



Nutrition Patient Questionnaire

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City/State: _____

Email: _____

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 Balance Wellness Center and/or Dr. Frank Fuscaldo, Jr., MS, DC, DCBCN, CNS, CKNS. While usually considered safe, email is not the most secure method of sharing personal information.

Telephone: Home: _____

Cell: _____

Employer: _____

Occupation: _____

Married Single Divorced Widow(er) # of Children _____

Spouse's Name: _____

Spouse's Employer: _____

In case of emergency, who shall we contact?

Name: _____ Phone #: _____ Relationship: _____

How did you hear about our office? _____

By signing below, you are stating that you clearly understand that all services rendered at the Balance Wellness Center, and/or by Dr. Frank Fuscaldo, Jr., MS, DC, DCBCN, CNS, CKNS, whether in person or virtually (phone, online, telehealth, etc.) are your responsibility and that 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 body 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 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

766	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	768	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	783	Bell's Palsy / Facial Paralysis
765	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	782	Burning/Stabbing Pain
017	Cancer	080	Canker Sores K12.0	053	Cataracts H26.9
763	Cervical Cancer C53.9	776	Chills	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	785	Difficulty with Speech
786	Difficulty with Writing	049	Dizziness/Balance problems R42	050	Ear Infections 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	787	Frequent Word or Name Block	777	Flushing
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	770	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
784	Lightheadedness	064	Liver Disease K76.9	790	Loss of Libido / Sex Drive

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 R53.81	075	Menopausal Symptoms N95.1	723	Menorrhagia
077	Mental Disorder F99	140	Migraines G43.909	724	Motion Sickness
788	Mood Swings	079	Mouth/Throat/Tongue	143	Multiple Sclerosis G35
725	Myalgia	726	Myopia	727	Nasal Polyp
728	Nephritis	729	Nephrolithiasis (Kidney Stones)	764	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	789	Pelvic Pain	145	Polymyalgia Rheumatica M35.3
010	Poor Concentration/Memory F07.8	779	Poor Stamina	771	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
227	Skin Rash	096	Sneezing	740	Sore Throat
084	Spinal Problems M53.9	463	Stammering / Stuttering	741	Stress Incontinence, female
742	Stress Incontinence, male	778	Sweats	097	Swollen Joints
743	Syncope	041	Tachycardia (High Heart Rate) R00.0	744	Tender Breasts
180	Thalassemia D56.8	745	Thoracalgia	746	Toothache
747	Tympanic Membrane (Earache)	030	Type 1 Diabetes E10.9	031	Type 2 Diabetes E11.65
045	Ulcerative Colitis K51.90	082	Underweight R63.6	781	Unexplained Weight Gain
780	Unexplained Weight Loss	748	Urethra Discharge	791	Urgent Need to Sit or Lie Down
749	Urinary Frequency	004	Urticaria (Hives) L50.9	750	Vaginal Discharge
751	Vaginal Yeast Infection	767	Varicosities	752	Vertigo
753	Viral Warts	099	Wheezing		

If necessary, please state you most significant concern(s):

Current Medical Treatments

138	Currently on Anti-Rejection Drugs	775	Currently on Blood Thinners	117	Currently on Chemotherapy
118	Currently on Radiation Treatments	625	Takes Hormone Replacement		

Past Medical History

829	History of Anemia	846	History of Anorexia	847	History of Bulimia
837	History of Cardiovascular disease	830	History of COPD or Emphysema	842	History of Depression
841	History of Diabetes	835	History of Epilepsy or seizures	845	History of Gout
839	History of Heart Attack	831	History of Hepatitis A, B, or C	594	History of Herpes Infection
832	History of High Blood Pressure	833	History of High Cholesterol	834	History of HIV
836	History of Kidney disease	844	History of Osteoporosis	843	History of Pneumonia
840	History of Stroke	838	History of Thyroid disease	219	History of Breast Cancer
848	History of Colon Cancer	849	History of Lung Cancer	851	History of Lymphoma
850	History of Prostate Cancer	852	History of Uterine Cancer	853	History of other cancers

Past Medical Treatments

130	Had blood transfusion in the past	176	Had childhood vaccinations	177	Has been vaccinated in the last 12 months
147	Has had a flu shot in the last year	182	Has had a pneumonia vaccine in the last year	183	Has had Hepatitis vaccine within the last 2 years
131	Had transplant in the past	758	Has had chemotherapy within the last 3 months	149	Had chemotherapy in the last year
119	Has had chemotherapy in the past	148	Had Radiation therapy in the last year	120	Has had radiation treatment in the past
715	Radiated Thyroid				

