Langas Chiropractic

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PATIENT SYMPTOM SURVEY

DATE_________________

PATIENT'S NAME____ DOB ____/____/_____

WEIGHT_________ HEIGHT_________ BLOOD PRESSURE___________ PULSE___________ O_2__________

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 ☐ General Good Health
091 ☐ Desires Nutritional & Metabolic Analysis
001 ☐ Skin Disorder 692.9
002 ☐ Acne 706.1
003 ☐ Psoriasis 696.1
004 ☐ Urticaria (Hives) 708.9
005 ☐ ADD/ADHD 314.00/314.01
006 ☐ Allergies, Unspecified 477.9
007 ☐ Allergic Rhinitis from food 477.1
008 ☐ Sinusitis 461.9
009 ☐ Alzheimer's 331.0
010 ☐ Poor Concentration/Memory 310.1
011 ☐ Parkinson's Disease 332.0
012 ☐ Anemia 285.9
013 ☐ Arthritic Disorder 716.90
014 ☐ Osteoporosis 733.00
015 ☐ Asthma 493.90
016 ☐ Emphysema 492.8
017 ☐ Cancer
- 018 ☐Breast 174.9female 175.9male
- 019 ☐Prostate 185
- 020 ☐Lung 162.9
- 021 ☐Colon and Rectal 153.9
- 022 ☐Skin 173.9
- 023 ☐Leukemia w/o remission 208.90 Leukemia w/ remission 208.91
- 024 ☐Lymphoma, malignant 202.8
- 025 ☐Brain Tumor, malignant 191.9

027 ☐ Anxiety Disorder 300.00
028 ☐ Autism 299.00
033 ☐ Edema 782.3
034 ☐ Eczema 692.9
035 ☐ Chronic Fatigue 780.71
036 ☐ Circulatory Disorder 459.9
037 ☐ Heart Disease 429.9
038 ☐ High Cholesterol 272.0

039 ☐ High Blood Pressure 401.9
040 ☐ Low Blood Pressure 458.9
041 ☐ Tachycardia (High Heart Rate) 785.00
042 ☐ Numbness 782.0
043 ☐ Constipation 564.0
044 ☐ Indigestion 536.8
045 ☐ Ulcerative Colitis 556.9
046 ☐ Depression 311
047 ☐ Diabetes Mellitus 250.0
030 ☐ Diabetes Type I 250.01
031 ☐ Diabetes Type II 250.02
029 ☐ Hyperglycemia [high blood sugar] 790.29
048 ☐ Hypoglycemia [low blood sugar] 251.2
049 ☐ Dizziness/Balance Problem 780.4
050 ☐ Ear Infection 381.4
051 ☐ Epstein Barr 075
052 ☐ Eye Problems 379.91
053 ☐Cataracts 366.9
054 ☐Glaucoma 365.9
055 ☐Macular Degeneration 362.50
056 ☐ Fever 780.6
057 ☐ Fibromyalgia 729.1
058 ☐ Gallbladder Disorder 575.9
059 ☐ Gout 274.9
060 ☐ Headaches 784.0
061 ☐ Hearing Loss 389.9
062 ☐ Infertility, male 606.9
064 ☐ Liver Disease 571.9
- 065 ☐Hepatitis 573.3
- 066 ☐Hepatitis B 070.30
- 067 ☐Hepatitis C 070.51

068 ☐ Kidney Disorder 593.9 or Bladder Disorder 596.9
063 ☐ Prostate Disorder 602.9

069 ☐ Hyperthyroidism 242.90
070 ☐ Hypothyroidism 244.9
071 ☐ Systemic Lupus 710.0
072 ☐ Infertility, female 628.9
073 ☐ Interstitial Cystitis 595.1
074 ☐ Irregular Menstrual Cycle 626.4
075 ☐ Menopausal Symptoms 627.2
076 ☐ Hot Flashes 627.2
077 ☐ Mental Disorder 300.9
078 ☐ Insomnia 780.52
079 ☐ Mouth/Throat/Tongue
080 ☐ Canker Sores 528.2
081 ☐ Overweight 278.02
082 ☐ Underweight 783.22
083 ☐ Sexual Disorder 302.89
084 ☐ Spinal Problems 724.9
085 ☐ Obesity 278.00
086 ☐ GERD 530.81
087 ☐ HIV 042
088 ☐ Crohn's Disease 555.9
089 ☐ Irritable Bowel Syndrome 564.1
092 ☐ Normal Pregnancy v22.2 **only applicable if *currently* pregnant
093 ☐ Shingles 053.9
140 ☐ Migraines 346.90
141 ☐ Rheumatoid Arthritis 714.0
142 ☐ Non-Systemic Lupus 695.4
143 ☐ Multiple Sclerosis 340
144 ☐ ALS (Lou Gerigs) 335.20
145 ☐ Polymyalgia Rheumatica 725
146 ☐ Scleroderma 710.1
171 ☐ Goiter 240.9
178 ☐ Raynaud's Syndrome 443.8
179 ☐ Hemochromatosis 275.0
180 ☐ Thalassemia 282.49
181 ☐ Brain aneurysm 431

If necessary, please state your most significant concern…

General Health

- 100 ▢ Fingernail base is pink
- 101 ▢ Fingernail base is 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 loss of >20lbs in 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
- 138 ▢ Takes anti-rejection drugs
- 132 ▢ Had a major accident or injury
- 137 ▢ Sleep Apnea
- 139 ▢ Toxic chemical exposure
- 175 ▢ Has been out of the country recently
- 176 ▢ Had childhood vaccines
- 177 ▢ Had a vaccine in the last 12 months
- 147 ▢ Had a flu shot last year
- 182 ▢ Had a pneumonia vaccine last year
- 183 ▢ Had a Hepatitis B vaccine in the last 2 years.

