Nutritional Patient Information

Date ____/_____/____ Office Case # _____

Name _____ Contact phone number _____

Address _____ City _____

State _____ Zip _____ Birth Date _____ Age ___ Gender M F

___ Single ___ Married ___ Widowed ___ Divorced Height _____ft. In. _____ Weight _____

Private e-mail address _____

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 Eckert Chiropractic Center, PC. While usually considered safe, email is not the most secure method of sharing personal information.

Your Employer _____ Occupation _____

Work phone number _____

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 at Eckert Chiropractic Center, PC 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 symptom, this does not mean that it can be misrepresented or be classified as a drug by any one.

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.

Patient's Signature _____ Date _____

Patient Symptoms Survey --- please check all that apply

Name_____ Date_____

Primary Complaints

□ General Good Health
□ Desires Nutritional Analysis
□ Skin Disorders 692.9
□ Acne 706.1
□ Psoriasis 696.1
□ Urticaria (hives) 708.9
□ ADD/ADHD 314.00/314.01
□ Allergies, Unspecified 477.9
□ Allergic Rhinitis from food 477.1
□ Sinusitis 461.9
□ Alzheimer's 331.0
□ Poor Concentration/Memory 310.1
□ Parkinson's Disease 332.0
□ Anemia 285.9
□ Arthritic Disorders 716.90
□ Osteoporosis 733.00
□ Asthma 493.90
□ Emphysema 492.8
□ Male Breast Cancer 175.9
□ Female Breast Cancer 174.9
□ Prostate 185
□ Lung 162.9
□ Colorectal 153.9
□ Skin 173.9
□ Leukemia w/o remission 208.9
□ Leukemia with remission 208.91
□ Lymphoma, Malignant 202.8
□ Brain Tumor, Malignant 191.9
□ Anxiety Disorder 300.00
□ Autism 299.00
□ Edema 782.3
□ Eczema 692.9
□ Chronic Fatigue 780.71
□ Circulatory Disorder 459.9
□ Heart Disease 429.9
□ High Cholesterol 272.0
□ High Blood Pressure 401.9
□ Low Blood Pressure 458.9
□ Tachycardia (rapid heart rate) 785.00
□ Numbness 782.0
□ Constipation 564.0
□ Indigestion 536.8
□ Ulcerative Colitis 556.9
□ Depression 311
□ Diabetes Mellitus 250.0
□ Diabetes Type I 250.01
□ Diabetes Type II 250.02
□ Hyperglycemia (high blood sugar) 790.29
□ Hypoglycemia (low blood sugar) 251.2
□ Dizziness/Balance Problems 780.4
□ Ear Infections 381.4
□ Epstein Barr 075
□ Eye Problems 379.91
□ Cataracts 366.9
□ Glaucoma 365.9
□ Macular Degeneration 362.5
□ Fever 780.6
□ Fibromyalgia 729.1
□ Gallbladder Disorder 575.9
□ Gout 274.9
□ Headaches 784.0
□ Hearing Loss 389.9
□ Infertility, Male 606.9
□ Infertility, Female 628.9
□ Liver Disease 571.9
□ Hepatitis A 573.3
□ Hepatitis B 070.3
□ Hepatitis C 070.51
□ Kidney Disorders 593.9
□ Bladder Disorders 596.9
□ Prostate Disorders 602.9
□ Hyperthyroid 242.90
□ Hypothyroid 244.9
□ Systemic Lupus 710.0
□ Non-Systemic Lupus 695.4
□ Interstitial Cystitis 595.1
□ Irregular Menstrual Cycles 626.4
□ Menopausal Symptoms 627.2
□ Hot Flashes 627.2
□ Mental Disorder 300.9
□ Insomnia 780.52
□ Canker Sores 528.2
□ Overweight 278.02
□ Underweight 783.22
□ Sexual Disorder 302.89
□ Spinal Problems 724.9
□ Obesity 278.00
□ GERD 530.81
□ HIV 042
□ Crohn's Disease 555.9
□ Irritable Bowel Syndrome 564.1
□ Currently Pregnancy V22.2
□ Shingles 053.9
□ Migraines 346.90
□ Rheumatoid Arthritis 714.0
□ Multiple Sclerosis 340
□ ALS (Lou Gehrig's) 335.20
□ Polymyalgia Rheumatica 725
□ Scleroderma 710.1
□ Goiter 240.9
□ Raynaud's Syndrome 443.8
□ Hemochromatosis 275.0
□ Thalassemia 282.49
□ Brain Aneurysm 431

