Welcome Letter

Enclosed is your Patient Information form and Patient Symptom Survey that must be completed prior to your appointment date. Bring these forms with you to your consultation.

For some patients, I may suggest some specific tests be done. One of these tests is a "Toxic Element Screening". This requires taking hair samples. Prior to taking this sample, you may not perm or color your hair for 8 weeks. If you have an appointment scheduled for a perm or coloring, you may consider waiting until after your consultation. Please have hair washed. Conditioners, gels and hair sprays are OK.

I may also suggest a blood test for you. This requires a 12-hour fasting. You can only have water for the 12 hours prior to the test. If you think you may do a blood test on the same day as your appointment, please fast for 12 hours and drink plenty of water. Also, do not exercise 24 hours prior to testing.

If you are Diabetic or have another medical condition that makes fasting difficult please do not fast, we will take your condition into account with your testing. Also, if you are scheduled late afternoon for a consult, you can wait until the next morning to get your blood test. We don't want you to go 14 hours or more without eating.

Please give 48 hours notice if you will be unable to keep your appointment. We look forward to seeing you! If you have any questions, please feel free to call or text me at (404)396-9008 or email me at ledbetterchiropractic@gmail.com.

Yours in Good Health,

Dr. Joshua Ledbetter, D.C.

General Questionnaire

Date:________________ Patient # ______________________

Name_______________________________________ Date of Birth____________________

Address_____________________________________ City/State______________________

E-Mail ______________________________________ Zip Code ______________________

By documenting your email address on this page, you are agreeing that health information for yourself can be freely shared via email between yourself and Dr. Joshua Ledbetter, D.C. While usually considered safe, email is not the most secure method of sharing personal information.

Telephone: Home____________________________ Work___________________________

Place of Employment_________________________ Occupation_____________________

Married_____ Single_____ Divorced______ Widow(er)_____ # of Children_____

Spouse's Name______________________________ Place of Employment___________________

In case of emergency, who should we contact?

Name_________________________ Phone__________________ Relationship________________

How did you hear about our office?____

We will provide a receipt for you to submit to your insurance. You are responsible for payment in full at the time of service. By signing below you are stating that you clearly understand that all services rendered by Dr. Joshua Ledbetter D.C. are your responsibility and payment is expected at the time of service.

Patient's Signature______________________________ **Date**_________________________

Nutritional Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean:

"Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."

A Vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.

Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body.

Nutritional advice and nutritional intake may also enhance the stabilization of chiropractic adjustments and treatment.

I have read and understand the above.

Signature________________________________ **Date**_________________

404.396.9008 | ledbetterchiropractic@gmail.com | www.theconciergechiro.com

Insurance Billing

Dr. Joshua Ledbetter, D.C. is out of network with all insurance companies. While I do not bill your insurance company for you, you are welcome to submit a claim on your own seeking reimbursement.

Before you do, please consider the following:

1. If you file a claim with your insurance company, all diagnosis codes and test results will go on file with your insurance company. This can be used to determine future premium costs for you and your family.
2. If your diagnosis includes a hereditary disease like high blood pressure, it will not only be seen on your health records, but also the records for your children and grandchildren and will be used to determine their coverage availability and premium costs.
3. Insurance companies are quick to raise premiums or drop coverage entirely when customers file too many claims, or just one of the wrong kind of claim (like nutritional treatment rather than the medical drug-fix it norm).
4. Your insurance carrier is responsible only for paying benefits covered under your policy and will deny anything they deem "medically unnecessary or experimental". Nutritional services frequently fall under this category and therefore are not covered which means you are supplying them with diagnosis codes, test results, etc (which they can use against you) yet you see no financial benefit.
5. Rescission – if you have a serious illness, insurance companies will search your file to obtain medical records from the last several years and if they find any inconsistency in your application, your policy is rescinded so they can avoid paying for costly treatments or medication. Any information you share with them could be used against you.
6. Preapproval – if you call your insurance company to find out if certain services are covered, it is a warning sign to your provider that bills are coming which may spark a rescission search on your account.

