

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)

- 107** - 1 2 3 Insomnia
- 108** - 1 2 3 Nervousness
- 109** - 1 2 3 Can't gain weight
- 110** - 1 2 3 Intolerance to heat
- 111** - 1 2 3 Highly emotional
- 112** - 1 2 3 Flush easily
- 113** - 1 2 3 Night sweats
- 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)

- 122** - 1 2 3 Increase in weight
- 123** - 1 2 3 Decrease in appetite
- 124** - 1 2 3 Fatigue easily
- 125** - 1 2 3 Ringing in ears
- 126** - 1 2 3 Sleepy during day
- 127** - 1 2 3 Sensitive to cold
- 128** - 1 2 3 Dry or scaly skin
- 129** - 1 2 3 Constipation
- 130** - 1 2 3 Mental sluggishness
- 131** - 1 2 3 Hair coarse, falls out
- 132** - 1 2 3 Headaches upon arising wear off during day
- 133** - 1 2 3 Slow pulse, below 65
- 134** - 1 2 3 Frequency of urination
- 135** - 1 2 3 Impaired hearing
- 136** - 1 2 3 Reduced initiative

(C)

- 137** - 1 2 3 Failing memory
- 138** - 1 2 3 Low blood pressure
- 139** - 1 2 3 Increased sex drive
- 140** - 1 2 3 Headaches, "splitting or rendering" type
- 141** - 1 2 3 Decreased sugar tolerance
- 142** - 1 2 3 Abnormal thirst
- 143** - 1 2 3 Bloating of abdomen
- 144** - 1 2 3 Weight gain around hips or waist
- 145** - 1 2 3 Sex drive reduced or lacking
- 146** - 1 2 3 Tendency to ulcers, colitis
- 147** - 1 2 3 Increased sugar tolerance
- 148** - 1 2 3 Women: menstrual disorders
- 149** - 1 2 3 Young girls: lack of menstrual function

(D)

(E)

- 150** - 1 2 3 Dizziness
- 151** - 1 2 3 Headaches
- 152** - 1 2 3 Hot flashes
- 153** - 1 2 3 Increased blood pressure
- 154** - 1 2 3 Hair growth on face or body (female)
- 155** - 1 2 3 Sugar in urine (not diabetes)
- 156** - 1 2 3 Masculine tendencies (female)

(F)

- 157** - 1 2 3 Weakness, dizziness
- 158** - 1 2 3 Chronic fatigue
- 159** - 1 2 3 Low blood pressure
- 160** - 1 2 3 Nails, weak, ridged
- 161** - 1 2 3 Tendency to hives
- 162** - 1 2 3 Arthritic tendencies
- 163** - 1 2 3 Perspiration increase
- 164** - 1 2 3 Bowel disorders
- 165** - 1 2 3 Poor circulation
- 166** - 1 2 3 Swollen ankles
- 167** - 1 2 3 Crave salt
- 168** - 1 2 3 Brown spots or bronzing of skin
- 169** - 1 2 3 Allergies - tendency to asthma
- 170** - 1 2 3 Weakness after colds, influenza
- 171** - 1 2 3 Exhaustion - muscular and nervous
- 172** - 1 2 3 Respiratory disorders

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult or dribbling
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses	215 - 1 2 3 Night urination frequent
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feelings before menstruation	216 - 1 2 3 Depression
177 - 1 2 3 Forgetfulness	204 - 1 2 3 Menstruation excessive and prolonged	217 - 1 2 3 Pain on inside of legs or heels
178 - 1 2 3 Indigestion	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete bowel evacuation
179 - 1 2 3 Poor appetite	206 - 1 2 3 Menstruate too frequently	219 - 1 2 3 Lack of energy
180 - 1 2 3 Craving for sweets	207 - 1 2 3 Vaginal discharge	220 - 1 2 3 Migrating aches and pains
181 - 1 2 3 Muscular soreness	208 - 1 2 3 Hysterectomy/ovaries removed	221 - 1 2 3 Tire too easily
182 - 1 2 3 Depression; feelings of dread	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
183 - 1 2 3 Noise sensitivity	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
184 - 1 2 3 Acoustic hallucinations	211 - 1 2 3 Acne, worse at menses	224 - 1 2 3 Diminished sex drive
185 - 1 2 3 Tendency to cry without reason	212 - 1 2 3 Depression of long standing	
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		

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: _____

BP SIT _____ BP STAND _____

PULSE SIT _____ PULSE STAND _____

SALIVA PH _____ BLOOD TYPE _____

Family Health History

Indicate if any family members have had any of the following conditions?

F = Father **M** = Mother **S** = Sister **B** = Brother

_____ Arthritis	_____ Disc Problems	_____ Scoliosis
_____ Back Pain	_____ Headaches	_____ Sinus Trouble
_____ Cancer	_____ Heart Trouble	_____ Stroke
_____ Diabetes - Type 1	_____ High Blood Pressure	Other: _____
_____ Diabetes - Type 2	_____ Pinched Nerve	_____

Social History

Which of the following most closely describes your smoking history?

- currently - every day currently - some days former smoker never smoked

If you currently smoke, how much: _____ cigarettes/packs per _____ day/wk

- Do you use alcohol? Never Rarely Socially (occasionally)
 Moderately (weekly) Heavily (daily)

- Do you consume caffeine? Never Rarely Occasionally
 Moderately (weekly) Daily

- Do you exercise? No Yes - If yes, how many times per week? _____
If yes, what type? weights aerobics walking/jogging sports
 work other _____

What are your hobbies? _____

What type of bed do you have? _____
How old is the bed? _____ What type of pillow do you use? _____

Current Medications

Current Medication List - include vitamin supplements (inform the front desk if you need more space)

Medication Name	Dosage	Type
EX: Lisinopril	10 mg	Oral Tablet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies

Drug/Environmental Allergies: _____

Surgeries

If you have had any major illnesses, injuries, falls, broken bones, surgeries, or accidents, please list them below, and **include dates if possible**. Women, please include information about pregnancies and childbirth. _____

WOMEN ONLY: Is there any possibility you may be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ? Have you: <input type="checkbox"/> Gone through menopause <input type="checkbox"/> Had a hysterectomy

Print Name: _____ Date: _____

Sign Name: _____

FULK CHIROPRACTIC & ACUPUNCTURE, LLC - INFORMED CONSENT

The primary treatment used by doctors of chiropractic is the spinal manipulation, sometimes called spinal adjustment.

♦ **Chiropractic Informed Consent:**

Chiropractors use their hands or a mechanical instrument to manipulate your joints. This may cause an audible "pop" or "click," much as you may have experienced when you "crack" your knuckles. You may feel or sense movement.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation. Those complications include: fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke.

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare."

Remaining untreated allows the formation of adhesions and reduces mobility which sets up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult to treat and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

♦ **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, or Herb, 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 any 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 bio-mechanical processes of the human body. Nutritional advice and nutritional intake may also enhance the stabilization of the eight (8) chemical components of the VSC (Vertebral Subluxation Complex).

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read or have had read to me and I understand the above information. I hereby give my consent to treatments recommended in this office.

DATE _____

_____ Printed Name

_____ Signature

_____ Signature of Parent or Guardian (if a minor)

WITNESS:

_____ Printed Name

_____ Signature