

PAST HEALTH HISTORY

PLEASE CHECK APPLICABLE ITEMS – (*indicate date of surgery*).

OPERATIONS:

Appendectomy _____ Cardiovascular/Heart _____ Female Organs _____
 Gall Bladder _____ Hernia _____ Rectal _____
 Spinal _____ Tonsillectomy _____ Others _____

ACCIDENTS OR FALLS: (Please describe) _____

FRACTURES OR DISLOCATIONS: _____

HABITS: Exercise (what type/how often?) _____ Hobbies _____ Sleep (hours) _____
 Tobacco (How much?) _____ Alcohol ___drinks per ()day ()week ()month
 Coffee (avg. # of cups/day) regular____ decaf.____ Tea (avg. # of cups/day) regular____ herbal____
 Soft Drinks (avg. # of 12 oz. cans per day) ()regular____ ()diet____ ()caf. free____
 Water (8 oz. glasses/day) _____ city____ well____ distilled____ spring____ filtered____

List the names of any drugs you are taking and the reason why you take them (Rx or non-Rx):

<i>Name of Drug</i>	<i>Reason you take it</i>	<i>Name of Drug</i>	<i>Reason you take it</i>
1.		4.	
2.		5.	
3.		6.	

List all vitamins, minerals and herbs you take _____

CIRCLE Any of the Following Diseases You Have Had:

- | | | | |
|-----------------|-------------------|---------------------|----------------------|
| ADD / ADHD | Eczema | Impotency | Thyroid Condition |
| Alcoholism | Emphysema | Infertility | Tourette's Syndrome |
| Alzheimer's | Endometriosis | Multiple Sclerosis | Trigeminal Neuralgia |
| Anemia | Epilepsy | Muscular Dystrophy | Tuberculosis |
| Arthritis | Fibromyalgia | Osteoporosis | Ulcers |
| Bell's Palsy | Glaucoma | Parkinson's Disease | Venereal Infection |
| Cancer | Goiter | Parasites | Chronic Fatigue |
| Candida | Heart Disease | Pleurisy | Hepatitis |
| Crohn's Disease | Herpes | Pneumonia | Phlebitis |
| Diabetes | Hodgkin's Disease | Stroke | Other |

Underline All of the Symptoms You Have Had Previously

Circle All of the Symptoms You Have (Now)

GENERAL SYMPTOMS

- Chills
- Convulsions
- Dizziness
- Fainting
- Fatigue
- Fever
- Hair Loss
- Headache
- Hernia
- Loss of Sleep
- Nervousness
- Neuralgia / Nerve Pain
- Numbness in arms, hands, or legs
- Pain in arms, hands, or legs
- Sweats
- Tremors
- Weak Fingernails
- Weight Gain
- Weight Loss

E.E.N.T.

- Allergies
- Asthma
- Cataracts
- Deafness
- Dental Decay/Painful Teeth
- Ear Discharge
- Ear Noises/Ringing
- Earache
- Enlarged Glands
- Enlarged Thyroid
- Eye Pain
- Failing Vision
- Far Sightedness
- Frequent Colds
- Gum Trouble
- Hay Fever
- Hoarseness
- Macular Degeneration
- Nasal Drainage
- Nasal Obstruction
- Near Sightedness
- Nose Bleeds
- Sinus Infection
- Sore Throat
- Tonsillitis

SKIN

- Acne
- Boils
- Bruise Easily
- Cysts
- Dryness
- Hives
- Itching
- Sensitive Skin
- Skin Eruptions
- Varicose Veins

RESPIRATORY

- Chest Pain
- Chronic Cough
- Difficult Breathing
- Spitting Up Blood
- Spitting Up Phlegm
- Wheezing

CARDIO-VASCULAR

- Cold Hands or Feet
- Hardening of Arteries
- High Blood Pressure
- High Cholesterol
- Low Blood Pressure
- Pain Over Heart
- Paralytic Stroke
- Poor Circulation
- Rapid Beating Heart
- Slow Beating Heart
- Swelling of Ankles

MUSCLE & JOINT

- Backache
- Carpal Tunnel Syndrome
- Faulty Posture
- Muscle Tightness/Spasm
- Pain Between Shoulders
- Painful Ankle
- Painful Elbow
- Painful Foot
- Painful Hand
- Painful Head
- Painful Hip
- Painful Knee
- Painful Shoulder
- Painful Tail Bone
- Painful Wrist
- Spinal Curvature/Scoliosis