Authorization for Use and Disclosure of Protected Health Information

We are very concerned with protecting your privacy. While the law requires that you give us this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which we may have to use or disclose your health information.

- We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your health information within our practice for quality control or other operational purposes.
- We may have to disclose your health information to Science Based Nutrition™ to obtain test results and reports.

We have a more complete notice that provides a detailed description of how your health information may be used or disclosed. You have the right to review that notice before you sign this consent form (§ 164.520). We reserve the right to change our privacy practices as described in that notice. If we make a change to our privacy practices, we will notify you in writing when you come in for treatment or by mail. Please feel free to call us at any time for a copy for our privacy notices.

I authorized Dr. Joshua Ledbetter, D.C. to contact me with information related to my personal health needs and interests. The physician's office may use any phone number or email in my personal records to contact me. If contact is made by phone and I am unable to respond, a message may be left with my home answering machine or voice mail service. I may be contacted about the following:

- Appointment reminders or schedule changes.
- Information about alternative treatments, presentations or events
- Other health related information that may be of interest to me

To contact me, I authorize Dr. Joshua Ledbetter, D.C. to use and disclose the following information:

- My Name, Address, Email and Phone Numbers
- The Name of my Physician and the Clinic where I was treated

NOTE: NO DIAGNOSIS OR TREATMENT INFORMATION WILL BE USED OR DISCLOSED.

Patient Name:_______________________________________ Date of Birth:____________

Address of Patient:____________________________________ Phone:_________________

____ Email:__________________

Dr. Joshua Ledbetter, D.C. fully supports the protection of health information. Only the physician and office staff will use this information to contact you. While we retain the standard rights of disclosure as provided under HIPAA, this authorization allows us to access only the above authorized information for contact purposes.

This authorization will remain valid for ten (10) years from the date of signature. You may revoke this authorization at any time or request to receive a copy of the protected health information to be used by contacting Dr. Joshua Ledbetter, D.C at ledbetterchiropractic@gmail.com. In this case, every effort will be made to discontinue future communications.

I have read and understand the above.

