

PATHWAYS TO WELLNESS, LLC
Nutritional Assessment Questionnaire

NEW PATIENT APPLICATION

Date: _____

Please Print Clearly.

PERSONAL INFORMATION

First Name: _____ **Middle Initial:** _____ **Last Name:** _____
Nick Name: _____ **Age:** ____ **Birth Date:** _____

Gender: M F

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

May we send you our online newsletter? Y N

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Employer: _____ **Occupation:** _____

Marital Status: S M W D # of Children: _____ **Spouse Name:** _____

Emergency Contact: _____

Primary Physician: _____ **Phone:** _____

How did you hear about us? Internet Health Column Doctor
Family Member Friend
Co-Worker

HEALTH HISTORY

Please list your major health concerns in order of importance and the date it began:

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

List any major illnesses, injuries, and/or surgeries with approximate dates:

Any Doctor Visits within 12 Months: Yes No

Reason: _____

I deny any doctor visits _____

Any Blood Work within 3-months? ____

Reason: _____

For office use only:

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Click Box next to any diet, lifestyle items or symptom that applies:

PART I

DIET:

1. ___	Alcohol	7. ___	Cigars/pipes	14. ___	Radiation Exposure
2. ___	Artificial sweeteners	8. ___	Caffeinated beverages	15. ___	Refined flour/baked goods
3. ___	Candy, desserts, refined sugar	9. ___	Fast foods	16. ___	Vitamins and minerals
4. ___	Carbonated beverages	10. ___	Fried Foods	17. ___	Water, distilled
5. ___	Chewing tobacco	11. ___	Luncheon meats	18. ___	Water, tap
6. ___	Cigarettes	12. ___	Margarine	19. ___	Water, well
		13. ___	Milk products	20. ___	Diet often for weight control

LIFESTYLE:

21. ___ Enter #	Exercise/week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month)
22. ___ Enter #	Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months)
23. ___ Enter #	Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months)
24. ___ Enter #	Work over 60 hours/week (0 = never, 1 = occasionally, 2 = usually, 3 = always)

MEDICATIONS: Indicate any medications you're currently taking or have taken in the last month

25. ___	Antacids	39. ___	Diuretics
26. ___	Anti-anxiety medications	40. ___	Estrogen or progesterone (pharmaceutical)
27. ___	Antibiotics	41. ___	Estrogen or progesterone (natural)
28. ___	Anticonvulsants	42. ___	Heart medications
29. ___	Antidepressants	43. ___	High blood pressure medications
30. ___	Antifungals	44. ___	Laxatives
31. ___	Aspirin/Ibuprofen	45. ___	Recreational drugs
32. ___	Asthma inhalers	46. ___	Relaxants/Sleeping pills

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33. ___	Beta blockers	47. ___	Testosterone (natural or prescription)
34. ___	Birth control pills/implant contraceptives	48. ___	Thyroid medication
35. ___	Chemotherapy	49. ___	Acetaminophen (Tylenol)
36. ___	Cholesterol lowering medications	50. ___	Ulcer medications
37. ___	Cortisone/steroids	51. ___	Sildenafil citrate (Viagra)
38. ___	Diabetic medications/insulin		

PART II

Section 1 –Upper Gastrointestinal System

52. ___	Belching or gas within one hour after eating	61. ___	Feel like skipping breakfast
53. ___	Heartburn or acid reflux	62. ___	Feel better if you don't eat breakfast
54. ___	Bloating within one hour after eating	63. ___	Sleepy after meals
55. ___	Vegan diet	64. ___	Fingernails chip, peel or break easily
56. ___	Bad breath (halitosis)	65. ___	Anemia unresponsive to iron
57. ___	Loss of taste for meat	66. ___	Stomach pains or cramps
58. ___	Sweat has a strong odor	67. ___	Diarrhea, chronic
59. ___	Stomach upset by taking vitamins	68. ___	Diarrhea shortly after meals
60. ___	Sense of excess fullness after meals	69. ___	Black or tarry colored stools
		70. ___	Undigested food in stool

Section 2 – Liver and Gallbladder

71. ___	Pain between shoulder blades	85. ___	Easily hung over if you were to drink wine
72. ___	Stomach upset by greasy foods	86. ___	Alcohol per week (0=<3, 1=<7, 2 =<14, 3=>14)
73. ___	Greasy or shiny stools)	87. ___	Recovering alcoholic
74. ___	Nausea	88. ___	History of drug or alcohol abuse
75. ___	Sea, car, airplane or motion sickness	89. ___	History of hepatitis
76. ___	History of morning sickness	90. ___	Long term use of prescription/recreational drug
77. ___	Light or clay colored stools	91. ___	Sensitive to chemicals
78. ___	Dry skin, itchy feet or skin peels on feet	92. ___	Sensitive to tobacco smoke
79. ___	Headache over eyes	93. ___	Exposure to diesel fumes
80. ___	Gallbladder attacks	94. ___	Pain under right side of rib cage