Surgeries

701	Appendix removed	718	Bariatric/Weight Loss Surgery	641	Breast Augmentation
707	Breast Implants	640	Breast Reduction	708	Cancer Surgery
716	Cataract Surgery	709	Coronary Bypass	711	Extremity Surgery
702	Gallbladder removed	774	Gender Reassignment	717	Hemorrhoid Surgery
712	Hip Replacement	704	Hysterectomy, complete	705	Hysterectomy, partial
713	Knee Replacement	854	Mastectomy	714	Spleen removed (Splenectomy)
710	Spinal Surgery	703	Thyroid removed		
706	Tubal Ligation (fallopian tubes tied)	700	Tonsils and/or Adenoids removed		

Family History

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

General health

108	Balance problems	100	Base of fingernails are pink	101	Base of fingernails are purple
107	Blacks out easily	111	Brittle hair	226	Breast Cancer – screening
109	Difficulty walking	792	Exaggerated Hangover symptoms	112	Dry Hair

755	Energy level is better than 5 years ago	756	Energy level is the same as 5 years ago	125	Energy level is worse than 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 the last 12 months	124	Lost over 20 lbs. within the last 12 months
132	Had a major accident or injury	637	Herpes infection	769	Is Overweight
754	Is underweight	114	Hair Loss	106	Pale fingernail beds
757	Pink fingernail beds	126	Rarely exercises	137	Sleep Apnea
127	Sleeps less than 6 hours per night	128	Unable to recall dreams the next day	123	Somewhat Underweight
113	Thin hair	122	Somewhat Overweight		

Lifestyle Habits

389	Currently Anorexic R63.0	390	Currently Bulimic	391	Craves Sugar/starches
382	Currently smokes	385	Smokes more than 1 pack of cigarettes per day	384	Smoked for more than 5 years
383	Quit smoking in the last 5 years	116	Drinks less than 8 glasses of water per day	370	Drinks alcohol
115	Drinks alcoholic beverage(s) every day	172	Never had 4 alcoholic drinks in one day	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	371	Drinks caffeinated coffee
374	Drinks decaffeinated coffee	377	Drinks more than 3 cups of coffee per day	379	Drinks 1 or more sodas/pops per day
375	Drinks decaffeinated soda/pop	388	Drinks diet soda/pop	372	Drinks caffeinated soda/pop
373	Drinks caffeinated tea	376	Drinks decaffeinated tea	133	Regularly exercises
387	Frequent use of artificial sweeteners	136	Eats no meat, no dairy	378	Drinks more than 3 cups of tea per day
134	Vegetarian	386	Takes vitamins	135	Eats no red meat

Environmental Exposures

418	Amalgam dental fillings	824	Close proximity to power lines	823	Close proximity to power plant
822	Coal mining	772	Dental fillings (gold, composite)	420	Other dental fillings
380	Drinks beverages from a can	825	Exposure to lead paint	175	Has been out of the country recently
110	Has tattoos	361	Has worked around industrial solvents, chemicals, or pesticides in the past	360	Has worked in plumbing, automotive, or metallurgic industry in the past
810	Herbicide exposure	347	Home built prior to 1978	348	Home renovations within the last year
341	Home has city water	340	Home has well water	342	Home water is filtered
345	Home pipes are copper	346	Home pipes are PEX	344	Home pipes are PVC
343	Home pipes are steel	812	Insecticide exposure	815	Mercury from fish intake
817	Mold exposure	818	Painting	811	Pesticide exposures
819	Pottery work	820	Smelting	814	Solvent exposure

813	Tick exposure	139	Toxic Chemical Exposure	816	Traveled to 3 rd world countries
827	Uses aluminum cookware	828	Uses cast iron cookware	349	Uses chlorine bleach or other heavy duty cleaning chemicals
826	Uses hair coloring or bleach	821	Welding		

Allergies

206	Dairy	207	Eggs	211	Peanut
209	Gluten	210	Mold	213	Shellfish
217	Wheat	215	Sulfa drugs	216	Tree Nuts
212	Ragweed	208	Garlic		
214	Soy	129	Sensitive to smells like chemicals, pain, exhaust fumes, perfume/cologne, etc.	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
794	Too little sleep	793	Too much sleep	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
205	Heart palpitations	199	Frequent swollen ankles	795	Heart Murmur
195	Leg cramps during bedtime	193	Heart skips beats	039	High blood pressure
200	Pains in the heart or chest	196	Leg cramps during daytime	198	Pain in legs/hips when walking
202	Troubled with blood clots	201	Spells of rapid heart rate	194	Tendency of High blood Pressure
192	Experiences shortness of breath while sitting still	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
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248	Excessive thirst	249	Frequently feels cold	250	Frequently feels hot
253	Unusually jumpy or nervous	252	Heals slowly	255	Swollen Lymph Glands
251	Gets lightheaded when standing quickly	254	Unusually tired most of the time		