Signature________________________________ **Date**_________________

PATIENT SYMPTOM SURVEY

***DATE*________________**

***PATIENT'S NAME*______________________________________ *AGE*_______**

***WEIGHT*_________ *HEIGHT*_________ *BLOOD PRESSURE*___________ *PULSE*___________ *O2*__________**

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

097 ☐ Abdominal Pain R10.9	098 ☐ Abdominal Gas/Bloating R14.0	002 ☐ Acne L70.8
005 ☐ ADD/ADHD F90.1/F90.9	006 ☐ Allergies (unspecified) J30.9	007 ☐ Allergic Rhinitis from food J30.5
144 ☐ ALS (Lou Gehrig's Disease) G12.21	009 ☐ Alzheimer's G30.9	099 ☐ Amenorrhea M91.2
012 ☐ Anemia D64.9	027 ☐ Anxiety Disorder F41.9	028 ☐ Autism F84.0
013 ☐ Arthritic Disorder M12.9	015 ☐ Asthma J45.909	096 ☐ Bladder Disorder N32.9
181 ☐ Brain Aneurysm I61.9	025 ☐ Brain Tumor, malignant C71.9	018 ☐ Breast Cancer (female) C50.919
094 ☐ Breast Cancer (male) C50.929	017 ☐ Cancer	080 ☐ Canker Sores K12.0
053 ☐ Cataracts H26.9	026 ☐ Cervical Cancer C53.9	035 ☐ Chronic Fatigue R53.82
036 ☐ Circulatory Disorder I99.9	021 ☐ Colon/Rectal Cancer C18.9	043 ☐ Constipation K59.00
088 ☐ Crohn's disease K50.90	092 ☐ Currently Pregnant Z33.1	046 ☐ Depression F32.9
091 ☐ Desires Nutritional and Metabolic Analysis	047 ☐ Diabetes Mellitus E11.9	049 ☐ Dizziness/Balance problems R42
050 ☐ Ear Infection H65.90	034 ☐ Eczema L25.9	033 ☐ Edema R60.9
016 ☐ Emphysema J43.9	051 ☐ Epstein Barr B27.90	052 ☐ Eye Problems H57.13
056 ☐ Fever R50.9	057 ☐ Fibromyalgia M79.7	058 ☐ Gallbladder Disorder K82.9
090 ☐ General Good Health	086 ☐ GERD K21.9	054 ☐ Glaucoma H40.9
171 ☐ Goiter E04.9	059 ☐ Gout M10.9	060 ☐ Headaches R51
061 ☐ Hearing Loss H91.90	037 ☐ Heart Disease I51.9	179 ☐ Hemochromatosis E83.119
065 ☐ Hepatitis K71.6	066 ☐ Hepatitis B B16.9	067 ☐ Hepatitis C B17.10
087 ☐ HIV Infection B20	076 ☐ Hot flashes N95.1	038 ☐ Hypercholesterolemia (High Cholesterol) E78.0
029 ☐ Hyperglycemia (high blood sugar) R73.09	720 ☐ Hypertension (High Blood Pressure) I10	069 ☐ Hyperthyroid E05.90
148 ☐ Hypocholesterolemia (Low Cholesterol) E78.6	048 ☐ Hypoglycemia (low blood sugar) E16.2	721 ☐ Hypotension (Low Blood Pressure) I95.9
070 ☐ Hypothyroid E03.9	044 ☐ Indigestion K30	072 ☐ Infertility, Female N97.9
062 ☐ Infertility, male N46.9	078 ☐ Insomnia G47.00	073 ☐ Interstitial Cystitis N30.11
074 ☐ Irregular Menstrual Cycle N92.6	089 ☐ Irritable Bowel Syndrome K58.9	068 ☐ Kidney Disorder N28.9
023 ☐ Leukemia w/o remission C95.90	095 ☐ Leukemia w/ remission C95.91	064 ☐ Liver Disease K76.9
040 ☐ Low blood pressure I95.9	020 ☐ Lung Cancer C34.90	071 ☐ Lupus, systemic M32.10
142 ☐ Lupus, non-systemic L93.0	024 ☐ Lymphoma, malignant C85.89	055 ☐ Macular Degeneration H35.30
722 ☐ Malaise	075 ☐ Menopausal Symptoms N95.1	723 ☐ Menorrhagia
077 ☐ Mental Disorder F99	140 ☐ Migraines G43.909	724 ☐ Motion Sickness
079 ☐ Mouth/Throat/Tongue	143 ☐ Multiple Sclerosis G35	725 ☐ Myalgia
726 ☐ Myopia	727 ☐ Nasal Polyp	728 ☐ Nephritis
729 ☐ Nephrolithiasis (Kidney Stones)	095 ☐ Nosebleed	042 ☐ Numbness/Paresthesia R20.9
085 ☐ Obesity E66.9	730 ☐ Orgasm, poor/infrequent	731 ☐ Osteoarthritis
014 ☐ Osteoporosis M81.0	026 ☐ Other Cancers	081 ☐ Overweight E66.3
732 ☐ Pain in Limbs	733 ☐ Painful Urination	011 ☐ Parkinson's Disease G20
145 ☐ Polymyalgia Rheumatica M35.3	010 ☐ Poor Concentration/Memory F07.8	181 ☐ Post stroke/brain aneurysm

