

Spinal & Sports Care Clinic, PS
12905 E Sprague Ave., Spokane Valley, WA 99216

First Name (Legal): _____ (MI): _____ Last Name: _____

Social Security Number: ___/___/___ Birth Date: ___/___/___ Married Single Other

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____ Work Number: _____

May we leave a message if we need to? Yes No E-mail address: _____

Occupation: _____ Patient Employer/School: _____

Military: Active Veteran N/A Who may we thank for referring you? _____

In Case of Emergency Contact

Name: _____ Relationship to patient: _____

Phone Number: _____ Work Number: _____

Insurance Information

Who is responsible for this account?: _____ Relationship to patient: _____

Primary Insurance Company: _____ Phone Number: _____

Subscriber Name: _____ Subscriber Date of Birth: ___/___/___

Insurance ID: _____ Group Number: _____

Employer: _____ Work Number: _____

Secondary Insurance Company: _____ Phone Number: _____

Subscriber Name: _____ Subscriber Date of Birth: ___/___/___

Insurance ID: _____ Group Number: _____

Employer: _____ Work Number: _____

I understand it is my responsibility to provide Spinal & Sports Care Clinic with accurate information concerning my insurance coverage and personal information. I understand that all quotes are an estimate and all balances are subject to the information Spinal and Sports Care Clinic received from my insurance carrier. I understand there are no guarantees of benefits and I am financially responsible for all charges rendered whether or not paid by my insurance. I authorize Spinal & Sports Care Clinic the use of my signature on all insurance submissions. I also authorize Spinal & Sports Care Clinic to provide information to my insurance carrier(s) and their agents for the purpose of obtaining payment for services rendered and assign directly to Spinal & Sports Care Clinic all insurance benefits, if any, otherwise payable to me for services rendered. I understand Spinal & Sports Care Clinic will not become involved in any dispute between me and my insurance company. It will be my responsibility to settle any such dispute.

Print Patient Name

Date

Signature of patient/parent/guardian/personal representative

Relationship to Patient

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

DOB: ____/____/____ SEX: Male Female

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____

Sitting: _____ Laying: _____ Standing: _____

PULSE: Sitting: _____ Standing: _____

pH INDICATORS: AM Saliva: _____ AM Urine: _____

PM Saliva: _____ PM Urine: _____

INSTRUCTIONS: Completely black out one of the three circles:
1-mild, 2-moderate, 3-severe

- MILD symptoms (once or twice last 6 months)
- MODERATE symptoms (once or twice last month)
- SEVERE symptoms (Chronic, once or twice last week)
- Leave circles BLANK if they do not apply to you!

1 2 3 ----- GROUP 1 -----

- 1 Acid foods upset
- 2 Feel chilled often
- 3 "Lump" in throat
- 4 Dry mouth-eyes-nose
- 5 Pulse speeds after meals
- 6 Keyed up; unable to feel calm
- 7 Cuts heal slowly
- 8 Gag easily
- 9 Unable to relax; startles easily
- 10 Extremities cold and/or clammy
- 11 Strong light irritates
- 12 Urine amount reduced
- 13 Heart pounds after retiring
- 14 "Nervous" stomach
- 15 Appetite reduced
- 16 Cold sweats often
- 17 Body temperature rises easily
- 18 Skin sensitive to touch
- 19 Staring, blinks little
- 20 Frequently has a sour stomach

----- GROUP 2 -----

- 21 Joint stiffness after rising
- 22 Muscle-leg-toe cramps at night
- 23 "Butterfly" stomach, cramps
- 24 Eyes or nose watery
- 25 Eyes blink often
- 26 Eyelids swollen or puffy
- 27 Indigestion soon after meals
- 28 Always seems hungry; "lightheaded" often
- 29 Food digests rapidly
- 30 Vomit frequently
- 31 Frequently hoarse
- 32 Irregular breathing
- 33 Pulse slow or feels "irregular"
- 34 Slow gag reflex
- 35 Difficulty swallowing
- 36 Alternating constipation and diarrhea
- 37 "Slow starter"
- 38 Not easily chilled
- 39 Perspire easily
- 40 Poor circulation or sensitive to cold
- 41 Subject to colds, asthma, bronchitis

----- GROUP 3 -----

- 42 Eat when nervous
- 43 Excessive appetite

1 2 3 ----- GROUP 3 continued -----

- 44 Hungry between meals
- 45 Irritable before meals
- 46 Get "shaky" if hungry
- 47 Feeling fatigued, eating relieves
- 48 "Lightheaded" if meals delayed
- 49 Heart palpitates if meals missed or delayed
- 50 Afternoon headaches
- 51 Upset feeling from excessive eating of sweets
- 52 Awaken after few hours sleep hard to get back to sleep
- 53 Crave candy or coffee in afternoons
- 54 Moods of depression "blues" or melancholy
- 55 Abnormal craving for sweets or snacks

----- GROUP 4 -----

- 56 Hands and feet go to sleep easily, numbness
- 57 Sigh frequently, "air hunger"
- 58 Aware of "breathing heavily"
- 59 Discomfort at high altitude
- 60 Opens windows in closed room
- 61 Susceptible to colds and fevers
- 62 Afternoon yawner
- 63 Get "drowsy" often
- 64 Swollen ankles worse at night
- 65 Muscle cramps, worse during exercise; "charley-horses"
- 66 Shortness of breath on exertion
- 67 Dull pain in chest or radiating into left arm, worse on exertion
- 68 Bruise easily, "black/blue" spots on arms or legs
- 69 Tendency to anemia
- 70 Frequently have "nose bleeds"
- 71 "Ringing in ears" or noises in head
- 72 Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion
- 73 Dizziness