Eyes

320	Bloodshot eyes	321	Blurred Vision	322	Cross eyes
332	Dry eyes	323	Eye pain	796	Eye sensitivity
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 fasciitis
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	798	Acid Reflux	278	Belching/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	294	Frequently drowsy after eating a meal
275	Frequent nausea	276	Frequent vomiting	274	Frequent diarrhea
295	Gallbladder disease	302	Greasy foods cause indigestion	760	Has constipation
284	Immediate indigestion upon eating	285	Indigestion in 2 hours or more after eating meals	286	Indigestion within 1 hour after eating meals
296	Has had intestinal worms	272	Hemorrhoids (piles)	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 be constipated	797	Upset stomach
282	Uses digestive aids	283	Uses laxatives		

Mouth and Throat

400	Bad breath	415	Tongue is coated	402	Dry mouth
403	Excessive saliva	406	Frequent canker sores	407	Frequent fever blisters
408	Frequent sore throats	409	Frequently has sore tongue	405	Glands often swell

416	Gums bleed when brush teeth	419	Have had root canals	803	Jaw pain
410	Sore gums	413	Tongue burns	411	Swollen gums
412	Swollen tongue	417	Toothaches	414	Tongue has grooves or fissures
401	Bitter taste in the mouth in the morning	404	Sores or cracks in the corners of the mouth		

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	799	Joint pain
453	Joint stiffness	455	Leg pain at rest	457	Low back pain
800	Mid back pain	802	Muscle cramps	801	Muscle 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	Sleepwalks	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	Postnasal drip	499	Sneezing spells
500	Spits up blood	501	Spits up phlegm	502	Wheezes

Skin

534	Dry skin	520	Bruises easily	533	Trouble with boils
522	Frequent goose bumps	523	Has acne	521	Excessive perspiration
524	Has Psoriasis	525	Hives	526	Itchy skin
527	Problems with Eczema	529	Skin eruptions	807	Skin hypersensitivity
532	Sores that heal slowly	531	Skin is tender	806	Skin rashes
528	Has moles which are changing in size and/or color	530	Skin is rough, especially on the back of the arms		

Urinary

558	Difficulty starting urination	556	Bed wetting	557	Blood in the urine
566	Kidney stones	564	Frequent bladder infections	808	Irritable bladder
561	Troubled by urgent urination	563	Loses bladder control	559	Painful urination
560	Frequent urination	565	Frequent kidney infections		

555 Urinates more than 2 times per night

562 Incontinence when sneezing or laughing

Men Only

588 Had a vasectomy

589 Had difficulty fathering children

587 Discharge from urethra

596 Low sex drive

597 Low testosterone

584 Inflammation of Testis

591 Painful genitals

592 Prostate troubles

590 Lumps in testicles

593 Sores on external genitalia

809 Testicular pain

595 Sexual Diseases

586 Difficulty getting or keeping an erection

585 Difficulty completing intercourse

Women Only

612 Abnormal cycle >29 days and/or <26 days

642 Abortion

616 Acne worse at menstruation

634 Bloody spotting discharge

647 Breast Fibroids

648 Currently breastfeeding

620 Currently on birth control

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 a miscarriage

621 Has taken birth control medication for more than 1 year

622 Has taken birth control medication within the last year

610 Heavy hair growth on face or body

632 Hysterectomy

630 Lumps in the breasts

609 Mastitis

614 Menstrual cramps

624 Mild to moderate hot flashes

497 Night sweats

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

631 Tender breasts

644 Tubal Pregnancy

804 Unexplained menstrual irregularities

805 Unexplained milk production

645 Uterine Fibroids

633 Vaginal discharge

762 Vaginal dryness

635 Yeast infections

MEDICATIONS

Please list all drugs you are **CURRENTLY TAKING** daily:

Drug Name	Prescribed for:	How long have you been taking?

Please list all drugs taken **WITHIN THE LAST YEAR AND/OR YOU TAKE AS NEEDED**, including over the counter drugs, antibiotics, aspirin, inhalers, etc.

Drug Name	Prescribed for:	How long have you been taking?

SUPPLEMENTS

Please list all vitamins/herbs/supplements you are **CURRENTLY TAKING** and the dosages.

Supplement	Brand	Dosage