- 613 ☐ Premenstrual Syndrome
- 734 ☐ Presbyopia
- 019 ☐ Prostate Cancer C61
- 735 ☐ Prostate Cancer - screening
- 063 ☐ Prostate Disorder N42.9
- 003 ☐ Psoriasis L40.8
- 178 ☐ Raynaud's syndrome I73.00
- 736 ☐ Rheumatism
- 141 ☐ Rheumatoid Arthritis M06.9
- 737 ☐ Salivary Secretions
- 146 ☐ Scleroderma M34.9
- 738 ☐ Scoliosis
- 083 ☐ Sexual Disorder F66
- 739 ☐ Shortness of Breath
- 093 ☐ Shingles B02.9
- 008 ☐ Sinusitis J01.90
- 022 ☐ Skin Cancer C44.90
- 001 ☐ Skin Disorder L25.9
- 94 ☐ Skin Rash
- 096 ☐ Sneezing
- 740 ☐ Sore Throat
- 084 ☐ Spinal Problems M53.9
- 463 ☐ Stammering/Stuttering
- 741 ☐ Stress Incontinence, female
- 742 ☐ Stress Incontinence, male
- 097 ☐ Swollen Joints
- 743 ☐ Syncope
- 041 ☐ Tachycardia (High Heart Rate) R00.0
- 744 ☐ Tender Breasts
- 180 ☐ Thalassemia D56.8
- 745 ☐ Thoracicalgia
- 746 ☐ Toothache
- 747 ☐ Tympanic Membrane (Ear Ache)
- 030 ☐ Type 1 Diabetes E10.9
- 031 ☐ Type 2 Diabetes E11.65
- 045 ☐ Ulcerative Colitis K51.90
- 082 ☐ Underweight R63.6
- 748 ☐ Urethra Discharge
- 749 ☐ Urinary Frequency
- 004 ☐ Urticaria (Hives) L50.9
- 750 ☐ Vaginal Discharge
- 751 ☐ Vaginal Yeast Infection
- 098 ☐ Variscosities
- 752 ☐ Vertigo
- 753 ☐ Viral Warts
- 099 ☐ Wheezing

If necessary, please state your most significant concern…

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General Health

- 226 ☐ Breast Cancer - Screening
- 138 ☐ Anti Rejection Drugs
- 108 ☐ Balance Problems
- 100 ☐ Base of fingernails are pink
- 101 ☐ Base of fingernails are purple
- 107 ☐ Blacks out easily
- 111 ☐ Brittle hair
- 219 ☐ Breast Cancer - History
- 117 ☐ Currently on Chemotherapy
- 118 ☐ Currently on Radiation treatments
- 109 ☐ Difficulty walking
- 115 ☐ Drinks alcoholic beverage(s) every day
- 116 ☐ Drinks less than 8 glasses of water per day
- 112 ☐ Dry hair
- 755 ☐ Energy level is better than it was 5 years ago
- 756 ☐ Energy level is the same as it was 5 years ago
- 125 ☐ Energy level is worse than it was 5 years ago
- 102 ☐ Fingernails have ridges or white spots
- 103 ☐ Fingernails are soft
- 104 ☐ Fingernails are splitting
- 105 ☐ Fingernails peel
- 121 ☐ Gained over 20 lbs within in the last 12 months
- 114 ☐ Hair loss
- 119 ☐ Has had Chemotherapy in the past
- 758 ☐ Has had Chemotherapy within the last 3 months
- 120 ☐ Has had Radiation treatments in the past
- 132 ☐ Had a major accident or injury
- 130 ☐ Had Blood Transfusion in the Past
- 131 ☐ Had Transplant in the Past
- 110 ☐ Has tattoos
- 148 ☐ Is overweight
- 754 ☐ Is underweight
- 124 ☐ Lost over 20 lbs within the last 4 months
- 106 ☐ Pale fingernail beds
- 757 ☐ Pink fingernail beds
- 126 ☐ Rarely exercises
- 129 ☐ Sensitive to chemicals, paint, exhaust fumes, cologne
- 127 ☐ Sleeps less than 6 hours per night
- 122 ☐ Somewhat Overweight
- 123 ☐ Somewhat Underweight
- 113 ☐ Thin hair
- 128 ☐ Unable to recall dreams the next day
- 187 ☐ Family history of Alcoholism
- 184 ☐ Family history of Cancer
- 188 ☐ Family history of Depression
- 186 ☐ Family history of Diabetes
- 185 ☐ Family history of Heart Disease
- 189 ☐ Family history of Obesity
- 149 ☐ Had Chemotherapy in the last year
- 176 ☐ Had childhood vaccinations
- 148 ☐ Had Radiation therapy in the last year
- 175 ☐ Has been out of the country recently
- 177 ☐ Has been vaccinated in the last 12 months
- 147 ☐ Has had a flu shot in the last year
- 183 ☐ Has had a Hepatitis vaccine within the last 2 years
- 182 ☐ Has had a pneumonia vaccine in the last year
- 137 ☐ Sleep Apnea
- 139 ☐ Toxic Chemical Exposure