----- GROUP 5 -----

- 74 Dry skin
- 75 Burning feet
- 76 Blurred vision
- 77 Itching skin and feet
- 78 Excessive falling hair
- 79 Frequent skin rashes
- 80 Bitter or metallic taste in mouth in the mornings
- 81 Bowel movements painful or difficult
- 82 Feelings of worry, dread, or insecurity
- 83 Feeling queasy; headache over eyes
- 84 Greasy foods upsets
- 85 Stools light-colored
- 86 Skin peels on foot soles
- 87 Pain between shoulder blades
- 88 Using laxatives
- 89 Stools alternate from soft to watery
- 90 History of gallbladder attacks or gallstones
- 91 Sneezing attacks
- 92 Dreaming, nightmares/bad dreams
- 93 Bad breath (halitosis)
- 94 Milk products cause distress
- 95 Sensitive to hot weather
- 96 Burning or itching anus
- 97 Crave sweets

----- GROUP 6 -----

- 98 Loss of taste for meat
- 99 Lower bowel gas several hours after eating
- 100 Burning stomach sensations, eating relieves
- 101 Coated tongue
- 102 Pass large amounts of foul smelling gas
- 103 Indigestion 1/2 - 1 hour after eating; may be up to 3 -4 hrs.
- 104 Mucus colitis or "irritable bowel"
- 105 Gas shortly after eating
- 106 Stomach "bloating" after eating

1 2 3 ----- GROUP 7A -----

- 107 Insomnia
- 108 Nervousness
- 109 Can't gain weight
- 110 Intolerance to heat
- 111 Highly emotional
- 112 Flush easily
- 113 Night sweats
- 114 Skin is thin and moist
- 115 Inward trembling
- 116 Heart palpitates
- 117 Increased appetite without weight gain
- 118 Pulse races when resting
- 119 Eyelids and face twitch
- 120 Irritable and restless
- 121 Can't work under pressure

----- GROUP 7B -----

- 122 Noticeable weight gain
- 123 Decrease in appetite
- 124 Easily fatigued
- 125 Ringing in ears
- 126 Sleepy during day
- 127 Sensitive to cold
- 128 Dry or scaly skin
- 129 Constipation
- 130 Mental sluggishness
- 131 Hair course, falls out
- 132 Headaches upon arising wear off during day
- 133 Pulse slow, below 65
- 134 Frequent urination
- 135 Impaired hearing
- 136 Reduced initiative

----- GROUP 7C -----

- 137 Failing memory
- 138 Low blood pressure
- 139 Increased sex drive
- 140 Headaches, "splitting or rending" type
- 141 Decreased sugar tolerance

----- GROUP 7D -----

- 142 Abnormal thirst
- 143 Bloating of the abdomen
- 144 Weight gain around hips or waist
- 145 Sex drive reduced or lacking
- 146 Tendency toward ulcers and/or colitis
- 147 Increased sugar tolerance
- 148 (FEMALE) Menstrual disorders
- 149 (YOUNG GIRLS) Lack of menstrual function

----- GROUP 7E -----

- 150 Dizziness
- 151 Headaches
- 152 Hot flashes
- 153 Increased blood pressure
- 154 (FEMALE) Hair growth on face or body
- 155 Sugar in urine (not diabetes)
- 156 (FEMALE) Masculine tendencies

----- GROUP 7E -----

- 157 Weakness and/or dizziness
- 158 Chronic fatigue
- 159 Low blood pressure
- 160 Nails weak and/or ridged
- 161 Tendency towards hives
- 162 Arthritic tendencies
- 163 Perspiration increase
- 164 Bowel disorders
- 165 Poor circulation
- 166 Swollen ankles
- 167 Crave salt
- 168 Brown spots or bronzing of skin
- 169 Allergies - tendency to asthma
- 170 Weakness after colds or influenza
- 171 Muscular and nervous exhaustion
- 172 Respiratory disorders

1 2 3 ----- GROUP 8 -----

- 173 Apprehension
- 174 Irritability
- 175 Morbid fears
- 176 Never seems to get well
- 177 Forgetfulness
- 178 Indigestion
- 179 Poor appetite
- 180 Craving for sweets
- 181 Muscular soreness
- 182 Depression; feelings of dread
- 183 Noise sensitivity
- 184 Acoustic hallucinations
- 185 Tendency to cry without reason
- 186 Hair is course and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency towards hives
- 191 Nervousness
- 192 Headache
- 193 Insomnia
- 194 Anxiety
- 195 Anorexia
- 196 Inability to concentrate; confusion
- 197 Frequent stuffy nose; sinus infections
- 198 Allergy to some foods
- 199 Loose joints

----- FEMALE ONLY -----

- 200 Very easily fatigued
- 201 Premenstrual tension
- 202 Painful menses
- 203 Depressed feelings before menstruation
- 204 Excessive and prolonged menstruation
- 205 Painful breasts
- 206 Menstruate too frequently
- 207 Vaginal discharge
- 208 Hysterectomy / ovaries removed
- 209 Menopausal hot flashes
- 210 Menses scanty or missed
- 211 Acne, worse at menses
- 212 Long standing depression

----- MALE ONLY -----

- 213 Prostate trouble
- 214 Urination difficult or dribbling
- 215 Frequent night-time urination
- 216 Depression
- 217 Pain on inside of legs or heels
- 218 Feeling of incomplete bowel evacuation
- 219 Lack of energy
- 220 Migrating aches and pains
- 221 Too easily tired
- 222 Avoids activity
- 223 Leg nervousness at night
- 224 Diminished sex drive

List below your five main physical complaints in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

Notes: