

Initial Symptom Survey

Date: August 2016	Client Name: 37 year old female coming for fatigue, joint pain, bloating, migraines, bad PMS, promote fertility and more.	Provided by Registered Dietitian: Lila Ojeda, MS, RDN, CSCS, CLT. Website: www.LO-Solutions.com
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INSTRUCTIONS: Score every symptom based on your experience **OVER THE PAST MONTH**. Using the SCALE OF SYMPTOM POINTS listed below, FILL IN the appropriate score in the corresponding field for EVERY symptom listed. Note score in the boxes to the left of symptoms. Also note the number of missed work days in the last month due to illness.

SCALE OF SYMPTOM POINTS	Grand Total:	# Missed Work Days
IF you did not suffer from the symptom ever or almost never, leave it blank. 1 = OCCASIONALLY (less than 2 times per week), and symptom was MILD 2 = FREQUENTLY (2 or more times per week), and symptom was MILD 3 = OCCASIONALLY (less than 2 times per week), and symptom was SEVERE 4 = FREQUENTLY (2 or more times per week), and symptom was SEVERE	78	

CONSTITUTIONAL	NASAL/SINUS	MUSCULOSKELETAL
4 Fatigue (sluggish, tired)	Post nasal drip	4 Joint pains
Hyperactive (nervous energy)	Sinus pain	4 Stiff joints
Restless (can't relax/sit still)	Runny nose	4 Muscle aches
4 Daytime sleepiness	Stuffy nose	4 Stiff muscles
4 Insomnia at night	Sneezing	Ticks (facial or otherwise)
Malaise (feeling lousy)	0 TOTAL (0-20)	Muscle spasms
Seizures	MOUTH/THROAT	Muscle cramps
12 TOTAL (0-28)	Sore throat	16 TOTAL (0-28)
EMOTIONAL/MENTAL	Swollen throat	CARDIOVASCULAR
Depression	Swelling/burning lips/tongue	Irregular heartbeat
2 Anxiety (fears, uneasiness)	Gagging/throat clearing	High blood pressure
3 Mood swings (rapid changes)	Canker sores	0 TOTAL (0-8)
2 Irritability	Difficulty swallowing	DIGESTIVE
Forgetfulness	0 TOTAL (0-24)	Heartburn/reflux
3 Lack of concentration/Brain fog	LUNGS	Stomach pains/cramps
4 Low sex drive	Wheezing	3 Intestinal pains/cramps
14 TOTAL (0-28)	Chest congestion	2 Constipation
HEAD/EARS	Dry cough	2 Diarrhea
4 Headache (not migraine)	Wet cough	4 Bloating sensation
2 Migraine	Shortness of breath	Gas (of any kind)
Earache	0 TOTAL (0-20)	4 Nausea
Ear infection	EYES	1 Vomiting
ringing in ears	4 Red or swollen eyes	Painful elimination
Itchy ears	Watery eyes	16 TOTAL (0-40)
Discharge from ears	4 Itchy eyes	WEIGHT MANAGEMENT
Sensitivity to sound	Dark circles or "bags"	Current weight: 130, 5'2"
6 TOTAL (0-32)	Sensitivity to light	Fluctuating weight
SKIN	Aura	Food cravings
Blemishes, acne	8 TOTAL (0-24)	2 Water retention
Rashes or hives	GENITOURINARY	Binge eating or drinking
Eczema or psoriasis	Increased urinary frequency	Purging (all methods)
"Rosy" cheeks	Painful urination	2 TOTAL (0-20)
Flushing	Bladder pain	LIST OTHER SYMPTOMS:
Itchy skin	Bedwetting	4 Heavy period + bad PMS
0 TOTAL (0-24)	0 TOTAL (0-16)	