Allergies

- 206 ▢ Dairy
- 207 ▢ Eggs
- 208 ▢ Garlic
- 209 ▢ Gluten
- 210 ▢ Mold
- 211 ▢ Peanut
- 212 ▢ Ragweed
- 213 ▢ Shellfish
- 214 ▢ Soy
- 215 ▢ Sulfa Drugs
- 216 ▢ Tree Nuts
- 217 ▢ Wheat
- 218 ▢ Other allergies

Behavior Patterns

- 150 ▢ Afraid to eat anywhere except home
- 151 ▢ Always needs someone to advise
- 170 ▢ Brain Fog
- 152 ▢ Cries often
- 153 ▢ Difficulty concentrating
- 154 ▢ Difficulty falling asleep
- 155 ▢ Difficulty staying asleep
- 156 ▢ Easily angered
- 157 ▢ Feelings are easily hurt
- 158 ▢ Frequently becomes scared for no reason
- 159 ▢ Frequently miserable or blue
- 160 ▢ Has to be on guard even with friends
- 161 ▢ Often annoyed by people
- 165 ▢ Poor memory
- 162 ▢ Recurrent bad dreams
- 166 ▢ Scared to be alone
- 163 ▢ Sometimes wishes to be dead or away from it all
- 167 ▢ Strange people or places cause fear
- 168 ▢ Under considerable emotional stress
- 169 ▢ Unhappy when others are happy
- 164 ▢ Upset by criticism

Cardiovascular

- 197 ▢ At Times Low Blood Pressure
- 190 ▢ Cold feet
- 191 ▢ Cold hands
- 192 ▢ Experiences shortness of breath while sitting still
- 199 ▢ Frequent swollen ankles
- 193 ▢ Heart skips beats
- 205 ▢ Heart palpitations
- 039 ▢ High blood pressure
- 195 ▢ Leg cramps during bedtime
- 196 ▢ Leg cramps during daytime
- 198 ▢ Pain in leg/hips when walking
- 200 ▢ Pains in the heart or chest
- 201 ▢ Spells of rapid heart rate
- 194 ▢ Tendency of High Blood Pressure
- 202 ▢ Troubled with blood clots
- 203 ▢ Unusually slow heart rate (Bradycardia)
- 204 ▢ Varicose veins

Ears

- 220 ▢ Discharge from ears
- 221 ▢ Hard of hearing
- 222 ▢ Punctured ear drum
- 223 ▢ Recurrent ear infections
- 224 ▢ Ringing or noises in the ears
- 225 ▢ Tinnitus

Endocrine

- 245 ▢ Coarse hair
- 246 ▢ Coarse skin
- 247 ▢ Diabetic
- 248 ▢ Excessive thirst
- 249 ▢ Frequently feels cold
- 250 ▢ Frequently feels hot
- 251 ▢ Gets lightheaded when standing quickly
- 252 ▢ Heals slowly
- 255 ▢ Swollen Lymph glands
- 253 ▢ Unusually jumpy or nervous
- 254 ▢ Unusually tired most of the time

