

3 Pierces Road

Newburgh Chiropractic

845-561-6800

Newburgh, NY 12550

PATIENT SYMPTOM SURVEY

DATE _____

PATIENT'S NAME _____ DOB ____/____/____

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

- | | | |
|--|---|---|
| 090 婦 General Good Health | 039 婦 High Blood Pressure 401.9 | 063 婦 Prostate Disorder 602.9 |
| 091 婦 Desires Nutritional & Metabolic Analysis | 040 婦 Low Blood Pressure 458.9 | 069 婦 Hyperthyroidism 242.90 |
| 001 婦 Skin Disorder 692.9 | 041 婦 Tachycardia (High Heart Rate) 785.00 | 070 婦 Hypothyroidism 244.9 |
| 002 婦 Acne 706.1 | 042 婦 Numbness 782.0 | 071 婦 Systemic Lupus 710.0 |
| 003 婦 Psoriasis 696.1 | 043 婦 Constipation 564.0 | 072 婦 Infertility, female 628.9 |
| 004 婦 Urticaria (Hives) 708.9 | 044 婦 Indigestion 536.8 | 073 婦 Interstitial Cystitis 595.1 |
| 005 婦 ADD/ADHD 314.00/314.01 | 045 婦 Ulcerative Colitis 556.9 | 074 婦 Irregular Menstrual Cycle 626.4 |
| 006 婦 Allergies, Unspecified 477.9 | 046 婦 Depression 311 | 075 婦 Menopausal Symptoms 627.2 |
| 007 婦 Allergic Rhinitis from food 477.1 | 047 婦 Diabetes Mellitus 250.0 | 076 婦 Hot Flashes 627.2 |
| 008 婦 Sinusitis 461.9 | 030 婦 Diabetes Type I 250.01 | 077 婦 Mental Disorder 300.9 |
| 009 婦 Alzheimer's 331.0 | 031 婦 Diabetes Type II 250.02 | 078 婦 Insomnia 780.52 |
| 010 婦 Poor Concentration/Memory 310.1 | 029 婦 Hyperglycemia [high blood sugar] 790.29 | 079 婦 Mouth/Throat/Tongue |
| 011 婦 Parkinson's Disease 332.0 | 048 婦 Hypoglycemia [low blood sugar] 251.2 | 080 婦 Canker Sores 528.2 |
| 012 婦 Anemia 285.9 | 049 婦 Dizziness/Balance Problem 780.4 | 081 婦 Overweight 278.02 |
| 013 婦 Arthritic Disorder 716.90 | 050 婦 Ear Infection 381.4 | 082 婦 Underweight 783.22 |
| 014 婦 Osteoporosis 733.00 | 051 婦 Epstein Barr 075 | 083 婦 Sexual Disorder 302.89 |
| 015 婦 Asthma 493.90 | 052 婦 Eye Problems 379.91 | 084 婦 Spinal Problems 724.9 |
| 016 婦 Emphysema 492.8 | 053 婦 Cataracts 366.9 | 085 婦 Obesity 278.00 |
| 017 婦 Cancer | 054 婦 Glaucoma 365.9 | 086 婦 GERD 530.81 |
| 018 婦 Breast 174.9female 175.9male | 055 婦 Macular Degeneration 362.50 | 087 婦 HIV 042 |
| 019 婦 Prostate 185 | 056 婦 Fever 780.6 | 088 婦 Crohn's Disease 555.9 |
| 020 婦 Lung 162.9 | 057 婦 Fibromyalgia 729.1 | 089 婦 Irritable Bowel Syndrome 564.1 |
| 021 婦 Colon and Rectal 153.9 | 058 婦 Gallbladder Disorder 575.9 | 092 婦 Normal Pregnancy v22.2 |
| 022 婦 Skin 173.9 | 059 婦 Gout 274.9 | **only applicable if currently pregnant |
| 023 婦 Leukemia w/o remission 208.90 | 060 婦 Headaches 784.0 | 093 婦 Shingles 053.9 |
| Leukemia w/ remission 208.91 | 061 婦 Hearing Loss 389.9 | 140 婦 Migraines 346.90 |
| 024 婦 Lymphoma, malignant 202.8 | 062 婦 Infertility, male 606.9 | 141 婦 Rheumatoid Arthritis 714.0 |
| 025 婦 Brain Tumor, malignant 191.9 | 064 婦 Liver Disease 571.9 | 142 婦 Non-Systemic Lupus 695.4 |
| 027 婦 Anxiety Disorder 300.00 | 065 婦 Hepatitis 573.3 | 143 婦 Multiple Sclerosis 340 |
| 028 婦 Autism 299.00 | 066 婦 Hepatitis B 070.30 | 144 婦 ALS (Lou Gerigs) 335.20 |
| 033 婦 Edema 782.3 | 067 婦 Hepatitis C 070.51 | 145 婦 Polymyalgia Rheumatica 725 |
| 034 婦 Eczema 692.9 | 068 婦 Kidney Disorder 593.9 or Bladder Disorder 596.9 | 146 婦 Scleroderma 710.1 |
| 035 婦 Chronic Fatigue 780.71 | | 171 婦 Goiter 240.9 |
| 036 婦 Circulatory Disorder 459.9 | | 178 婦 Raynaud's Syndrome 443.8 |
| 037 婦 Heart Disease 429.9 | | 179 婦 Hemochromatosis 275.0 |
| | | 180 婦 Thalassemia 282.49 |
| | | 181 婦 Brain aneurysm 431 |