If necessary. Please state your most significant concern

_____

_____

_____

General Health

□ Fingernail base is pink
□ Fingernail base is purple
□ Fingernails have ridges or white spots
□ Fingernails are soft
□ Fingernails are splitting
□ Fingernails peel
□ Pale fingernail beds
□ Black out easily
□ Balance problems
□ Difficulty walking
□ Has tattoos
□ Brittle hair
□ Dry hair
□ Thin hair
□ Hair loss
□ Drinks alcoholic beverages daily
□ Drinks less than 8 glasses of water per day
□ Currently on chemotherapy
□ Currently on radiation treatment
□ Had chemotherapy in the past
□ Had radiation treatments in the past
□ Gained over 20 lbs in the last 12 months
□ Somewhat overweight
□ Somewhat underweight
□ Unexplained loss of > 20 lbs in last 4 months
□ Energy level is worse than it was 5 years ago
□ Sleeps less than 6 hours per night
□ Unable to recall dreams the next day
□ Sensitive to chemicals, paint, fumes, cologne
□ Had blood transfusion in the past
□ Had transplant in the past
□ Takes anti-rejection drugs
□ Had a major accident or injury
□ Sleep Apnea
□ Toxic chemical exposure
□ Has been out of the country recently
□ Had childhood vaccines
□ Had a vaccine in the last 12 months
□ Had a flu shot last year
□ Had a pneumonia vaccine last year
□ Had a Hepatitis B vaccine in the last 2 years
□ Family history of Breast Cancer
□ Family history of Colon Cancer
□ Family history of Heart Disease
□ Family history of Diabetes
□ Family history of Alcoholism
□ Family history of Depression
□ Family history of Obesity

Lifestyle & Environment

Do you use? □ well water □ city water □ filtered □ yes □ no Filter Type _____
What kind of water pipes are in your home? □ Steel □ CPVC □ Copper □ Pex □ other_____
What year was your home built? _____ Any renovations in the past year? _____
Do you use chlorine bleach or other heavy duty cleaners in your home or work □ yes □ no
Have you ever worked around heavy machinery, plumbing, automotive or the metallurgic industry? □ yes □ no
Explain _____

Have you ever worked around industrial solvents, chemicals or pesticides? □ yes □ no
Explain _____

Lifestyle & Environment Continued

□ Drinks beverages from a can	□ Drinks > 1 pop/soda per day	□ Rarely exercise
□ Drinks alcohol	□ Drinks > 4 alcoholic drinks daily	□ Regularly exercise
□ Drinks caffeinated coffee	□ Drinks > 5 alcoholic drinks/week	□ Take vitamins
□ Drinks caffeinated pop/soda	□ Never drank alcohol	□ Vegetarian
□ Drinks caffeinated tea	□ Quit alcohol > than 3 months ago	□ Eat no red meat
□ Drinks decaffeinated coffee	□ Quit alcohol < than 3 months ago	□ Eat no meat no dairy
□ Drinks decaffeinated pop/soda	□ Crave sugar / starches	□ Frequently use artificial sweeteners
□ Drinks decaffeinated tea	□ Currently smoke	
□ Drinks > 3 cups of coffee daily	□ Quit smoking within the last 5 yr.	□ Anorexia
□ Drinks > 2 cups of tea per day	□Smoked for > than 5 years	□ Bulimic
□ Drinks diet pop/soda	□ Smoke > than 1 pack per day	

Surgeries

□ Tonsillectomy and/or Adenoids	□ Breast implants	□ Splenectomy
□ Appendix	□ Cancer	□ Radiated thyroid
□ Gallbladder	□ Coronary by-pass	□ Cataract surgery
□ Thyroid	□ Spinal surgery	□ Hemorroidectomy
□ Hysterectomy, complete	□ Extremity surgery	□ Bariatric/Weight loss
□ Hysterectomy, partial	□ Hip Replacement	□ Other: _____
□ Tubal ligation	□ Knee replacement	