Eyes

- 320 ▢ Bloodshot eyes
- 321 ▢ Blurred Vision
- 322 ▢ Cross eyes
- 332 ▢ Dry Eyes
- 323 ▢ Eye pain
- 324 ▢ Eyes feel gritty
- 325 ▢ Eyes water
- 327 ▢ Far sighted
- 759 ▢ Has or has had cataracts
- 330 ▢ Itchy eyes
- 328 ▢ Mild Cataracts
- 326 ▢ Mild Glaucoma
- 329 ▢ Mild Macular Degeneration
- 331 ▢ Near sighted

Feet

- 350 ▢ Corns
- 351 ▢ Frequent foot cramps
- 357 ▢ Fungal Infection
- 352 ▢ Heel spurs
- 353 ▢ Painful feet
- 356 ▢ Plantar Fascitis
- 354 ▢ Plantar warts
- 355 ▢ Swelling in the feet and/or ankles

Gastrointestinal

- 266 ☐ 3 or less bowel movements per week
- 265 ☐ 4-5 bowel movements per week
- 267 ☐ 6 or more bowel movements per week
- 277 ☐ Abdominal gas
- 278 ☐ Belching and burping after eating
- 268 ☐ Black tarry stools
- 279 ☐ Bloated after eating
- 270 ☐ Bloody Stools
- 287 ☐ Difficulty swallowing
- 300 ☐ Diverticulitis
- 301 ☐ Diverticulosis
- 288 ☐ Eating relieves fatigue
- 289 ☐ Eats when nervous
- 290 ☐ Excessive hunger
- 292 ☐ Experiences fainting spells when hungry
- 293 ☐ Feels shaky when hungry
- 274 ☐ Frequent diarrhea
- 275 ☐ Frequent nausea
- 276 ☐ Frequent vomitting
- 294 ☐ Frequently drowsy after eating a meal
- 295 ☐ Gall bladder disease
- 302 ☐ Greasy foods cause indigestion
- 760 ☐ Has constipation
- 296 ☐ Has had intestinal worms
- 272 ☐ Hemorrhoids (piles)
- 284 ☐ Immediate indigestion upon eating
- 285 ☐ Indigestion in 2 hours or more after meals
- 286 ☐ Indigestion within 1 hour after meals
- 299 ☐ Irritable Bowel
- 298 ☐ Liver disease
- 273 ☐ Loose bowel movements
- 269 ☐ Pale or yellow colored stool
- 291 ☐ Poor appetite
- 297 ☐ Reflux/Hiatal Hernia
- 280 ☐ Severe abdominal pains
- 281 ☐ Stomach ulcers
- 271 ☐ Tends to constipation
- 282 ☐ Uses digestive aids
- 283 ☐ Uses laxatives

Lifestyle Habits

- 389 ☐ Anorexia R63.0
- 390 ☐ Bulemia
- 391 ☐ Craves Sugars/starches
- 382 ☐ Currently smokes
- 370 ☐ Drinks alcohol
- 371 ☐ Drinks caffeinated coffee
- 372 ☐ Drinks caffeinated pop/soda
- 373 ☐ Drinks caffeinated tea
- 375 ☐ Drinks Decaffeinate Pop/Soda
- 392 ☐ Drinks coffee
- 374 ☐ Drinks decaffeinated coffee
- 376 ☐ Drinks decaffeinated tea
- 388 ☐ Drinks diet pop/soda
- 377 ☐ Drinks more than 3 cups of coffee per day
- 378 ☐ Drinks more than 3 cups of tea per day
- 379 ☐ Drinks 1 or more pop/sodas per day
- 380 ☐ Drinks beverages from a can
- 393 ☐ Drinks tea
- 136 ☐ Eats no meat, no dairy
- 135 ☐ Eats no red meat
- 387 ☐ Frequent use of Artificial Sweeteners
- 174 ☐ Had 4 alcoholic drinks in one day less than 3 months ago
- 173 ☐ Had 4 alcoholic drinks in one day more than 3 months ago
- 381 ☐ Has more than 5 alcoholic drinks per week
- 172 ☐ Never had 4 alcoholic drinks in one day
- 383 ☐ Quit smoking in the last 5 years
- 133 ☐ Regularly exercises
- 384 ☐ Smoked for more than 5 years
- 385 ☐ Smokes more than 1 pack per day
- 386 ☐ Takes vitamins
- 134 ☐ Vegetarian
- 340 ☐ Home has well water
- 341 ☐ Home has city water
- 342 ☐ Home water is filtered
- 343 ☐ Home pipes are steel
- 344 ☐ Home pipes are PVC
- 345 ☐ Home pipes are copper
- 346 ☐ Home pipes are PEX
- 347 ☐ Home built prior to 1978
- 348 ☐ Home renovations within the last year
- 349 ☐ Uses chlorine bleach or other heavy duty chemicals
- 360 ☐ Has worked in plumbing, automotive or metallurgic industry
- 361 ☐ Has worked around industrial solvents, chemicals or pesticides

