

Infinite Wellness Chiropractic Ltd
Dr. Ryan Cleland D.C

Nutrition Patient Questionnaire

Patient # _____ Date _____
Classification _____ SS# _____
Name _____ Date of Birth _____
Address _____ City/State/Zip _____
Email _____
Telephone: Home _____ Work _____
Place of Employment _____ Occupation _____
Married ___ Single ___ Divorced ___ Widow(er) ___ # of Children ___
Spouse's Name _____ Place of Employment _____

In case of emergency, who should we contact?

Name _____ Phone _____ Relationship _____

How did you hear about our office? _____

We will provide a receipt for you to submit to your insurance. You are responsible for payment in full at the time of service.

**I clearly understand that all services rendered me are my responsibility and payment is expected at the time of service.

Patient's Signature _____ Date _____

If under 18 years of age, parent or guardian's signature _____

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, Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy 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 a 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 biomechanical processes of the human body. Nutritional advice and nutritional intake may also enhance the stabilization of chiropractic adjustments and treatment.

I have read and understand the above:

Signature _____ Date _____

Infinite Wellness Chiropractic Ltd
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 the 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 <input type="checkbox"/> General Good Health | 042 <input type="checkbox"/> Numbness 782.0 | 076 <input type="checkbox"/> Hot Flashes 627.2 |
| 091 <input type="checkbox"/> Desires Nutritional & Metabolic Analysis | 043 <input type="checkbox"/> Constipation 564.0 | 077 <input type="checkbox"/> Mental disorder 300.9 |
| 001 <input type="checkbox"/> Skin Disorder 692.9 | 044 <input type="checkbox"/> Indigestion 536.8 | 078 <input type="checkbox"/> Insomnia 780.52 |
| 002 <input type="checkbox"/> Acne 706.1 | 045 <input type="checkbox"/> Ulcerative Colitis 556.9 | 079 <input type="checkbox"/> Mouth/Throat/Tongue |
| 003 <input type="checkbox"/> Psoriasis 696.9 | 046 <input type="checkbox"/> Depression 311 | 080 <input type="checkbox"/> Canker Sores 528.2 |
| 004 <input type="checkbox"/> Urticaria (Hives) 708.9 | 047 <input type="checkbox"/> Diabetes Mellitus 250.0 | 081 <input type="checkbox"/> Overweight 278.02 |
| 005 <input type="checkbox"/> ADD/ADHD 314.00/314.01 | 030 <input type="checkbox"/> Diabetes Type I 250.01 | 082 <input type="checkbox"/> Underweight 783.22 |
| 006 <input type="checkbox"/> Allergies, Unspecified 477.9 | 031 <input type="checkbox"/> Diabetes Type II 250.02 | 083 <input type="checkbox"/> Sexual Disorder 302.89 |
| 007 <input type="checkbox"/> Allergic Rhinitis from food 477.1 | 029 <input type="checkbox"/> Hyperglycemia (High Blood Sugar) 790.29 | 084 <input type="checkbox"/> Spinal Problems 724.9 |
| 008 <input type="checkbox"/> Sinusitis 461.9 | 048 <input type="checkbox"/> Hypoglycemia (Low Blood Sugar) 251.2 | 085 <input type="checkbox"/> Obesity 278.00 |
| 009 <input type="checkbox"/> Alzheimer's 331.0 | 049 <input type="checkbox"/> Dizziness/Balance Problems 780.4 | 086 <input type="checkbox"/> GERD 530.81 |
| 010 <input type="checkbox"/> Poor Concentration/Memory 310 | 050 <input type="checkbox"/> Ear Infection 381.4 | 087 <input type="checkbox"/> HIV 042 |
| 011 <input type="checkbox"/> Parkinson's Disease 332.0 | 051 <input type="checkbox"/> Epstein Barr 075 | 088 <input type="checkbox"/> Chron's Disease 555.9 |
| 012 <input type="checkbox"/> Anemia 285.9 | 052 <input type="checkbox"/> Eye Problems 379.91 | 089 <input type="checkbox"/> Irritable bowel syndrome 564.1 |
| 013 <input type="checkbox"/> Arthritic Disorder 716.90 | 053 <input type="checkbox"/> Cataracts 366.9 | 092 <input type="checkbox"/> Normal Pregnancy v22.2 <small>**Only applicable if currently pregnant</small> |
| 014 <input type="checkbox"/> Osteoporosis 733.00 | 054 <input type="checkbox"/> Glaucoma 365.9 | 093 <input type="checkbox"/> Shingles 053.9 |
| 015 <input type="checkbox"/> Asthma 493.90 | 055 <input type="checkbox"/> Macular Degeneration 362.50 | 140 <input type="checkbox"/> Migraines 346.90 |
| 016 <input type="checkbox"/> Emphysema 492.8 | 056 <input type="checkbox"/> Fever 780.6 | 141 <input type="checkbox"/> Rheumatoid Arthritis 714.0 |
| 017 <input type="checkbox"/> Cancer | 057 <input type="checkbox"/> Fibromyalgia 729.1 | 142 <input type="checkbox"/> Non-systemic Lupus 695.4 |
| 018 <input type="checkbox"/> Breast 174.9female 175.9male | 058 <input type="checkbox"/> Gallbladder Disorder 575.9 | 143 <input type="checkbox"/> Multiple Sclerosis 340 |
| 019 <input type="checkbox"/> Prostate 185 | 059 <input type="checkbox"/> Gout 274.9 | 144 <input type="checkbox"/> ALS (Lou Gerigs) 335.20 |
| 020 <input type="checkbox"/> Lung 162.9 | 060 <input type="checkbox"/> Headaches 784.0 | 145 <input type="checkbox"/> Polymyalgia Rheumatica 725 |
| 021 <input type="checkbox"/> Colon and Rectal 153.9 | 061 <input type="checkbox"/> Hearing Loss 389.9 | 146 <input type="checkbox"/> Scleroderma 710.1 |
| 022 <input type="checkbox"/> Skin 173.9 | 062 <input type="checkbox"/> Infertility, male 606.9 | 171 <input type="checkbox"/> Goiter 240.9 |
| 023 <input type="checkbox"/> Leukemia w/o remission 208.90 Leukemia w/ remission 208.91 | 064 <input type="checkbox"/> Liver Disease 571.9 | 178 <input type="checkbox"/> Raynaud's Syndrome 443.8 |
| 024 <input type="checkbox"/> Lymphoma, malignant 202.8 | 065 <input type="checkbox"/> Hepatitis A 573.3 | 179 <input type="checkbox"/> Hemochromatosis 275.0 |
| 025 <input type="checkbox"/> Brain Tumor, malignant 191.9 | 066 <input type="checkbox"/> Hepatitis B 070.30 | 180 <input type="checkbox"/> Thalassemia 282.49 |
| 027 <input type="checkbox"/> Anxiety disorder 300.00 | 067 <input type="checkbox"/> Hepatitis C 070.51 | 181 <input type="checkbox"/> Brain Aneurysm 431 |
| 028 <input type="checkbox"/> Autism 299.00 | 068 <input type="checkbox"/> Kidney Disorder 593.9 or Bladder Disorder 596.9 | |
| 033 <input type="checkbox"/> Edema 782.3 | 063 <input type="checkbox"/> Prostate Disorder 602.9 | |
| 034 <input type="checkbox"/> Eczema 692.9 | 069 <input type="checkbox"/> Hyperthyroidism 242.90 | |
| 035 <input type="checkbox"/> Chronic Fatigue 780.71 | 070 <input type="checkbox"/> Hypothyroidism 244.9 | |
| 036 <input type="checkbox"/> Circulatory Disorder 459.9 | 071 <input type="checkbox"/> Systemic Lupus 710.0 | |
| 037 <input type="checkbox"/> Heart Disease 429.9 | 072 <input type="checkbox"/> Infertility, female 628.9 | |
| 038 <input type="checkbox"/> High Cholesterol 272.0 | 073 <input type="checkbox"/> Interstitial Cystitis 595.1 | |
| 039 <input type="checkbox"/> High Blood Pressure 401.9 | 074 <input type="checkbox"/> Irregular Menstrual Cycle 626.4 | |
| 040 <input type="checkbox"/> Low Blood Pressure 458.9 | 075 <input type="checkbox"/> Menopausal Symptoms 627.2 | |
| 041 <input type="checkbox"/> Tachycardia (High Heart Rate) 785.00 | | |