Gastrointestinal

□ 4-5 bowel movements per week	□Bloated after eating	□ Fainting spells when hungry
□ 3 or less bowel movements/week	□ Severe abdominal pains	□ Fowl smelling gas
□ 6 or more bowel movements/wk	□ Stomach ulcers	□ Feels shaky when hungry
□ Black tarry stools	□ Use digestive aids	□ Drowsy after eating
□ Pale or yellow colored stools	□ Use laxatives	□ Gallbladder disease
□ Blood in the stools	□ Sudden indigestion after eating	□ Has had intestinal worms
□ Constipation	□ Indigestion 2 hr. after eating	□ Acid reflux
□ Loose bowel movements	□ Indigestion 1 hr. after eating	□ Hiatal hernia
□ Frequent diarrhea	□ Difficulty swallowing	□ Liver disease
□ Frequent nausea	□ Eating relieves fatigue	□ Irritable Bowel Syndrome
□ Frequent vomiting	□ Eat when nervous	□ Diverticulitis
□ Abdominal gas	□ Excessive hunger	□ Diverticulosis
□ Belching/burping after eating	□ Poor appetite	□ Crohn's Disease

Respiratory

□ Catches severe colds	□ Frequent colds	□ Night sweats
□ Chronic chest condition	□ Frequent nose bleeds	□ Post nasal drip
□ Chronic cough	□ Frequent sinus infections	□ Sneezing spells
□ Constant runny nose	□ Frequent stuffy nose	□ Spits up blood
□ COPD	□ Hay fever	□ Spits up phlegm
□ Difficulty breathing	□ Nasal polyps	□ Wheezes

Mouth and Throat

□ Bad breath	□ Frequent fever blisters	□ Tongue has grooves or fissures
□ Bitter taste in the mouth/morning	□ Frequent sore throats	□ Tongue is coated
□ Dry mouth	□ Frequent sore tongue	□ Gums bleed when brushing
□ Excessive saliva	□ Sore gums	□ Toothaches
□ Sores/cracks in corners of mouth	□ Swollen gums	□ Amalgam dental fillings
□ Glands often swollen	□ Swollen tongue	□ Other dental fillings (gold etc)
□ Frequent canker sores	□ Tongue burns	□ Has had root calal(s)

Cardiovascular

□ Cold hands or Feet	□ Leg cramps during daytime	□ Spells of rapid heart rate
□ Shortness of breath while sitting	□ Low blood pressure at times	□ Trouble with blood clots
□ Heart skips beats	□ Pain in leg/hip when walking	□ Unusually slow pulse rate
□ Tendency of high blood pressure	□ Frequent swollen ankles	□ Varicose veins
□ Leg cramps during bedtime	□ Pain in the heart or chest	□ Heart palpatations

Skin

□ Bruises easily	□ Itchy skin	□ Skin eruptions
□ Excessive perspiration	□ Problems with Eczema	□ Skin is tender
□ Frequent goose bumps	□ Moles which are changing in size	□ Sores that heal slowly
□ Have acne	and or color	□ Trouble with boils
□ Hives	□ Rough skin on back of arms	□ Dry skin

Ears

□ Discharge from ears	□ Punctured ear drum	□ Ringing or noise in the ears
□ Hard of hearing	□ Recurrent ear infection	□ Tinnitus

Eyes

□ Bloodshot eyes	□ Eyes are watery	□ Mild Macular degeneration
□ Blurred vision	□ Mild Glaucoma	□ Itchy eyes
□ Eye pain	□ Far sighted	□ Near sighted
□ Eyes feel gritty	□ Developing cataracts	□ Dry eyes

Feet

□ Corns	□ Heel spurs	□ Swelling in feet and /or ankles
□ Frequent foot cramps	□ Painful feet	□ Plantar fasciitis
□ Fallen arches	□ Plantar warts	□ Fungal infections

Neuromuscular

□ Bites nails	□ Has Epilepsy	□ Low back pain
□ Frequent muscle soreness	□ Has motion sickness	□ Neck pain
□ Muscle spasms	□ Has Osteoarthritis	□ Pain between shoulders
□ Muscle weakness	□ Rheumatoid Arthritis	□ Shoulder / arm pain
□ Tremors	□ Joint stiffness in the morning	□ Numbness/tingling in the body
□ Frequent headaches	□ Swollen joints	□ Sleep walks
□ Often dizzy	□ Leg pain at rest	□ Stutters or stammers
□ Frequently feels faint	□ Spinal curvature	□ nerve pain