Mouth and Throat

- 418 ☐ Amalgam dental fillings
- 400 ☐ Bad breath
- 401 ☐ Bitter taste in the mouth in the morning
- 420 ☐ Dental Fillings (gold, composite etc.)
- 402 ☐ Dry mouth
- 403 ☐ Excessive saliva
- 406 ☐ Frequent canker sores
- 407 ☐ Frequent fever blisters
- 408 ☐ Frequent sore throats
- 409 ☐ Frequently has a sore tongue
- 405 ☐ Glands often swell
- 416 ☐ Gums bleed when brushing teeth

- 419 Have had root canals
- 420 Other dental fillings
- 410 Sore gums
- 404 Sores or cracks in the corners of the mouth
- 411 Swollen gums
- 412 Swollen tongue
- 413 Tongue burns
- 414 Tongue has grooves or fissures
- 415 Tongue is coated
- 417 Toothaches

Neuromuscular

- 440 Bites nails
- 445 Frequent headaches
- 441 Frequent muscle soreness
- 447 Frequently feels faint
- 448 Has Epilepsy
- 449 Has Motion Sickness
- 450 Has Osteoarthritis
- 451 Has Rheumatism
- 453 Joint stiffness in the morning
- 455 Leg pain at rest
- 457 Low back pain
- 442 Muscle spasms
- 443 Muscle weakness
- 458 Neck pain
- 464 Nerve Pain
- 461 Numbness/tingling in the body
- 446 Often dizzy
- 459 Pain between the shoulders
- 452 Rheumatoid Arthritis
- 460 Shoulder/arm pain
- 462 Sleep walks
- 456 Spinal curvature
- 761 Stutters or stammers
- 454 Swollen joints
- 444 Tremors/Shakes

Respiratory

- 485 Catches severe colds
- 486 Chronic chest condition
- 487 Chronic cough
- 488 Constant runny nose
- 489 COPD
- 490 Difficulty breathing
- 491 Frequent colds
- 492 Frequent nose bleeds
- 493 Frequent sinus infections
- 494 Frequent stuffy nose
- 503 Has asthma
- 495 Hay fever
- 496 Nasal polyps
- 498 Post nasal drip
- 499 Sneezing spells
- 500 Spits up blood
- 501 Spits up phlegm
- 502 Wheezes

