Humans Symptom Survey Form

MainStreet Veterinarians of Stone Mountain

NAME	DOCTOR	DATE
AGE SEX M F INSTRUCTIONS: Number the boxes which apply to you with either a 1, 2, or 3 (1) for MILD symptoms (2) for MODERATE symptoms (3) for SEVERE symptoms Leave the box BLANK if it does not apply to you!		
GROUP 1	GROUP 2	
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; 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 frequent	21 □ Joint stiffness after 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; feel "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,	GROUP 3 42
56 ☐ Hands and feet go to sleep easily,	bronchitis	
numbness 57 □ Sigh frequently, "air hunger" 58 □ Aware of "breathing heavily" 59 □ High altitude discomfort 60 □ Opens windows in closed room 61 □ Susceptive to colds and fevers 62 □ Afternoon "yawner" 63 □ Get "drowsy" often 64 □ Swollen ankles worse at night 65 □ Muscle cramps, worse during	73 □ Dizziness 74 □ Dry Skin 75 □ Burning feet 76 □ Blurred vision 77 □ Itching skin and feet 78 □ Excessive falling hair	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
exercise; get "charley horses" 66	 79 □ Frequent skin rashes 80 □ Bitter, metallic taste in mouth in mornings 81 □ Bowel movement painful or difficult 82 □ Worries, feels insecure 83 □ Felling queasy; headache over eyes 84 □ Greasy foods upset 85 □ Stools light-colored 	gallstones 91 □ Sneezing attaches 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

exertion

GROUP 6 GROUP 7 (continued) **FEMALE ONLY** 98 □ Loss of taste for meat 173 □ Very easily fatigued **(C)** 99 □ Lower bowel gas several hours 174 ☐ Premenstrual tension 137 ☐ Failing memory 175 □ Painful menses after eating 138 □ Low blood pressure 100 □ Burning stomach sensations, 176 □ Depressed feeling before 139 ☐ Increased sex drive eating relieves menstruation 140 ☐ Headaches, "splitting or rending" 101 □ Coated tongue 177 ☐ Menstruation excessive and 102 ☐ Pass large amounts of foulprolonged 141 ☐ Decreased sugar tolerance 178 ☐ Painful breasts smelling gas 103 ☐ Indigestion 1/2 - 1 hour after 179 ☐ Menstruate too frequently **(D)** eating; may be up to 3-4 hrs. 180 □ Vaginal discharge 142 ☐ Abnormal thirst 104 ☐ Mucus colitis or "irritable bowel" 181 ☐ Hysterectomy/ovaries removed 143 ☐ Bloating of abdomen 105 ☐ Gas shortly after eating 182 ☐ Menopausal hot flashes 144 ☐ Weight gain around hips or waist 106 □ Stomach "bloating" after eating 183 ☐ Menses scanty or missed 145 ☐ Sex drive reduced or lacking 184 ☐ Acne, worse at menses 146 ☐ Tendency to ulcers, colitis 185 □ Depression of long standing 147 ☐ Increased sugar tolerance **GROUP 7** 148 ☐ Women: menstrual disorders (A) **MALES ONLY** 149 ☐ Young girls: lack of menstrual 107 □ Insomnia 186 ☐ Prostate trouble function 108 □ Nervousness 187 □ Urination difficult or dribbling 109 ☐ Can't gain weight **(E)** 188 ☐ Night urination frequent 110 □ Intolerance to heat 150 □ Dizziness 189 □ Depression 111 ☐ Highly emotional 151 ☐ Headaches 190 ☐ Pain on inside of legs or heels 112 □ Flush easily 152 □ Hot flashes 191 ☐ Feeling of incomplete bowel 113 □ Night sweats 153 ☐ Increased blood pressure evacuation 114 □ Thin, moist skin 154 ☐ Hair growth on face or body 192 □ Lack of energy 115 □ Inward trembling 193 ☐ Migrating aches and pains (female) 116 ☐ Heart palpitates 155 □ Sugar in urine (not diabetes) 194 ☐ Tire too easily 117 ☐ Increased appetite without 156 ☐ Masculine tendencies (female) 195 ☐ Avoid activity weight gain 196 ☐ Leg nervousness at night 118 □ Pulse fast at rest **(F)** 197 □ Diminished sex drive 119 ☐ Eyelids and face twitch 157 ☐ Weakness, dizziness 120 □ Irritable and restless 158 ☐ Chronic fatigue 121 □ Can't work under pressure **IMPORTANT** 159 ☐ Low blood pressure 160 □ Nails weak, ridged **(B)** TO THE PATIENT: Please list below 161 ☐ Tendency to hives 122 □ Increase in weight the five main health complaints you 162 ☐ Arthritic tendencies 123 ☐ Decrease in appetite have in order of their importance: 163 ☐ Perspiration increase 124 ☐ Fatigue easily 164 □ Bowel disorders 125 □ Ringing in ears 165 □ Poor circulation 126 ☐ Sleepy during day 166 □ Swollen ankles 127 □ Sensitive to cold 167 □ Crave salt 128 □ Dry or scaly skin 168 ☐ Brown spots or bronzing of skin 129 ☐ Constipation 169 ☐ Allergies - tendency to asthma 3. _____ 130 ☐ Metal sluggishness 170 □ Weakness after colds, influenza 131 ☐ Hair coarse, falls out 171 ☐ Exhaustion - muscular and 132 ☐ Headaches upon arising wear off nervous during day 172 ☐ Respiratory disorders 133 □ Slow pulse, below 65 _____ 134 ☐ Frequency of urination 135 ☐ Impaired hearing

136 □ Reduced initiative