**Symptom Survey**

**Enter 1 for mild symptoms (occur once or twice a year).**

**Enter 2 for moderate symptoms (occur several times a year).**

**Enter 3 for severe symptoms (you are aware of it almost constantly).**

**Enter P for symptoms experienced in the past.**

**Leave blank if not applicable.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Adrenal - Fatigue

1. \_\_\_\_ Weakness, Dizziness upon rising
2. \_\_\_\_ Fatigue
3. \_\_\_\_ Low blood pressure
4. \_\_\_\_ Nail weak or ridged
5. \_\_\_\_ Tendency to hives
6. \_\_\_\_ Arthritic Tendency
7. \_\_\_\_ Perspiration increase
8. \_\_\_\_ Bowel Disorder
9. \_\_\_\_ Poor Circulation
10. \_\_\_\_ Swollen Ankles
11. \_\_\_\_ Crave Salt
12. \_\_\_\_ Crave Sugar
13. \_\_\_\_ Light sensitivity – need sunglasses
14. \_\_\_\_ Hot Flashes
15. \_\_\_\_ Loss of bodily hair
16. \_\_\_\_ Skin discoloration
17. \_\_\_\_ Brown spots or bronzing of skin
18. \_\_\_\_ Allergies, tendency to asthma
19. \_\_\_\_ Weakness after colds, influenza
20. \_\_\_\_ Exhaustion, muscular or nervous
21. \_\_\_\_ Respiratory disorder. (i.e, Asthma)

### Anxiety - Sympathetic

1. \_\_\_\_ Acid foods upset
2. \_\_\_\_ Get chilled often
3. \_\_\_\_ “Lump” in throat
4. \_\_\_\_ Dry mouth-eyes-nose
5. \_\_\_\_ Pulse speeds after meals
6. \_\_\_\_ Keyed up; fail to calm
7. \_\_\_\_ Cuts heal slowly
8. \_\_\_\_ Gag easily
9. \_\_\_\_ Unable to relax/ Tense Muscles
10. \_\_\_\_ Excessive Worrying
11. \_\_\_\_ Feeling Agitated
12. \_\_\_\_ Restlessness
13. \_\_\_\_ Excessive Fatigue
14. \_\_\_\_ Difficulty Concentrating on task
15. \_\_\_\_ Irritability
16. \_\_\_\_ Insomnia Falling or Staying Asleep
17. \_\_\_\_ Panic Attacks
18. \_\_\_\_ Avoiding Social Situations
19. \_\_\_\_ Irrational Fears
20. \_\_\_\_ Extremities cold clammy
21. \_\_\_\_ Strong light irritates
22. \_\_\_\_ Urine amounts reduced
23. \_\_\_\_ Heart pounds after eating
24. \_\_\_\_ Nervous stomach
25. \_\_\_\_ Appetite reduced
26. \_\_\_\_ Cold sweats often
27. \_\_\_\_ Fever easily raised
28. \_\_\_\_ Neuralgia-like pains
29. \_\_\_\_ Staring, blinks little

**Digestion – Parasympathetic**

1. \_\_\_\_ Sour stomach frequent
2. \_\_\_\_ Joint stiffness after arising
3. \_\_\_\_ Muscle leg toe cramps at night
4. \_\_\_\_ “Butterflies” in stomach
5. \_\_\_\_ Eyes or nose watery
6. \_\_\_\_ Eyes Blink Often
7. \_\_\_\_ Eyelids Swollen
8. \_\_\_\_ Indigestion soon after meals
9. \_\_\_\_ Always feels hungry. Lightheaded Often
10. \_\_\_\_ Digestion Rapid
11. \_\_\_\_ Vomiting frequent
12. \_\_\_\_ Hoarseness frequent
13. \_\_\_\_ Breathing Irregular
14. \_\_\_\_ Pulse Slow. Feels irregular
15. \_\_\_\_ Gagging reflex slow
16. \_\_\_\_ Difficulty Swallowing
17. \_\_\_\_ Constipation/ Diarrhea alternating
18. \_\_\_\_ “Slow Starter”
19. \_\_\_\_ Get Chilled frequently
20. \_\_\_\_ Perspire easily
21. \_\_\_\_ Circulation Poor, sensitive to cold
22. \_\_\_\_ Subject to colds, asthma bronchitis