GASTROINTESTINAL

- Belching or Gas
- Colitis
- Colon Trouble
- Constipation
- Diarrhea
- Difficult Digestion
- Distention of Abdomen
- Excessive Hunger
- Gall Bladder Trouble
- Hemorrhoids
- Intestinal Worms
- Jaundice
- Liver Trouble
- Nausea
- Painful Bowel Movements
- Pain Over Stomach
- Poor Appetite
- Vomiting
- Vomiting of Blood

GENITOURINARY

- Bed Wetting
- Frequent Urination
- Frequent Kidney or Bladder Infections
- Inability to Control Urine
- Kidney Stones
- Painful Urination
- Prostate Trouble
- Pus/Blood in Urine

For Women Only

- Cramps or Backache
- Excessive Flow
- Hot Flashes
- Irregular Cycle
- Lumps in Breast
- Menopausal Symptoms
- Painful Menstrual Periods
- Previous Miscarriage
- Vaginal Discharge

Are you Pregnant?

Yes No

Do you think you might be Pregnant?

Yes No

Y:\DOCS\DOCS\FORMS\NewPatientForms\health
historyquestionnaireupdated1-25-06.doc

Patient's Signature: _____

Date: _____

Instructions for filling out the Symptom Survey form

Read all symptoms for group one through seven and the male or female section as it applies to you. The boxes next to the symptom will either be *filled in or left blank* depending on your response.

- For mild symptoms (1 to 2 times a month), put a 1 in that box.
- For moderate symptoms (the symptom occurs several times a month), put a 2 in the box.
- For severe symptoms (you are aware of the symptom almost constantly), put a 3 in that box.
- Leave blank those boxes in which the symptoms mentioned do not occur with you.

Finally, fill in your 5 main complaints in order of importance (1st complaint the one most bothering or concerning you) and you are done. Please bring in the form with your appointment. Each group represents a different system of the body. A lot of important information is gathered from the symptom survey. We will print out a computer summary to assist the Doctor with your condition. Thank you for taking an active interest in your health!

Dr. Jim Ruckel

SYMPTOM SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, leave it blank.
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),
or (3) for **SEVERE** symptoms (occurs almost constantly).

GROUP ONE

- | | | |
|-----------------------------------|--|-----------------------------------|
| 1 - 1 2 3 Acid foods upset | 8 - 1 2 3 Gag Easily | 15 - 1 2 3 Appetite reduced |
| 2 - 1 2 3 Get chilled, often | 9 - 1 2 3 Unable to relax, startles easily | 16 - 1 2 3 Cold sweats often |
| 3 - 1 2 3 "Lump" in throat | 10 - 1 2 3 Extremities cold, clammy | 17 - 1 2 3 Fever easily raised |
| 4 - 1 2 3 Dry mouth-eyes-nose | 11 - 1 2 3 Strong light irritates | 18 - 1 2 3 Neuralgia-like pains |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring | 20 - 1 2 3 Sour stomach frequent |
| 7 - 1 2 3 Cuts heal slowly | 14 - 1 2 3 "Nervous" stomach | |

GROUP TWO

- | | | |
|---|--|--|
| 21 - 1 2 3 Joint stiffness after arising | 29 - 1 2 3 Digestion rapid | 37 - 1 2 3 "Slow starter" |
| 22 - 1 2 3 Muscle-leg-toe cramps at night | 30 - 1 2 3 Vomiting frequent | 38 - 1 2 3 Get "chilled" infrequently |
| 23 - 1 2 3 "Butterfly" stomach, cramps | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor,
sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | 41 - 1 2 3 Subject to colds,
asthma, bronchitis |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seem hungry;
feels "lightheaded" often | 36 - 1 2 3 Constipation,
diarrhea alternating | |

