

# Symptom and Conditions

## Patient Information

Full Name:

\_\_\_\_\_

*Last*

*First*

*M.I.*

Address:

\_\_\_\_\_

*Street Address*

*Apartment/Unit #*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Home Phone:

(    ) \_\_\_\_\_

Date of birth:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

List any Medication you are presently taken:


## Patient Conditions

Check the box beside all conditions you have been diagnosed with. If you have not been diagnosed, skip this section and proceed to the Symptoms section below.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acid Reflux                         | <input type="checkbox"/> Addison's Disease             | <input type="checkbox"/> Allergies                          |
| <input type="checkbox"/> Alopecia Areata                     | <input type="checkbox"/> Amyotrophic Lateral Sclerosis | <input type="checkbox"/> Anemia                             |
| <input type="checkbox"/> Ankylosing Spondylitis              | <input type="checkbox"/> Anti-GBM Nephritis            | <input type="checkbox"/> Anti-TBM Nephritis                 |
| <input type="checkbox"/> Antiphospholipid Syndrome           | <input type="checkbox"/> Aplastic Anemia               | <input type="checkbox"/> Arthritis (all types)              |
| <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Atopic Allergy                | <input type="checkbox"/> (AIED) Inner Ear Disease           |
| <input type="checkbox"/> (ALPS) Lymphoproliferative Syndrome | <input type="checkbox"/> Bacterial Infections          | <input type="checkbox"/> Baló Disease                       |
| <input type="checkbox"/> Barrett's Esophagus                 | <input type="checkbox"/> Behcet's Disease              | <input type="checkbox"/> Berger's Disease (IgA Nephropathy) |
| <input type="checkbox"/> Bullous Pemphigoid                  | <input type="checkbox"/> Cardiomyopathy                | <input type="checkbox"/> Bursitis                           |
| <input type="checkbox"/> Chronic Constipation                | <input type="checkbox"/> Chronic Depression            | <input type="checkbox"/> Chronic Diarrhea                   |
| <input type="checkbox"/> Chronic Fatigue Syndrome (CFS)      | <input type="checkbox"/> Chronic Headache              | <input type="checkbox"/> Chronic Indigestion                |
| <input type="checkbox"/> Chronic Insomnia                    | <input type="checkbox"/> Chronic Migraine              | <input type="checkbox"/> Chronic Nausea                     |
| <input type="checkbox"/> Churg Strauss Syndrome              | <input type="checkbox"/> Cicatricial Pemphigoid        | <input type="checkbox"/> Cogan's Syndrome                   |
| <input type="checkbox"/> Cold Agglutinin Disease             | <input type="checkbox"/> Colitis (all types)           | <input type="checkbox"/> Cranial Arteritis                  |
| <input type="checkbox"/> CREST Syndrome                      | <input type="checkbox"/> Crohn's Disease (IBD)         | <input type="checkbox"/> Cushing's Syndrome                 |

