



NEW PATIENT FORMS – NUTRITION EXAMINATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Healthcare Professionals involved in your care: \_\_\_\_\_

1. Your nutrition concern: \_\_\_\_\_

2. Please list all vitamins, minerals, herbs or other supplements (protein powders, etc.) you take, and how often.  
\_\_\_\_\_

3. List the foods you LIKE in each of the following categories: (o.k. to say "all except ...")

Fruits and fruit juices \_\_\_\_\_

Vegetables, salads \_\_\_\_\_

Dairy products/Alternates \_\_\_\_\_

Meat, poultry, fish, eggs \_\_\_\_\_

Beans (red, etc.), lentils, nuts, seeds \_\_\_\_\_

Grains (breads, cereals, pasta, rice, etc.) \_\_\_\_\_

Desserts, snack foods \_\_\_\_\_

Beverages \_\_\_\_\_ Soups \_\_\_\_\_

Condiments, dressings, butter/marg/oils, etc. you use \_\_\_\_\_

3a. Any foods you will not eat? \_\_\_\_\_

3b. How much water do you drink daily, on average? \_\_\_\_\_

4. Please check any factors that you feel MOST affect your eating habits:

\_\_\_ Stress      \_\_\_ Boredom      \_\_\_ Anger      \_\_\_ Late night      \_\_\_ Watching TV

\_\_\_ Parties/holidays      \_\_\_ Eating out      \_\_\_ Snacking      \_\_\_ Overeating      \_\_\_ Erratic schedule

\_\_\_ Availability (or lack of) "healthy" food      \_\_\_ Vending machines      \_\_\_ Other

5. What is your biggest concern about your food intake or eating behavior? \_\_\_\_\_

6. Do you tend to eat the same foods from one day to the next? Y N

7. Current Medications \_\_\_\_\_

# 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 (occurs rarely).
- MODERATE symptoms (occurs several times a month).
- SEVERE symptoms (occurs almost constantly)
- 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-leg-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    Get "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; may be up to 3-4 hrs.
- 104    Mucous colitis or "irritable bowel"
- 105    Gas shortly after eating
- 106    Stomach "bloating" after eating

**1 2 3 GROUP 7A**

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

**GROUP 7B**

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

**GROUP 7C**

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

**GROUP 7D**

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

**GROUP 7E**

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

**GROUP 7F**

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

**1 2 3**

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

**GROUP 8**

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

**FEMALE ONLY**

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

**MALE ONLY**

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_