 1 2 3 Hair is coarse and/or thinning
- 187 - 1 2 3 Weakness
- 188 - 1 2 3 Fatigue
- 189 - 1 2 3 Skin sensitive to touch
- 190 - 1 2 3 Tendency toward hives
- 191 - 1 2 3 Nervousness
- 192 - 1 2 3 Headache
- 193 - 1 2 3 Insomnia
- 194 - 1 2 3 Anxiety
- 195 - 1 2 3 Anorexia
- 196 - 1 2 3 Inability to concentrate; confusion
- 197 - 1 2 3 Frequent stuffy nose; sinus infections
- 198 - 1 2 3 Allergy to some foods
- 199 - 1 2 3 Loose joints

FEMALE ONLY

- 200 - 1 2 3 Very easily fatigued
- 201 - 1 2 3 Premenstrual tension
- 202 - 1 2 3 Painful menses
- 203 - 1 2 3 Depressed feelings before menstruation
- 204 - 1 2 3 Menstruation excessive and prolonged
- 205 - 1 2 3 Painful breasts
- 206 - 1 2 3 Menstruate too frequently
- 207 - 1 2 3 Vaginal discharge
- 208 - 1 2 3 Hysterectomy/ovaries removed
- 209 - 1 2 3 Menopausal hot flashes
- 210 - 1 2 3 Menses scanty or missed
- 211 - 1 2 3 Acne, worse at menses
- 212 - 1 2 3 Depression of long standing

MALE ONLY

- 213 - 1 2 3 Prostate trouble
- 214 - 1 2 3 Urination difficult or dribbling
- 215 - 1 2 3 Night urination frequent
- 216 - 1 2 3 Depression
- 217 - 1 2 3 Pain on inside of legs or heels
- 218 - 1 2 3 Feeling of incomplete bowel evacuation
- 219 - 1 2 3 Lack of energy
- 220 - 1 2 3 Migrating aches and pains
- 221 - 1 2 3 Tire too easily
- 222 - 1 2 3 Avoids activity
- 223 - 1 2 3 Leg nervousness at night
- 224 - 1 2 3 Diminished sex drive

IMPORTANT

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.

1. _____
2. _____
3. _____
4. _____
5. _____

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row.

MALES

Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

- | | |
|-------------|--------------------|
| Date: _____ | Temperature: _____ |
| Date: _____ | Temperature: _____ |
| Date: _____ | Temperature: _____ |
| Date: _____ | Temperature: _____ |
| Date: _____ | Temperature: _____ |
| Date: _____ | Temperature: _____ |
| Date: _____ | Temperature: _____ |

BP SIT _____ BP STAND _____
 PULSE SIT _____ PULSE STAND _____
 SALIVA PH _____ BLOOD TYPE _____

CASE RECORD

Name _____ Date _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Age _____ Weight _____ Height _____ Sex _____

Occupation _____ Married _____

History of Illness and Treatment: _____

Operations, Accidents or Injuries: _____

Present Illness or Complaints: _____

Diagnostic Summary: _____

Treatment, Recommendations and Progress: _____

The patient understands and agrees to allow this chiropractic office to use their Patient Health Information for the purpose of treatment, payment, healthcare operations, and coordination of care. We want you to know how your Patient Health Information is going to be used in this office and your rights concerning those records. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you in the reception room before signing this consent. If there is anyone you do not want to receive your medical records, please inform our office.

Patient's

Signature: _____ Date: _____