

# Atlas Health Solutions

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## PATIENT SYMPTOM SURVEY

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_

*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 a 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   | 039 <input type="checkbox"/> High Blood Pressure I10                         | 063 <input type="checkbox"/> Prostate Disorder N42.9  |
| 091 <input type="checkbox"/> Desires Nutritional & Metabolic Analysis                      | 040 <input type="checkbox"/> Low Blood Pressure I95.9                        | 069 <input type="checkbox"/> Hyperthyroidism E05.90   |
| 001 <input type="checkbox"/> Skin Disorder L25.9   | 041 <input type="checkbox"/> Tachycardia (High Heart Rate) R00.0             | 070 <input type="checkbox"/> Hypothyroidism E03.9   |
| 002 <input type="checkbox"/> Acne L70.8  | 042 <input type="checkbox"/> Numbness R20.9                                  | 071 <input type="checkbox"/> Systemic Lupus M32.10  |
| 003 <input type="checkbox"/> Psoriasis L40.8   | 043 <input type="checkbox"/> Constipation K59.00                             | 072 <input type="checkbox"/> Infertility, female M97.9  |
| 004 <input type="checkbox"/> Urticaria (Hives) L50.9                                       | 044 <input type="checkbox"/> Indigestion K30                                 | 073 <input type="checkbox"/> Interstitial Cystitis N30.11   |
| 005 <input type="checkbox"/> ADD/ADHD F90.1/F90.9  | 045 <input type="checkbox"/> Ulcerative Colitis K51.90                       | 074 <input type="checkbox"/> Irregular Menstrual Cycle N92.6  |
| 006 <input type="checkbox"/> Allergies, Unspecified J30.9                                  | 046 <input type="checkbox"/> Depression F32.9                                | 075 <input type="checkbox"/> Menopausal Symptoms N95.1  |
| 007 <input type="checkbox"/> Allergic Rhinitis from food J30.5                             | 047 <input type="checkbox"/> Diabetes Mellitus E11.9                         | 076 <input type="checkbox"/> Hot Flashes N95.1  |
| 008 <input type="checkbox"/> Sinusitis J01.90  | 030 <input type="checkbox"/> Diabetes Type I E10.9                           | 077 <input type="checkbox"/> Mental Disorder F99  |
| 009 <input type="checkbox"/> Alzheimer's G30.9   | 031 <input type="checkbox"/> Diabetes Type II E11.65                         | 078 <input type="checkbox"/> Insomnia G47.00  |
| 010 <input type="checkbox"/> Poor Concentration/Memory F07.8                               | 029 <input type="checkbox"/> Hyperglycemia [high blood sugar] R73.09         | 079 <input type="checkbox"/> Mouth/Throat/Tongue  |
| 011 <input type="checkbox"/> Parkinson's Disease G20                                       | 048 <input type="checkbox"/> Hypoglycemia [low blood sugar] E16.2            | 080 <input type="checkbox"/> Canker Sores K12.0   |
| 012 <input type="checkbox"/> Anemia D64.9  | 049 <input type="checkbox"/> Dizziness/Balance Problem R42                   | 081 <input type="checkbox"/> Overweight E66.3   |
| 013 <input type="checkbox"/> Arthritic Disorder M12.9                                      | 050 <input type="checkbox"/> Ear Infection H65.90                            | 082 <input type="checkbox"/> Underweight R63.6  |
| 014 <input type="checkbox"/> Osteoporosis M81.0  | 051 <input type="checkbox"/> Epstein Barr B27.90                             | 083 <input type="checkbox"/> Sexual Disorder F66  |
| 015 <input type="checkbox"/> Asthma J45.909  | 052 <input type="checkbox"/> Eye Problems H57.13                             | 084 <input type="checkbox"/> Spinal Problems M53.9  |
| 016 <input type="checkbox"/> Emphysema J43.9   | 053 <input type="checkbox"/> Cataracts H26.9                                 | 085 <input type="checkbox"/> Obesity E66.9  |
| 017 <input type="checkbox"/> Cancer  | 054 <input type="checkbox"/> Glaucoma H40.9                                  | 086 <input type="checkbox"/> GERD K21.9   |
| 018 <input type="checkbox"/> Breast C50.919female C50.929male                              | 055 <input type="checkbox"/> Macular Degeneration H35.30                     | 087 <input type="checkbox"/> HIV B20  |
| 019 <input type="checkbox"/> Prostate C61  | 056 <input type="checkbox"/> Fever R50.9                                     | 088 <input type="checkbox"/> Crohn's Disease K50.90   |
| 020 <input type="checkbox"/> Lung C34.90   | 057 <input type="checkbox"/> Fibromyalgia M79.7                              | 089 <input type="checkbox"/> Irritable Bowel Syndrome K58.9   |
| 021 <input type="checkbox"/> Colon and Rectal C18.9  | 058 <input type="checkbox"/> Gallbladder Disorder K82.9                      | 092 <input type="checkbox"/> Normal Pregnancy Z33.1<br>**only applicable if <i>currently</i> pregnant |
| 022 <input type="checkbox"/> Skin C44.90   | 059 <input type="checkbox"/> Gout M10.9                                      | 093 <input type="checkbox"/> Shingles B02.9   |
| 023 <input type="checkbox"/> Leukemia w/o remission C95.90<br>Leukemia w/ remission C95.91 | 060 <input type="checkbox"/> Headaches R51                                   | 140 <input type="checkbox"/> Migraines G43.909  |
| 024 <input type="checkbox"/> Lymphoma, malignant C85.89                                    | 061 <input type="checkbox"/> Hearing Loss H91.90                             | 141 <input type="checkbox"/> Rheumatoid Arthritis M06.9   |
| 025 <input type="checkbox"/> Brain Tumor, malignant C71.9                                  | 062 <input type="checkbox"/> Infertility, male N46.9                         | 142 <input type="checkbox"/> Non-Systemic Lupus L93.0   |
| 027 <input type="checkbox"/> Anxiety Disorder F41.9  | 064 <input type="checkbox"/> Liver Disease K76.9                             | 143 <input type="checkbox"/> Multiple Sclerosis G35   |
| 028 <input type="checkbox"/> Autism F84.0  | 065 <input type="checkbox"/> Hepatitis K71.6                                 | 144 <input type="checkbox"/> ALS (Lou Gehrig's) G12.21  |
| 033 <input type="checkbox"/> Edema R60.9   | 066 <input type="checkbox"/> Hepatitis B B16.9                               | 145 <input type="checkbox"/> Polymyalgia Rheumatica M35.3   |
| 034 <input type="checkbox"/> Eczema L25.9  | 067 <input type="checkbox"/> Hepatitis C B17.10                              | 146 <input type="checkbox"/> Scleroderma M34.9  |
| 035 <input type="checkbox"/> Chronic Fatigue R53.82  | 068 <input type="checkbox"/> Kidney Disorder N28.9 or Bladder Disorder N32.9 | 171 <input type="checkbox"/> Goiter E04.9   |
| 036 <input type="checkbox"/> Circulatory Disorder I99.9                                    |  | 178 <input type="checkbox"/> Raynaud's Syndrome I73.00  |
| 037 <input type="checkbox"/> Heart Disease I51.9   |  | 179 <input type="checkbox"/> Hemochromatosis E83.119  |
| 038 <input type="checkbox"/> High Cholesterol E78.0  |  | 180 <input type="checkbox"/> Thalassemia D56.8  |
|  |  | 181 <input type="checkbox"/> Brain aneurysm I61.9   |