

Braddock Chiropractic & Family Wellness

Personalized Nutritional Packet

Personal Info:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Email: _____

Chief Complaints: *(digestive problems, neuropathy, weight gain, Etc,)*

SUBSTANCE SURVEY FORM

Name _____

Date _____

Please list any prescription medications you are currently taking or have taken in the last year:

Medications

Diagnosis

Please list any over-the-counter medications you are currently taking or have taken in the last year:

Product

Symptom

Quantity & Frequency

Please list any vitamins, supplements, herbs, or homeopathic medicines you are currently taking or have taken in the last year: (Use other side if needed.)

Product

Symptom

Quantity and Frequency

Check the following items which apply to you and indicate the amount used:

- Coffee _____
- Tea _____
- Soft Drinks _____
- Diet Soft Drinks _____

- Artificial Sweetener _____
- Antacids _____
- Laxatives _____
- Candy _____

- Ice Cream _____
- Alcohol _____
- Cigarettes _____
- Other Tobacco Products _____

How many desserts do you have in an average week? _____

SYSTEMS SURVEY FORM

Patient _____ Doctor _____ Date _____
 Birth Date ____/____/____ Approx Weight _____ Sex: Male Female
 Pulse: Recumbent _____ Standing _____ Vegetarian: Yes No
 Blood pressure: Recumbent ____/____ Standing ____/____ Ragland's Test Is Positive

INSTRUCTIONS: Fill in only the circles which apply to you.
 ○ ○ ○ MILD symptoms (occurred once or twice last 6 months).
 ○ ○ ○ MODERATE symptoms (occurred once or twice last month).
 ○ ○ ○ SEVERE symptoms (chronic, occurred once or twice last week).
 ○ ○ ○ Leave circles BLANK if they don't apply to you!

1 2 3 GROUP 1

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

GROUP 2

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

GROUP 3

- 42 ○ ○ ○ Eat when nervous
- 43 ○ ○ ○ Excessive appetite
- 44 ○ ○ ○ Hungry between meals
- 45 ○ ○ ○ Irritable before meals
- 46 ○ ○ ○ Get "shaky" if hungry
- 47 ○ ○ ○ Fatigue, eating relieves
- 48 ○ ○ ○ "Lightheaded" if meals delayed
- 49 ○ ○ ○ Heart palpitates if meals missed or delayed
- 50 ○ ○ ○ Afternoon headaches
- 51 ○ ○ ○ Overeating sweets upsets

1 2 3

- 52 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep
- 53 ○ ○ ○ Crave candy or coffee in afternoons
- 54 ○ ○ ○ Moods of depression - "blues" or melancholy
- 55 ○ ○ ○ Abnormal craving for sweets or snacks

GROUP 4

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

GROUP 5

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

GROUP 6

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

1 2 3 GROUP 7A

- 107 000 Insomnia
- 108 000 Nervousness
- 109 000 Can't gain weight
- 110 000 Intolerance to heat
- 111 000 Highly emotional
- 112 000 Flush easily
- 113 000 Night sweats
- 114 000 Thin, moist skin
- 115 000 Inward trembling
- 116 000 Heart palpitates
- 117 000 Increased appetite without weight gain
- 118 000 Pulse fast at rest
- 119 000 Eyelids and face twitch
- 120 000 Irritable and restless
- 121 000 Can't work under pressure

GROUP 7B

- 122 000 Increase in weight
- 123 000 Decrease in appetite
- 124 000 Fatigue easily
- 125 000 Flaring in ears
- 126 000 Sleepy during day
- 127 000 Sensitive to cold
- 128 000 Dry or scaly skin
- 129 000 Constipation
- 130 000 Mental sluggishness
- 131 000 Hair ceases, falls out
- 132 000 Headaches upon arising, wear off during day
- 133 000 Slow pulse, below 68
- 134 000 Frequency of urination
- 135 000 Impaired hearing
- 136 000 Reduced initiative

GROUP 7C

- 137 000 Fading memory
- 138 000 Low blood pressure
- 139 000 Increased sex drive
- 140 000 Headaches, "splitting or rending" type
- 141 000 Decreased sugar tolerance

GROUP 7D

- 142 000 Abnormal thirst
- 143 000 Bloating of abdomen
- 144 000 Weight gain around hips or waist
- 145 000 Sex drive reduced or lacking
- 146 000 Tendency to ulcers, colitis
- 147 000 Increased sugar tolerance
- 148 000 Women: menstrual disorders
- 149 000 Young girls: lack of menstrual function

GROUP 7E

- 150 000 Dizziness
- 151 000 Headaches
- 152 000 Hot flashes
- 153 000 Increased blood pressure
- 154 000 Hair growth on face or body (female)
- 155 000 Sugar in urine (not diabetes)
- 156 000 Masculine tendencies (female)

GROUP 7F

- 157 000 Weakness, dizziness
- 158 000 Chronic fatigue
- 159 000 Low blood pressure
- 160 000 Nails weak, ridged
- 161 000 Tendency to hives
- 162 000 Arthritic tendencies
- 163 000 Perspiration increase
- 164 000 Bowel disorders
- 165 000 Poor circulation
- 166 000 Swollen ankles
- 167 000 Crave salt
- 168 000 Brown spots or bronzing of skin
- 169 000 Allergies - tendency to asthma

1 2 3

- 170 000 Weakness after colds, influenza
- 171 000 Exhaustion - muscular and nervous
- 172 000 Respiratory disorders

GROUP 8

- 173 000 Apprehension
- 174 000 Irritability
- 175 000 Morbid fears
- 176 000 Never seems to get well
- 177 000 Forgetfulness
- 178 000 Indigestion
- 179 000 Poor appetite
- 180 000 Craving for sweets
- 181 000 Muscular soreness
- 182 000 Depression; feelings of dread
- 183 000 Noise sensitivity
- 184 000 Acoustic hallucinations
- 185 000 Tendency to cry without reason
- 186 000 Hair is coarse and/or thinning
- 187 000 Weakness
- 188 000 Puffiness
- 189 000 Skin sensitive to touch
- 190 000 Tendency toward hives
- 191 000 Nervousness
- 192 000 Headache
- 193 000 Insomnia
- 194 000 Anxiety
- 195 000 Anorexia
- 196 000 Inability to concentrate; confusion
- 197 000 Frequent stuffy nose; sinus infections
- 198 000 Allergy to some foods
- 199 000 Loose joints

FEMALE ONLY

- 200 000 Very easily fatigued
- 201 000 Premenstrual tension
- 202 000 Painful menses
- 203 000 Depressed feelings before menstruation
- 204 000 Menstruation excessive and prolonged
- 205 000 Painful breasts
- 206 000 Menstruate too frequently
- 207 000 Vaginal discharge
- 208 000 Hysterectomy / ovaries removed
- 209 000 Menopausal hot flashes
- 210 000 Menses scanty or missed
- 211 000 Acne, worse at menses
- 212 000 Depression of long standing

MALE ONLY

- 213 000 Prostate trouble
- 214 000 Urination difficult or dribbling
- 215 000 Night urination frequent
- 216 000 Depression
- 217 000 Pain on inside of legs or heels
- 218 000 Feeling of incomplete bowel evacuation
- 219 000 Lack of energy
- 220 000 Migrating aches and pains
- 221 000 Tires too easily
- 222 000 Avoids activity
- 223 000 Leg nervousness at night
- 224 000 Diminished sex drive

List the five main complaints you have in the order of their importance:

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