### Blood Sugar

1. \_\_\_\_ Eat when nervous
2. \_\_\_\_ Excessive appetite
3. \_\_\_\_ Hungry between meals
4. \_\_\_\_ Irritable between meals
5. \_\_\_\_ Get shaky if hungry
6. \_\_\_\_ Fatigue, eating relieves
7. \_\_\_\_ Lightheadedness if meals delayed
8. \_\_\_\_ Heart palpitates if meals missed or delayed
9. \_\_\_\_ Afternoon headaches
10. \_\_\_\_ Overeating sweets upsets
11. \_\_\_\_ Awaken after few hours of sleep. Insomnia
12. \_\_\_\_ Crave candy or coffee in afternoon
13. \_\_\_\_ Moods of depression, blues or melancholy
14. \_\_\_\_ Abnormal craving for sweets or snacks

### Heart Support

1. \_\_\_\_ Hands and feet go to sleep easily
2. \_\_\_\_ Sigh frequently “air hunger”
3. \_\_\_\_ Aware of breathing heavily
4. \_\_\_\_ High altitude discomfort
5. \_\_\_\_ Opens window in closed room
6. \_\_\_\_ Susceptible to colds and fever
7. \_\_\_\_ Afternoon yawner
8. \_\_\_\_ Get drowsy often
9. \_\_\_\_ Swollen ankles worse at night
10. \_\_\_\_ Muscle cramps worse with exercise.
11. \_\_\_\_ Charley Horse
12. \_\_\_\_ Shortness of breath with exertion
13. \_\_\_\_ Dull pain in chest or radiating into left arm.
14. \_\_\_\_ Pain in jaw
15. \_\_\_\_ Bruise easily. Black/Blue spots
16. \_\_\_\_ Tendency to anemia.
17. \_\_\_\_ Men – erectile dysfunction
18. \_\_\_\_ Nose bleeds frequently
19. \_\_\_\_ Ringing in ear
20. \_\_\_\_ Tension or tightness under breast bone

### Liver/Gall Bladder

1. \_\_\_\_ Dizziness
2. \_\_\_\_ Dry Skin
3. \_\_\_\_ Burning Feet
4. \_\_\_\_ Blurred Vision
5. \_\_\_\_ Itching skin and feet.
6. \_\_\_\_ Excessive hair loss
7. \_\_\_\_ Frequent skin rashes
8. \_\_\_\_ Bitter metallic taste in mouth in morning
9. \_\_\_\_ Bowel movements painful or difficult
10. \_\_\_\_ A worrier, feels insecure
11. \_\_\_\_ Feeling queasy, headache over eyes
12. \_\_\_\_ Greasy foods upset
13. \_\_\_\_ Creamy foods upset
14. \_\_\_\_ Stools light-colored
15. \_\_\_\_ Skin peels on foot soles
16. \_\_\_\_ Pain between shoulder blades
17. \_\_\_\_ Use laxatives
18. \_\_\_\_ Stools alternate between soft to watery
19. \_\_\_\_ History of gallbladder attacks or gallstones
20. \_\_\_\_ Sneezing attacks
21. \_\_\_\_ Dreaming, nightmares; don't remember dreams
22. \_\_\_\_ Bad Breath (halitosis)
23. \_\_\_\_ Milk products cause distress
24. \_\_\_\_ Sensitive to hot water
25. \_\_\_\_ Burning or itching anus
26. \_\_\_\_ Craves sweets

### Digestion – Gut Microbe

1. \_\_\_\_ Loss of taste for meat
2. \_\_\_\_ Lower bowel gas several hour after eating
3. \_\_\_\_ Burning stomach sensation--eating relieves
4. \_\_\_\_ Tongue – white coating
5. \_\_\_\_ Large amounts of foul smelling gas
6. \_\_\_\_ Indigestion after meals
7. \_\_\_\_ Food allergy, sensitivity
8. \_\_\_\_ High sugar diet
9. \_\_\_\_ Mucus on stools
10. \_\_\_\_ Excessive Fatigue after eating
11. \_\_\_\_ Gas shortly after eating
12. \_\_\_\_ Stomach bloating after meals.
13. \_\_\_\_Bad breath (halitosis)
14. \_\_\_\_ Diarrhea.
15. \_\_\_\_ Weight gain
16. ­\_\_\_\_ Insomnia
17. \_\_\_\_ Skin problems
18. \_\_\_\_ Autoimmune conditions
19. \_\_\_\_ Difficulty urinating.
20. \_\_\_\_ Vaginal or rectal itching
* .**Hyperthyroid**
1. \_\_\_\_ Insomnia
2. \_\_\_\_ Nervousness
3. \_\_\_\_ Can't gain weight
4. \_\_\_\_ Intolerance to heat
5. \_\_\_\_ Highly emotional
6. \_\_\_\_ Flush easily
7. \_\_\_\_ Night Sweats
8. \_\_\_\_ Thin moist skin
9. \_\_\_\_ Inward Trembling
10. \_\_\_\_ Heart Palpitates
11. \_\_\_\_ Increased appetite without weight gain
12. \_\_\_\_ Unusual stamina
13. \_\_\_\_ Pulse fast at rest