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Deigo's Disease                  | <input type="checkbox"/> Dermatitis                               | <input type="checkbox"/> Dermatomyositis                     |
| <input type="checkbox"/> Devic Disease                    | <input type="checkbox"/> Diabetes Type I & II                     | <input type="checkbox"/> Digestive Dysfunction               |
| <input type="checkbox"/> Diverticulitis                   | <input type="checkbox"/> Diverticulosis                           | <input type="checkbox"/> Dressler's Syndrome                 |
| <input type="checkbox"/> Eczema                           | <input type="checkbox"/> Eosinophilic Fasciitis                   | <input type="checkbox"/> Epidermolysis Bullosa Acquisita     |
| <input type="checkbox"/> Essential Mixed Cryoglobulinemia | <input type="checkbox"/> Evan's Syndrome                          | <input type="checkbox"/> Fibromyalgia                        |
| <input type="checkbox"/> Fibrosing Alveolitis             | <input type="checkbox"/> Gastritis                                | <input type="checkbox"/> General Infections                  |
| <input type="checkbox"/> Giant Cell Arteritis             | <input type="checkbox"/> Glomerulonephritis                       | <input type="checkbox"/> Goodpasture's Disease               |
| <input type="checkbox"/> Graves Disease                   | <input type="checkbox"/> Guillian-Barre Syndrome                  | <input type="checkbox"/> Hashimoto's                         |
| <input type="checkbox"/> Hemolytic Anemia                 | <input type="checkbox"/> Hemorrhoids                              | <input type="checkbox"/> Henoch-Schonlein Purpura            |
| <input type="checkbox"/> Hepatitis                        | <input type="checkbox"/> Hiatal Hernia                            | <input type="checkbox"/> High Blood Pressure                 |
| <input type="checkbox"/> High Blood Sugar Levels          | <input type="checkbox"/> High Cholesterol                         | <input type="checkbox"/> Hormonal Imbalances                 |
| <input type="checkbox"/> Hughes Syndrome                  | <input type="checkbox"/> Idiopathic Adrenal Atrophy               | <input type="checkbox"/> Idiopathic Thrombocytopenia Purpura |
| <input type="checkbox"/> Inflammation (general)           | <input type="checkbox"/> Inflammatory Demylinating Polyneuropathy | <input type="checkbox"/> Interstitial Cystitis (IC)          |
| <input type="checkbox"/> Irritable Bowel Syndrome (IBS)   | <input type="checkbox"/> Joint Inflammation                       | <input type="checkbox"/> Joint Pain                          |
| <input type="checkbox"/> Kawasaki's Disease               | <input type="checkbox"/> Leaky Gut Syndrome                       | <input type="checkbox"/> Lichen Planus                       |
| <input type="checkbox"/> Lou Gehrig's Disease             | <input type="checkbox"/> Lupoid Hepatitis                         | <input type="checkbox"/> Lupus                               |
| <input type="checkbox"/> Lyme Disease                     | <input type="checkbox"/> Memory Loss                              | <input type="checkbox"/> Meniere's Disease                   |
| <input type="checkbox"/> Mixed Connective Tissue Disease  | <input type="checkbox"/> Mold Infestations                        | <input type="checkbox"/> Multiple Myeloma                    |
| <input type="checkbox"/> Multiple Sclerosis               | <input type="checkbox"/> Myasthenia Gravis                        | <input type="checkbox"/> Myositis                            |
| <input type="checkbox"/> Narcolepsy                       | <input type="checkbox"/> Neuropathy                               | <input type="checkbox"/> Ocular Cicatricial Pemphigoid       |
| <input type="checkbox"/> Osteoporosis                     | <input type="checkbox"/> Parkinson's                              | <input type="checkbox"/> Pars Planitis                       |
| <input type="checkbox"/> Pemphigus Vulgaris               | <input type="checkbox"/> Polyglandular Autoimmune Syndromes       | <input type="checkbox"/> Polymyalgia Rheumatica (PMR)        |
| <input type="checkbox"/> Primary Biliary Cirrhois         | <input type="checkbox"/> Primary Sclerosing Cholangitis           | <input type="checkbox"/> Proctitis                           |
| <input type="checkbox"/> Psoriasis                        | <input type="checkbox"/> Raynaud's Phenomenon                     | <input type="checkbox"/> Reiter's Syndrome                   |
| <input type="checkbox"/> Rheumatoid Arthritis             | <input type="checkbox"/> Rheumatic Fever                          | <input type="checkbox"/> Rosacea                             |
| <input type="checkbox"/> Sarcoidosis                      | <input type="checkbox"/> Scleritis                                | <input type="checkbox"/> Scleroderma                         |
| <input type="checkbox"/> Sjogrens Syndrome                | <input type="checkbox"/> Sticky Blood Syndrome                    | <input type="checkbox"/> Stiff Man Syndrome                  |
| <input type="checkbox"/> Still's Disease                  | <input type="checkbox"/> Sydenham Chorea                          | <input type="checkbox"/> Systemic Lupus Erythmatosis (SLE)   |
| <input type="checkbox"/> Takayasu's Arteritis             | <input type="checkbox"/> Temporal Arteritis                       | <input type="checkbox"/> Ulcerative Colitis (UC)             |
| <input type="checkbox"/> Vasculitis                       | <input type="checkbox"/> Vision Loss                              | <input type="checkbox"/> Vitiligo                            |
| <input type="checkbox"/> Wegener's Granulomatosis         | <input type="checkbox"/> Wilson's Syndrome                        | <input type="checkbox"/> Yeast Infections                    |

List any other conditions not shown:


Additional Notes:

## Patient Symptoms

Check the box beside all Symptoms patient are experiencing.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> abdominal cramping      | <input type="checkbox"/> abdominal pain                    | <input type="checkbox"/> abdominal swelling        |
| <input type="checkbox"/> abdominal tenderness    | <input type="checkbox"/> abnormal growths                  | <input type="checkbox"/> abnormal tissue formation |
| <input type="checkbox"/> abscess                 | <input type="checkbox"/> acid reflux                       | <input type="checkbox"/> agitation                 |
| <input type="checkbox"/> allergies               | <input type="checkbox"/> anemia                            | <input type="checkbox"/> bacterial infection       |
| <input type="checkbox"/> flatulence              | <input type="checkbox"/> fungal infections                 | <input type="checkbox"/> excess gas                |
| <input type="checkbox"/> gland or lymph problems | <input type="checkbox"/> hair loss                         | <input type="checkbox"/> headache                  |
| <input type="checkbox"/> hemorrhoids             | <input type="checkbox"/> high blood pressure               | <input type="checkbox"/> high blood sugar levels   |
| <input type="checkbox"/> high cholesterol        | <input type="checkbox"/> hormonal imbalances               | <input type="checkbox"/> immune problems           |
| <input type="checkbox"/> indigestion             | <input type="checkbox"/> Infections inflammation (general) | <input type="checkbox"/> insomnia                  |
| <input type="checkbox"/> intestinal bleeding     | <input type="checkbox"/> intestinal obstruction            | <input type="checkbox"/> Irritability              |
| <input type="checkbox"/> joint inflammation      | <input type="checkbox"/> joint pain                        | <input type="checkbox"/> loss of muscle tone       |
| <input type="checkbox"/> low blood sugar levels  | <input type="checkbox"/> memory loss                       | <input type="checkbox"/> menstrual problems        |
| <input type="checkbox"/> migraine                | <input type="checkbox"/> nasal inflammation                | <input type="checkbox"/> nausea                    |
| <input type="checkbox"/> parasitic infections    | <input type="checkbox"/> polyps                            | <input type="checkbox"/> rectal bleeding           |
| <input type="checkbox"/> skin disorders          | <input type="checkbox"/> tissue degeneration               | <input type="checkbox"/> ulcers                    |
| <input type="checkbox"/> vision loss             | <input type="checkbox"/> yeast infections                  | <input type="checkbox"/> other                     |

List any other Symptoms not shown:


Additional Notes:

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