Neuro-Indocrine-Immune

□ Have ADD / ADHD	□Craving for salt or salty foods	□ Feel better after evening meal
□ Asperger's syndrome	□ Light headed when standing up	□ Panic attacks
□ Autism spectrum	□ Memory less accurate	□ Continuing fatigue not relieved by sleep
□ Difficulty waking up	□ Mood swings	□ Mild depression
□ Decreased ability to handle stress	□ Nervousness	□ Decreased tolerance for others
□ Symptoms increase w/ skipped meals	□ Decreased sex drive	□ Insomnia
□ Hot flashes	□ Thoughts less focused, more fuzzy	□ Weird dreams
□ Water retention	□ Anxiety	□ Coarse hair
□ Lethargy (lack of energy)	□ Muscle wasting	□ Coarse skin
□ Increased P.M.S. symptoms	□ Hypothyroid / Hyperthyroid	□ Frequently feels cold
□ Night sweats	□ Hyperactivity	□ Frequently feels hot
□ Migraine headaches	□ Increased effort to do every task	□ Heals slowly
□ Fibromyalgia/Chronic fatigue	□ Less enjoyment or happiness with life	□ Excessive thirst

Behavior Patterns

□ Afraid to eat away from home	□ Feelings are easily hurt	□ Upset by criticism
□ Always needs someone to advise	□ Frequently scared for no reason	□ Poor memory
□ Cries often	□ Frequently miserable or blue	□ Scared to be alone
□ Difficulty concentrating	□ On guard even with friends	□ Strange people or places cause fear
□ Difficulty falling asleep	□ Often annoyed by people	□ Under considerable emotional stress
□ Difficulty staying asleep	□ Recurrent bad dreams	□ Unhappy when others are happy
□ Easily angered	□ Wish to be dead or away from it all	□ Brain fog

Urinary

□ Urinate > than 2 times per night	□ Painful urination	□ Loses bladder control
□ Bed wetting	□ Frequent urination	□ Frequent bladder infections
□ Blood in the urine	□ Troubled by urgent urination	□ Frequent kidney infections
□ Difficulty starting urination	□ Incontinence when sneezing or laughing	□ Kidney stones

Men Only

□ Difficulty completing intercourse	□ Had difficulty fathering children	□ Sores on external genitalia
□ Difficulty getting or keeping an erection	□ Lumps in the testicles	□ Herpes
□ Discharge from the urethra	□ Painful genitals	□ Sexual diseases
□ Had a vasectomy	□ Prostate trouble	□ Have or had prostate cancer

Women Only

□ Heavy hair growth on face or body	□ Have taken birth control in last yr	□ Herpes
□ Cycles are every 27 to 29 days	□ Has had miscarriage	□ Sexual diseases
□ Abnormal cycles > 29 days	□ Hot flashes	□ Endometriosis
□ Abnormal cycles < 26 days	□ Take hormone replacement medication	□ Breast reduction
□ P.M.S.	□ Diminished sexual desire	□ Breast augmentation
□ Menstrual cramps	□ Painful intercourse	□ Abortion
□ Painful periods	□ Poor or infrequent orgasm	□ D&C
□ Acne worse at menstruation	□ Lumps in the breast	□ Tubal pregnancy
□ Excessive menstrual flow	□ Tender breasts	□ Uterine fibroids
□ Retains fluid during periods	□ Vaginal discharge	□ Ovarian fibroids
□ Pre-menstrual depression	□ Bloody spotting discharge	□ Breast fibroids
□ Currently take birth control medication	□ Yeast infections	□ Currently Breastfeeding
□ Have taken birth control > 1 year	□ Sores on external genitalia	

Allergies

Please list any known allergies (ex. Foods, medications, spices, environmental, etc.)

□ Dairy	□ Gluten	□ Ragweed	□ Sulfa drugs
□ Eggs	□ Mold	□ Shellfish	□ Tree nuts
□ Garlic	□ Peanuts	□ Soy	□ Wheat
□ Other			

Medications

Please list all drugs you're currently taking on a daily basis.

Drug name	Prescribed for	How Long
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		