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 >20 lbs in last 4 months
 - 125 Energy level is worse than it was 5 yrs 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 the 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

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 others 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 for more than 1 yr
- 622 Has taken birth control medication within the last year
- 623 Has had a 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

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 Hemorrhoidectomy
- 718 Bariatric/Weight loss
Type: _____

Gastrointestinal

- 265 4-5 bowl movements per week
- 266 3 or less bowel movements/week
- 267 6 or more bowel movements/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 Bloating 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 hrs or more after meals
- 286 Indigestion w/in 1hr 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
- 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
- 402 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 by 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 sitting
- 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 Heart palpitations

Ears

- 220 Discharge from ears
- 221 Hard of hearing

- 222 Punctured ear drum
- 223 Recurrent ear infection

- 224 Ringing or noises in ears
- 225 Tinnitus

Eyes

- 320 Bloodshot eyes
- 321 Blurred vision
- 322 Cross eyes
- 323 Eye pain
- 324 Eyes feel gritty

- 325 Eyes are watery
- 326 Mild glaucoma
- 327 Far sighted
- 328 Developing cataracts

- 329 Mild macular degeneration
- 330 Itchy eyes
- 330 Near sighted
- 332 Dry eyes

Feet

- 350 Corns
- 351 Frequent foot cramps
- 352 Heel spurs

- 353 Painful feet
- 354 Plantar warts

- 355 Swelling of 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