If necessary, please state your most significant concern...

General Health

- 100 嬌 Fingernail base is pink
 101 嬌 Fingernail base is purple
 102 嬌 Fingernails have ridges or white spots
 103 嬌 Fingernails are soft
 104 嬌 Fingernails are splitting
 105 嬌 Fingernails peel
 106 嬌 Pale fingernail beds
 107 嬌 Blacks out easily
 108 嬌 Balance problems
 109 嬌 Difficulty walking
 110 嬌 Has tattoos
 111 嬌 Brittle hair
 112 嬌 Dry hair
 113 嬌 Thin hair
 114 嬌 Hair loss
 115 嬌 Drinks alcoholic beverages daily
 116 嬌 Drinks less than 8 glasses of water per day
 117 嬌 Currently on Chemotherapy
 118 嬌 Currently on radiation treatment
 119 嬌 Had chemotherapy in the past
 120 嬌 Has had radiation treatments in the past
 121 嬌 Gained over 20 lbs in the last 12 months
 122 嬌 Somewhat Overweight
 123 嬌 Somewhat Underweight
 124 嬌 Unexplained loss of >20lbs in last 4 months
 125 嬌 Energy level is worse than it was 5 years ago
 127 嬌 Sleeps less than 6 hours per night
 128 嬌 Unable to recall dreams the next day
 129 嬌 Sensitive to chemicals, paint, fumes, cologne
 130 嬌 Had blood transfusion in the past
 131 嬌 Had transplant in the past
 138 嬌 Takes anti-rejection drugs
 132 嬌 Had a major accident or injury
 137 嬌 Sleep Apnea
 139 嬌 Toxic chemical exposure
 175 嬌 Has been out of the country recently
 176 嬌 Had childhood vaccines
 177 嬌 Had a vaccine in the last 12 months
 147 嬌 Had a flu shot last year
 182 嬌 Had a pneumonia vaccine last year
 183 嬌 Had a Hepatitis B vaccine in the last 2 years.
 Has a family history of:
 184 嬌 Cancer
 185 嬌 Heart Disease
 186 嬌 Diabetes
 187 嬌 Alcoholism
 188 嬌 Depression
 189 嬌 Obesity

Lifestyle & Environment

Do you use? 嬌 Well Water 嬌 City Water Filtered? 嬌 Yes 嬌 No Filter Type? _____
 What kind of pipes are in your home? 嬌 Steel 嬌 CPVC 嬌 Copper 嬌 Pex 嬌 Other _____
 What year was your home built? _____ Any renovations in the past year? _____
 Do you use chlorine bleach or other heavy duty cleaners in your home/work? 嬌 Yes 嬌 No
 Have you ever worked around heavy machinery, plumbing, automotive or the metallurgic industry? 嬌 Yes 嬌 No
 Explain: _____
 Have you ever worked around industrial solvents, chemicals or pesticides? 嬌 Yes 嬌 No
 Explain: _____