GROUP THREE

- | | | |
|---|--|---|
| 42 - 1 2 3 Eat when nervous | 49 - 1 2 3 Heart palpitates if meals
missed or delayed | 53 - 1 2 3 Crave candy or coffee
in afternoons |
| 43 - 1 2 3 Excessive appetite | 50 - 1 2 3 Afternoon headaches | 54 - 1 2 3 Moods of depression -
"blues" or melancholy |
| 44 - 1 2 3 Hungry between meals | 51 - 1 2 3 Overeating sweets upsets | |
| 45 - 1 2 3 Irritable before meals | 52 - 1 2 3 Awaken after few hours sleep
- hard to get back to sleep | 55 - 1 2 3 Abnormal craving for
sweets or snacks |
| 46 - 1 2 3 Get "shaky" if hungry | | |
| 47 - 1 2 3 Fatigue, eating relieves | | |
| 48 - 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|---|---|--|
| 56 - 1 2 3 Hands and feet go to sleep
easily, numbness | 63 - 1 2 3 Get "drowsy" often | 68 - 1 2 3 Bruise easily, "black
and blue" spots |
| 57 - 1 2 3 Sigh frequently, "air
hunger" | 64 - 1 2 3 Swollen ankles
worse at night | 69 - 1 2 3 Tendency to anemia |
| 58 - 1 2 3 Aware of "breathing
heavily" | 65 - 1 2 3 Muscle cramps, worse
during exercise; get
"charley horses" | 70 - 1 2 3 "Nose bleeds" frequent |
| 59 - 1 2 3 High altitude discomfort | 66 - 1 2 3 Shortness of breath
on exertion | 71 - 1 2 3 Noises in head, or
"ringing in ears" |
| 60 - 1 2 3 Opens windows in
closed room | 67 - 1 2 3 Dull pain in chest or
radiating into left arm,
worse on exertion | 72 - 1 2 3 Tension under the
breastbone, or feeling
of "tightness",
worse on exertion |
| 61 - 1 2 3 Susceptible to colds
and fevers | | |
| 62 - 1 2 3 Afternoon "yawner" | | |

GROUP FIVE

- | | | |
|---|--|---|
| 73 - 1 2 3 Dizziness | 83 - 1 2 3 Feeling queasy; headache over eyes | 91 - 1 2 3 Sneezing attacks |
| 74 - 1 2 3 Dry skin | 84 - 1 2 3 Greasy foods upset | 92 - 1 2 3 Dreaming, nightmare type bad dreams |
| 75 - 1 2 3 Burning feet | 85 - 1 2 3 Stools light-colored | 93 - 1 2 3 Bad breath (halitosis) |
| 76 - 1 2 3 Blurred vision | 86 - 1 2 3 Skin peels on foot soles | 94 - 1 2 3 Milk products cause distress |
| 77 - 1 2 3 Itching skin and feet | 87 - 1 2 3 Pain between shoulder blades | 95 - 1 2 3 Sensitive to hot weather |
| 78 - 1 2 3 Excessive falling hair | 88 - 1 2 3 Use laxatives | 96 - 1 2 3 Burning or itching anus |
| 79 - 1 2 3 Frequent skin rashes | 89 - 1 2 3 Stools alternate from soft to watery | 97 - 1 2 3 Crave sweets |
| 80 - 1 2 3 Bitter, metallic taste in mouth in mornings | 90 - 1 2 3 History of gallbladder attacks or gallstones | |
| 81 - 1 2 3 Bowel movements painful or difficult | | |
| 82 - 1 2 3 Worrier, feels insecure | | |