Has a family history of:

- 184 ▢ Cancer
- 185 ▢ Heart Disease
- 186 ▢ Diabetes
- 187 ▢ Alcoholism
- 188 ▢ Depression
- 189 ▢ Obesity

Lifestyle & Environment

Do you use? ▢ Well Water ▢ City Water Filtered? ▢ Yes ▢ No Filter Type? ________________________

What kind of pipes are in your home? ▢ Steel ▢ CPVC ▢ Copper ▢ Pex ▢ 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? ▢ Yes ▢ No

Have you ever worked around heavy machinery, plumbing, automotive or the metallurgic industry? ▢ Yes ▢ No

Explain: ____

Have you ever worked around industrial solvents, chemicals or pesticides? ▢ Yes ▢ No

Explain: ____

- 380 ▢ Drinks beverages from a can
- 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 >3 cups of coffee daily
- 378 ▢ Drinks >3 cups of tea per day
- 388 ▢ Drinks diet pop/soda
- 379 ▢ Drinks >1 pop/sodas per day

I had 4 alcoholic drinks in one day:

- 172 ▢ never
- 173 ▢ more than 3 months ago
- 174 ▢ less than 3 months ago

- 381 ▢ Has >5 alcoholic drinks/week
- 391 ▢ Craves sugar / starches
- 382 ▢ Currently smokes
- 383 ▢ Quit smoking in last 5 years
- 384 ▢ Smoked for >5 years
- 385 ▢ Smokes >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
- 389 ▢ Anorexia
- 390 ▢ Bulimic

Surgeries

- 700 ☐ Tonsillectomy and/or Adenoids
- 701 ☐ Appendix
- 702 ☐ Gallbladder
- 703 ☐ Thyroid
- 704 ☐ Hysterectomy, complete
- 705 ☐ Hysterectomy, partial
- 706 ☐ Tubal ligation
- 707 ☐ Breast implants
- 708 ☐ Cancer
- 709 ☐ Coronary by-pass
- 710 ☐ Spinal surgery
- 711 ☐ Extremity surgery
- 712 ☐ Hip replacement
- 713 ☐ Knee replacement
- 714 ☐ Splenectomy
- 715 ☐ Radiated thyroid
- 716 ☐ Cataract surgery
- 717 ☐ Hemorroidectomy
- 718 ☐ Bariatric/Weight loss
  Type: ________________

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 ☐ Bloated 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
- 300 ☐ Diverticulitis
- 301 ☐ Diverticulosis

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

Endocrine

- 245 ☐ Coarse hair
- 246 ☐ Coarse skin
- 247 ☐ Diabetic

248 ▢ Excessive thirst
249 ▢ Frequently feels cold
250 ▢ Frequently feels hot
251 ▢ Gets lightheaded when standing quickly
252 ▢ Heals slowly
253 ▢ Unusually jumpy or nervous
254 ▢ Unusually tired most of the time

Cardiovascular

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

Skin

520 ▢ Bruises easily
521 ▢ Excessive perspiration
522 ▢ Frequent goose bumps
523 ▢ Has acne
524 ▢ Has Psoriasis
525 ▢ Hives
526 ▢ Itchy skin
527 ▢ Problems with Eczema
528 ▢ Has moles which are changing in size and/or color
530 ▢ Skin is rough, especially on the back of the arms
529 ▢ Skin eruptions
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
225 ▢ Tinnitus

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
639 ☐ Endometriosis
640 ☐ Breast reduction
641 ☐ Breast augmentation
642 ☐ Abortion
643 ☐ D&C
644 ☐ Tubal pregnancy
645 ☐ Uterine fibroids
646 ☐ Ovarian fibroids
647 ☐ Breast fibroids
648 ☐ Currently Breastfeeding

Medications

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

DRUG	***PRESCRIBED FOR:***	***HOW LONG***
________________	____________________________________	________________
________________	____________________________________	________________
________________	____________________________________	________________

Supplements

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

VITAMIN	***BRAND***	***DOSAGE***

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***

Allergies

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

- ☐ Dairy
- ☐ Eggs
- ☐ Garlic
- ☐ Gluten
- ☐ Mold
- ☐ Peanut
- ☐ Ragweed
- ☐ Shellfish
- ☐ Soy
- ☐ Sulfa drugs
- ☐ Tree nuts
- ☐ Wheat

☐ ***Other*** ____

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