Women Only

- 497 Night sweats
- 612 Abnormal cycle >29 days and/or <26 days
- 642 Abortion
- 616 Acne worse at menstruation
- 634 Bloody spotting discharge
- 641 Breast Augmentation
- 647 Breast Fibroids
- 707 Breast Implants
- 640 Breast Reduction
- 648 Currently breastfeeding
- 620 Currently taking birth control medication
- 611 Cycles are every 27-29 days
- 643 D & C
- 627 Diminished sexual desire
- 639 Endometriosis
- 617 Excessive menstrual flow
- 636 External genital sores
- 623 Has had miscarriage
- 621 Has taken birth control medication for more than one year
- 622 Has taken birth control medication within the last year
- 610 Heavy hair growth on face or body
- 637 Herpes infection
- 632 Hysterectomy
- 630 Lumps in the breasts
- 609 Mastitis
- 614 Menstrual cramps
- 624 Mild to Moderate Hot Flashes
- 646 Ovarian Fibroids
- 628 Painful intercourse
- 615 Painful periods
- 629 Poor or infrequent orgasm
- 619 Pre-menstrual depression
- 618 Retains fluid during periods
- 638 Sexual diseases
- 625 Takes hormone replacement medication
- 631 Tender breasts
- 644 Tubal Pregnancy
- 645 Uterine Fibroids
- 633 Vaginal discharge
- 762 Vagina dryness
- 635 Yeast infections

Skin

- 534 Dry Skin
- 520 Bruises easily
- 521 Excessive perspiration
- 522 Frequent goose bumps
- 523 Has Acne
- 528 Has moles which are changing in size and/or color
- 524 Has Psoriasis
- 525 Hives
- 526 Itchy skin
- 527 Problems with Eczema
- 529 Skin eruptions
- 530 Skin is rough, especially on the back of the arms
- 531 Skin is tender
- 532 Sores that heal slowly
- 533 Troubled with boils

Urinary

- 555 ☐ Urinates more than 2 times per night
- 556 ☐ Bed wetting
- 557 ☐ Blood in the urine
- 558 ☐ Difficulty starting urination
- 564 ☐ Frequent bladder infections
- 565 ☐ Frequent kidney infections
- 560 ☐ Frequent urination
- 562 ☐ Incontinence when sneezing or laughing
- 566 ☐ Kidney stones
- 563 ☐ Loses bladder control
- 559 ☐ Painful urination
- 561 ☐ Troubled by urgent urination

Men Only

- 585 ☐ Difficulty completing intercourse
- 586 ☐ Difficulty getting or keeping an erection
- 587 ☐ Discharge from the urethra
- 588 ☐ Had a vasectomy
- 589 ☐ Had difficulty fathering children
- 594 ☐ Herpes
- 584 ☐ Inflammation of Testis
- 596 ☐ Low sex drive
- 590 ☐ Lumps in the testicles
- 591 ☐ Painful genitals
- 592 ☐ Prostate troubles
- 595 ☐ Sexual Diseases
- 593 ☐ Sores on external genitalia

Surgeries

- 701 ☐ Appendix removed
- 718 ☐ Bariatric/Weight loss surgery
- 708 ☐ Cancer surgery
- 716 ☐ Cataract Surgery
- 709 ☐ Coronary Bypass
- 711 ☐ Extremity Surgery
- 702 ☐ Gallbladder removed
- 717 ☐ Hemorrhoid Surgery
- 712 ☐ Hip Replacement
- 704 ☐ Hysterectomy, complete
- 705 ☐ Hysterectomy, partial
- 713 ☐ Knee Replacement
- 715 ☐ Radiated Thyroid
- 710 ☐ Spinal Surgery
- 714 ☐ Spleen Removed (Splenectomy)
- 703 ☐ Thyroid removed
- 700 ☐ Tonsils and/or Adenoids removed
- 706 ☐ Tubal Ligation (fallopian tubes tied)

Medications

Please list all drugs you are <u>currently</u> taking on a <u>daily basis</u>.

DRUG	PRESCRIBED FOR:	HOW LONG

Please list all drugs taken <u>within the last year and/or you take as needed</u> including over the counter drugs, antibiotics, aspirin, inhalers, etc.

DRUG	PRESCRIBED FOR:	HOW LONG

Supplements

Please list all vitamins/herbs/supplements you are currently taking and dosages.

VITAMIN	BRAND	DOSAGE