- 380 嬌 Drinks beverages from a can
 370 嬌 Drinks alcohol
 371 嬌 Drinks caffeinated coffee
 372 嬌 Drinks caffeinated pop/soda
 373 嬌 Drinks caffeinated tea
 374 嬌 Drinks decaffeinated coffee
 375 嬌 Drinks decaffeinated pop/soda
 376 嬌 Drinks decaffeinated tea
 377 嬌 Drinks >3 cups of coffee daily
 378 嬌 Drinks >3 cups of tea per day
 388 嬌 Drinks diet pop/soda
 379 嬌 Drinks >1 pop/sodas per day
 I had 4 alcoholic drinks in one day:
 172 嬌 never
 173 嬌 more than 3 months ago
 174 嬌 less than 3 months ago
 381 嬌 Has >5 alcoholic drinks/week
 391 嬌 Craves sugar / starches
 382 嬌 Currently smokes
 383 嬌 Quit smoking in last 5 years
 384 嬌 Smoked for >5 years
 385 嬌 Smokes >1 pack per day
 126 嬌 Rarely exercises
 133 嬌 Regularly exercises
 386 嬌 Takes Vitamins
 134 嬌 Vegetarian
 135 嬌 Eats no red meat
 136 嬌 Eats no meat, no dairy
 387 嬌 Frequent use of artificial sweeteners
 389 嬌 Anorexia
 390 嬌 Bulimic

Surgeries

700 婦 Tonsillectomy and/or Adenoids
 701 婦 Appendix
 702 婦 Gallbladder
 703 婦 Thyroid
 704 婦 Hysterectomy, complete
 705 婦 Hysterectomy, partial
 706 婦 Tubal ligation

707 婦 Breast implants
 708 婦 Cancer
 709 婦 Coronary by-pass
 710 婦 Spinal surgery
 711 婦 Extremity surgery
 712 婦 Hip replacement
 713 婦 Knee replacement

714 婦 Splenectomy
 715 婦 Radiated thyroid
 716 婦 Cataract surgery
 717 婦 Hemorrhoidectomy
 718 婦 Bariatric/Weight loss
 Type: _____

Gastrointestinal

265 婦 4-5 bowel movements per week
 266 婦 3 or less bowel movements per week
 267 婦 6 or more bowel movements per week
 268 婦 Black tarry stools
 269 婦 Pale or yellow colored stool
 270 婦 Blood stools
 271 婦 Constipation
 272 婦 Hemorrhoids
 273 婦 Loose bowel movements
 274 婦 Frequent diarrhea
 275 婦 Frequent nausea
 276 婦 Frequent vomiting
 277 婦 Abdominal gas
 278 婦 Belching and burping after eating
 279 婦 Bloating after eating
 280 婦 Severe abdominal pains
 281 婦 Stomach ulcers
 282 婦 Uses digestive aids
 283 婦 Uses laxatives

284 婦 Immediate indigestion upon eating
 285 婦 Indigestion in 2 hours or more after meals
 286 婦 Indigestion within 1 hour after meals
 287 婦 Difficulty swallowing
 288 婦 Eating relieves fatigue
 289 婦 Eats when nervous
 290 婦 Excessive hunger
 291 婦 Poor appetite
 292 婦 Experiences fainting spells when hungry
 293 婦 Feels shaky when hungry
 294 婦 Frequently drowsy after eating a meal
 295 婦 Gall bladder disease
 296 婦 Has had intestinal worms
 297 婦 Reflux/Hiatal hernia
 298 婦 Liver disease
 299 婦 Irritable Bowel Syndrome
 300 婦 Diverticulitis
 301 婦 Diverticulosis

Respiratory

485 婦 Catches severe colds
 486 婦 Chronic chest condition
 487 婦 Chronic cough
 488 婦 Constant runny nose
 489 婦 COPD
 490 婦 Difficulty breathing

491 婦 Frequent colds
 492 婦 Frequent nose bleeds
 493 婦 Frequent sinus infections
 494 婦 Frequent stuffy nose
 495 婦 Hay fever
 496 婦 Nasal polyps

497 婦 Night sweats
 498 婦 Post nasal drip
 499 婦 Sneezing spells
 500 婦 Spits up blood
 501 婦 Spits up phlegm
 502 婦 Wheezes

Mouth and Throat

400 婦 Bad breath
 401 婦 Bitter taste in the mouth
 in the morning
 402 婦 Dry mouth
 403 婦 Excessive saliva
 404 婦 Sores or cracks in the
 corners of the mouth
 405 婦 Glands often swell
 406 婦 Frequent canker sores