**Hypothyroid**

1. \_\_\_\_\_ Eyelids and face twitch.
2. \_\_\_\_ Irritable and restless
3. \_\_\_\_ Highly emotional
4. \_\_\_\_ Tear up easily
5. \_\_\_\_ Can't work under pressure
6. \_\_\_\_ Increase in weight
7. \_\_\_\_ Decrease in appetite
8. \_\_\_\_ Fatigue easily
9. \_\_\_\_ Ringing in Ear
10. \_\_\_\_ Sleeping during day
11. \_\_\_\_ Sensitive to cold
12. \_\_\_\_ Dry or Scaly skin
13. \_\_\_\_ Constipation
14. \_\_\_\_ Mental Sluggishness
15. \_\_\_\_ Hair Coarse
16. \_\_\_\_ Depression
17. \_\_\_\_ Headache upon rising, wears off during day
18. \_\_\_\_ Slow Pulse below 65
19. \_\_\_\_ Low Sex Drive
20. \_\_\_\_ Impaired hearing
21. \_\_\_\_ Reduced initiative

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### Female Reproduction

1. \_\_\_\_ Very easily fatigued
2. \_\_\_\_ PMS
3. \_\_\_\_ Painful menses
4. \_\_\_\_ Depression PMS
5. \_\_\_\_ Excessive menses, prolonged
6. \_\_\_\_ Painful breast
7. \_\_\_\_ Menstruate too frequently
8. \_\_\_\_ Vaginal discharge
9. \_\_\_\_ Hysterectomy / ovaries removed
10. \_\_\_\_ Menopausal hot flashes
11. \_\_\_\_ Menses scanty or missed
12. \_\_\_\_ Acne worse at menses
13. \_\_\_\_ Depression long standing

### Men Reproduction

1. \_\_\_\_ Prostate trouble
2. \_\_\_\_ Urination difficult or dribbling
3. \_\_\_\_ Night urination frequent
4. \_\_\_\_ Depression
5. \_\_\_\_ Pain on inside of legs or heels
6. \_\_\_\_ Feeling of incomplete bowel evacuation
7. \_\_\_\_ Lack of energy
8. \_\_\_\_ Migrating aches and pain
9. \_\_\_\_ Tire too easily
10. \_\_\_\_ Avoids activity
11. \_\_\_\_ Leg nervousness at night
12. \_\_\_\_ Diminished sex drive

**Microbe/Immune**

1. \_\_\_\_\_ Frequent Colds
2. \_\_\_\_\_ Frequent Cold sores
3. \_\_\_\_\_ Foot/Nail Fungus
4. \_\_\_\_\_ Urinary Tract Infection
5. \_\_\_\_\_ Yeast Infection
6. \_\_\_\_\_ Coated tongue
7. \_\_\_\_\_ Frequent Diarrhea
8. \_\_\_\_\_ Resistance to antibiotics
9. \_\_\_\_\_ Scaly Skin Rash
10. \_\_\_\_\_ Frequent Blisters
11. \_\_\_\_\_ Loss of taste
12. \_\_\_\_\_ Vaginal Discharge (women)
13. \_\_\_\_\_ Stiff Neck
14. \_\_\_\_\_ Fever
15. \_\_\_\_\_ Night Sweets
16. \_\_\_\_\_ Hot Flashes
17. \_\_\_\_\_ Runny Nose
18. \_\_\_\_\_ Sinus Congestion
19. \_\_\_\_\_ Lymphatic Congestion
20. \_\_\_\_\_ Frequent Sore throat
21. \_\_\_\_\_ Frequent achy muscles

Top 3 symptoms affecting my life:

Foods I crave and/or foods I can’t go without:

Foods I stress eat:

Weight: present (and past if changed)

\_\_\_\_\_\_lbs\_\_\_\_\_\_lbs(past)

Women: Describe menstrual cycle.

Length, Flow, Symptoms- Past & Present:

Antibiotic use: (last year total & lifetime total)

 Prescription meds *present*:

 (Please list condition, not meds)

Prescription meds *past*:

 (Please list condition, not med)

Over-the-counter:

(vitamins, herbs, aspirin, etc.)

List: root canals/major dental work completed:

List stressors contributing to your symptom:

(trauma, conflict, work, family, anxiety, etc.)

**Please scan and email -or- fax -or- mail to:**

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