GROUP SIX

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

GROUP SEVEN

- | | | |
|---|---|---|
| (A) | | (E) |
| 107 - 1 2 3 Insomnia | | 150 - 1 2 3 Dizziness |
| 108 - 1 2 3 Nervousness | | 151 - 1 2 3 Headaches |
| 109 - 1 2 3 Can't gain weight | (C) | 152 - 1 2 3 Hot flashes |
| 110 - 1 2 3 Intolerance to heat | 137 - 1 2 3 Failing memory | 153 - 1 2 3 Increased blood pressure |
| 111 - 1 2 3 Highly emotional | 138 - 1 2 3 Low blood pressure | 154 - 1 2 3 Hair growth on face or body (female) |
| 112 - 1 2 3 Flush easily | 139 - 1 2 3 Increased sex drive | 155 - 1 2 3 Sugar in urine (not diabetes) |
| 113 - 1 2 3 Night sweats | 140 - 1 2 3 Headaches, "splitting or rendering" type | 156 - 1 2 3 Masculine tendencies (female) |
| 114 - 1 2 3 Thin, moist skin | 141 - 1 2 3 Decreased sugar tolerance | |
| 115 - 1 2 3 Inward trembling | (D) | (F) |
| 116 - 1 2 3 Heart palpitates | 142 - 1 2 3 Abnormal thirst | 157 - 1 2 3 Weakness, dizziness |
| 117 - 1 2 3 Increased appetite without weight gain | 143 - 1 2 3 Bloating of abdomen | 158 - 1 2 3 Chronic fatigue |
| 118 - 1 2 3 Pulse fast at rest | 144 - 1 2 3 Weight gain around hips or waist | 159 - 1 2 3 Low blood pressure |
| 119 - 1 2 3 Eyelids and face twitch | 145 - 1 2 3 Sex drive reduced or lacking | 160 - 1 2 3 Nails, weak, ridged |
| 120 - 1 2 3 Irritable and restless | 146 - 1 2 3 Tendency to ulcers, colitis | 161 - 1 2 3 Tendency to hives |
| 121 - 1 2 3 Can't work under pressure | 147 - 1 2 3 Increased sugar tolerance | 162 - 1 2 3 Arthritic tendencies |
| (B) | 148 - 1 2 3 Women: menstrual disorders | 163 - 1 2 3 Perspiration increase |
| 122 - 1 2 3 Increase in weight | 149 - 1 2 3 Young girls: lack of menstrual function | 164 - 1 2 3 Bowel disorders |
| 123 - 1 2 3 Decrease in appetite | | 165 - 1 2 3 Poor circulation |
| 124 - 1 2 3 Fatigue easily | | 166 - 1 2 3 Swollen ankles |
| 125 - 1 2 3 Ringing in ears | | 167 - 1 2 3 Crave salt |
| 126 - 1 2 3 Sleepy during day | | 168 - 1 2 3 Brown spots or bronzing of skin |
| 127 - 1 2 3 Sensitive to cold | | 169 - 1 2 3 Allergies - tendency to asthma |
| 128 - 1 2 3 Dry or scaly skin | | 170 - 1 2 3 Weakness after colds, influenza |
| 129 - 1 2 3 Constipation | | 171 - 1 2 3 Exhaustion - muscular and nervous |
| 130 - 1 2 3 Mental sluggishness | | 172 - 1 2 3 Respiratory disorders |
| 131 - 1 2 3 Hair coarse, falls out | | |
| 132 - 1 2 3 Headaches upon arising wear off during day | | |
| 133 - 1 2 3 Slow pulse, below 65 | | |
| 134 - 1 2 3 Frequency of urination | | |
| 135 - 1 2 3 Impaired hearing | | |
| 136 - 1 2 3 Reduced initiative | | |

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult or dribbling
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses	215 - 1 2 3 Night urination frequent
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feelings before menstruation	216 - 1 2 3 Depression
177 - 1 2 3 Forgetfulness	204 - 1 2 3 Menstruation excessive and prolonged	217 - 1 2 3 Pain on inside of legs or heels
178 - 1 2 3 Indigestion	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete bowel evacuation
179 - 1 2 3 Poor appetite	206 - 1 2 3 Menstruate too frequently	219 - 1 2 3 Lack of energy
180 - 1 2 3 Craving for sweets	207 - 1 2 3 Vaginal discharge	220 - 1 2 3 Migrating aches and pains
181 - 1 2 3 Muscular soreness	208 - 1 2 3 Hysterectomy/ovaries removed	221 - 1 2 3 Tire too easily
182 - 1 2 3 Depression; feelings of dread	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
183 - 1 2 3 Noise sensitivity	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
184 - 1 2 3 Acoustic hallucinations	211 - 1 2 3 Acne, worse at menses	224 - 1 2 3 Diminished sex drive
185 - 1 2 3 Tendency to cry without reason	212 - 1 2 3 Depression of long standing	
186 - 1 2 3 Hair is coarse and/or thinning		
187 - 1 2 3 Weakness		
188 - 1 2 3 Fatigue		
189 - 1 2 3 Skin sensitive to touch		
190 - 1 2 3 Tendency toward hives		
191 - 1 2 3 Nervousness		
192 - 1 2 3 Headache		
193 - 1 2 3 Insomnia		
194 - 1 2 3 Anxiety		
195 - 1 2 3 Anorexia		
196 - 1 2 3 Inability to concentrate; confusion		
197 - 1 2 3 Frequent stuffy nose; sinus infections		
198 - 1 2 3 Allergy to some foods		
199 - 1 2 3 Loose joints		

IMPORTANT

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.

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

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row.

MALES

Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date: _____ Temperature: _____

BP SIT _____ BP STAND _____

PULSE SIT _____ PULSE STAND _____

SALIVA PH _____ BLOOD TYPE _____