407 婦 Frequent fever blisters
 408 婦 Frequent sore throats
 409 婦 Frequently has a sore
 tongue
 410 婦 Sore gums
 411 婦 Swollen gums
 412 婦 Swollen tongue
 413 婦 Tongue burns

414 婦 Tongue has grooves or fissures
 415 婦 Tongue is coated
 416 婦 Gums bleed when brushing teeth
 417 婦 Toothaches
 418 婦 Amalgam dental fillings
 420 婦 Other dental fillings
 (gold, composite, etc)
 419 婦 Has had root canal(s)

Endocrine

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

Cardiovascular

- | | |
|---|-------------------------------------|
| 190 嬌 Cold feet | 198 嬌 Pain in leg/hips when walking |
| 191 嬌 Cold hands | 199 嬌 Frequent swollen ankles |
| 192 嬌 Experiences shortness of breath while sitting still | 200 嬌 Pains in the heart or chest |
| 193 嬌 Heart skips beats | 201 嬌 Spells of rapid heart rate |
| 194 嬌 Tendency of High blood pressure | 202 嬌 Troubled with blood clots |
| 195 嬌 Leg cramps during bedtime | 203 嬌 Unusually slow pulse rate |
| 196 嬌 Leg cramps during daytime | 204 嬌 Varicose veins |
| 197 嬌 Low blood pressure at times | 205 嬌 Heart palpitations |

Skin

- | | | |
|------------------------------|---|------------------------------|
| 520 嬌 Bruises easily | 525 嬌 Hives | the back of the arms |
| 521 嬌 Excessive perspiration | 526 嬌 Itchy skin | 529 嬌 Skin eruptions |
| 522 嬌 Frequent goose bumps | 527 嬌 Problems with Eczema | 531 嬌 Skin is tender |
| 523 嬌 Has acne | 528 嬌 Has moles which are changing in size and/or color | 532 嬌 Sores that heal slowly |
| 524 嬌 Has Psoriasis | 530 嬌 Skin is rough, especially on | 533 嬌 Troubled with boils |
| | | 534 嬌 Dry skin |

Ears

- | | | |
|---------------------------|-------------------------------|-------------------------------------|
| 220 嬌 Discharge from ears | 222 嬌 Punctured ear drum | 224 嬌 Ringing or noises in the ears |
| 221 嬌 Hard of hearing | 223 嬌 Recurrent ear infection | 225 嬌 Tinnitus |

Eyes

- | | | |
|------------------------|----------------------------|---------------------------------|
| 320 嬌 Bloodshot eyes | 325 嬌 Eyes watery | 329 嬌 Mild Macular degeneration |
| 321 嬌 Blurred vision | 326 嬌 Mild Glaucoma | 330 嬌 Itchy eyes |
| 322 嬌 Cross eyes | 327 嬌 Far sighted | 331 嬌 Near sighted |
| 323 嬌 Eye pain | 328 嬌 Developing cataracts | 332 嬌 Dry Eyes |
| 324 嬌 Eyes feel gritty | | |

Feet

- | | | |
|----------------------------|---------------------|--|
| 350 嬌 Corns | 353 嬌 Painful feet | 355 嬌 Swelling in the feet and/or ankles |
| 351 嬌 Frequent foot cramps | 354 嬌 Plantar warts | 356 嬌 Plantar fasciitis |
| 352 嬌 Heel spurs | | 357 嬌 Fungal infection |

Neuromuscular

- | | | |
|--------------------------------|--------------------------------------|-------------------------------------|
| 440 嬌 Bites nails | 449 嬌 Has motion sickness | 457 嬌 Low back pain |
| 441 嬌 Frequent muscle soreness | 450 嬌 Has Osteoarthritis | 458 嬌 Neck pain |
| 442 嬌 Muscle spasms | 451 嬌 Has Rheumatism | 459 嬌 Pain between the shoulders |
| 443 嬌 Muscle weakness | 452 嬌 Rheumatoid Arthritis | 460 嬌 Shoulder/arm pain |
| 444 嬌 Tremors | 453 嬌 Joint stiffness in the morning | 461 嬌 Numbness/tingling in the body |
| 445 嬌 Frequent headaches | 454 嬌 Swollen joints | 462 嬌 Sleep walks |
| 446 嬌 Often dizzy | 455 嬌 Leg pain at rest | 463 嬌 Stutters or stammers |
| 447 嬌 Frequently feels faint | | 464 嬌 Nerve pain |

Behavior Patterns

- 150 嬌 Afraid to eat anywhere except home
- 151 嬌 Always needs someone to advise
- 152 嬌 Cries often
- 153 嬌 Difficulty concentrating
- 154 嬌 Difficulty falling asleep
- 155 嬌 Difficulty staying asleep
- 156 嬌 Easily angered
- 157 嬌 Feelings are easily hurt
- 158 嬌 Frequently becomes scared for no reason
- 159 嬌 Frequently miserable or blue
- 160 嬌 Has to be on guard even with friends
- 161 嬌 Often annoyed by people
- 162 嬌 Recurrent bad dreams
- 163 嬌 Sometimes wishes to be dead or away from it all
- 164 嬌 Upset by criticism
- 165 嬌 Poor memory
- 166 嬌 Scared to be alone
- 167 嬌 Strange people or places cause fear
- 168 嬌 Under considerable emotional stress
- 169 嬌 Unhappy when other are happy
- 170 嬌 Brain fog

Urinary

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

Men Only

- 585 嬌 Difficulty completing intercourse
- 586 嬌 Difficulty getting or keeping an erection
- 587 嬌 Discharge from the urethra
- 588 嬌 Had a vasectomy
- 589 嬌 Had difficulty fathering children
- 590 嬌 Lumps in the testicles
- 591 嬌 Painful genitals
- 592 嬌 Prostate troubles
- 593 嬌 Sores on external genitalia
- 594 嬌 Herpes
- 595 嬌 Sexual diseases

Women Only

- 610 嬌 Heavy hair growth on face or body
- 611 嬌 Cycles are every 27-29 days
- 612 嬌 Abnormal cycle >29 days and/or <26 days
- 613 嬌 PMS
- 614 嬌 Menstrual cramps
- 615 嬌 Painful periods
- 616 嬌 Acne worse at menstruation
- 617 嬌 Excessive menstrual flow
- 618 嬌 Retains fluid during periods
- 619 嬌 Pre-menstrual depression
- 620 嬌 Currently taking birth control medication
- 621 嬌 Has taken birth control medication more than 1 year
- 622 嬌 Has taken birth control medication within the last year
- 623 嬌 Has had miscarriage
- 624 嬌 Hot flashes
- 625 嬌 Takes hormone replacement medication
- 627 嬌 Diminished sexual desire
- 628 嬌 Painful intercourse
- 629 嬌 Poor or infrequent orgasm
- 630 嬌 Lumps in the breasts
- 631 嬌 Tender breasts
- 633 嬌 Vaginal discharge
- 634 嬌 Bloody spotting discharge
- 635 嬌 Yeast infections
- 636 嬌 Sores on external genitalia
- 637 嬌 Herpes
- 638 嬌 Sexual diseases
- 639 嬌 Endometriosis
- 640 嬌 Breast reduction
- 641 嬌 Breast augmentation
- 642 嬌 Abortion
- 643 嬌 D&C
- 644 嬌 Tubal pregnancy
- 645 嬌 Uterine fibroids
- 646 嬌 Ovarian fibroids
- 647 嬌 Breast fibroids
- 648 嬌 Currently Breastfeeding

Medications

Please list all drugs you are currently taking on a daily basis.

DRUG**PRESCRIBED FOR:**

HOW LONG

[illegible]

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

Figure 1: Schematic representation of the experimental design. The figure shows a 3x3 grid of panels. The top row shows the 'Pre' condition for three groups: 'Control', 'Low', and 'High'. The middle row shows the 'Post' condition for the same groups. The bottom row shows the 'Post' condition for a 'Control' group, with the 'Low' and 'High' groups being blank. Each panel contains a horizontal line with a vertical tick mark and a label indicating the time point (e.g., 'Pre', 'Post', 'Control').

Allergies

Please list any known allergies (ex. foods, medications, spices, environmental, etc.)

婦 Dairy

麵Gluten

横 Ragweed

錯 Sulfonamides

燻 Eggs

菇 Mold

Shellfish

Tree nuts

蒜 Garlic

婚 Peanut

嬌 Sov

Wheat

Other

Supplements

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

VITAMIN

BRAND

DOSAGE