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81. ___	Gallbladder removed	95. ___	Hemorrhoids or varicose veins)
82. ___	Bitter taste in mouth, especially after meals	96. ___	NutraSweet (aspartame) consumption
83. ___	Become sick if you were to drink wine	97. ___	Sensitive to NutraSweet (aspartame)
84. ___	Easily intoxicated if you were to drink wine	98. ___	Chronic fatigue or Fibromyalgia

Section 3 – Small Intestine

99. ___	Food allergies	108. ___	Crohn's disease
100. ___	Abdominal bloating 1to 2 hours after eating	109. ___	Wheat or grain sensitivity
101. ___	Specific foods make you tired or bloated	110. ___	Dairy sensitivity
102. ___	Pulse speeds after eating	111. ___	Are there foods you could not give up
103. ___	Airborne allergies	112. ___	Asthma, sinus infections, stuffy nose
104. ___	Experience hives	113. ___	Bizarre vivid dreams, nightmares
105. ___	Sinus congestion, "stuffy head"	114. ___	Use over-the-counter pain medications
106. ___	Crave bread or noodles	115. ___	Feel spacey or unreal
107. ___	Alternating constipation and diarrhea		

Section 4 – Large Intestine

116. ___	Anus itches	126. ___	Stools have corners or edges, are flat or ribbon shaped
117. ___	Coated tongue	127. ___	Stools are not well formed (loose)

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118. ___	Feel worse in moldy or musty place	128. ___	Irritable bowel or mucus colitis
119. ___	Taken antibiotic for a total accumulated time	129. ___	Blood in stool
120. ___	Fungus or yeast infections	130. ___	Mucus in stool
121. ___	Ring worm, "jock itch", "athletes foot", nail fungus	131. ___	Excessive foul smelling lower bowel gas
122. ___	Yeast symptoms increase with sugar, starch or alcohol	132. ___	Bad breath or strong body odors
123. ___	Stools hard or difficult to pass	133. ___	Painful to press along outer sides of thighs (Iliotibial Band)
124. ___	History of parasites	134. ___	Cramping in lower abdominal region
125. ___	Less than one bowel movement per day	135. ___	Dark circles under eyes

Section 5 – Mineral Needs

136. ___	History of carpal tunnel syndrome	150. ___	History of bone spurs
137. ___	History of lower right abdominal pains or ileocecal valve problems	151. ___	Morning stiffness
138. ___	History of stress fracture	152. ___	Nausea with vomiting
139. ___	Bone loss (reduced density on bone scan)	153. ___	Crave chocolate
140. ___	Are you shorter than you used to be?	154. ___	Feet have a strong odor
141. ___	Calf, foot or toe cramps at rest (<i>Ca, mg and K deficiency</i>)	155. ___	History of anemia

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142. ___	Cold sores, fever blisters or herpes lesions	156. ___	Whites of eyes (sclera) blue tinted
143. ___	Frequent fevers	157. ___	Hoarseness
144. ___	Frequent skin rashes and/or hives	158. ___	Difficulty swallowing
145. ___	Herniated disc	159. ___	Lump in throat
146. ___	Excessively flexible joints, "double jointed"	160. ___	Dry mouth, eyes and/or nose
147. ___	Joints pop or click (mineral deficiency)	161. ___	Gag easily
148. ___	Pain or swelling in joints	162. ___	White spots on fingernails
149. ___	Bursitis or tendonitis	163. ___	Cuts heal slowly and/or scar easily
		164. ___	Decreased sense of taste or smell

Section 6 – Essential Fatty Acids

165. ___	Experience pain relief with aspirin	169. ___	Headaches when out in the hot sun
166. ___	Crave fatty or greasy foods	170. ___	Sunburn easily or suffer sun poisoning
167. ___	Low- or reduced-fat diet	171. ___	Muscles easily fatigued
168. ___	Tension headaches at base of skull	172. ___	Dry flaky skin or dandruff

Section 7 – Sugar Handling

173. ___	Awaken a few hours after falling asleep, hard to get back to sleep	180. ___	Headache if meals are skipped or delayed
174. ___	Crave sweets	181. ___	Irritable before meals
175. ___	Binge or uncontrolled eating	182. ___	Shaky if meals delayed
176. ___	Excessive appetite	183. ___	Family members with diabetes
177. ___	Crave coffee or sugar in the afternoon	184. ___	Frequent thirst

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178. ___	Sleepy in afternoon	185. ___	Frequent urination
179. ___	Fatigue that is relieved by eating		

Section 8 – Vitamin Need

186. ___	Muscles become easily fatigued	200. ___	Can hear heart beat on pillow at night
187. ___	Feel exhausted or sore after moderate exercise	201. ___	Whole body or limb jerk as falling asleep
188. ___	Vulnerable to insect bites	202. ___	Night sweats
189. ___	Loss of muscle tone, heaviness in arms/legs	203. ___	Restless leg syndrome
190. ___	Enlarged heart or congestive heart failure	204. ___	Cracks at corner of mouth (Cheilosis)
191. ___	Pulse below 65 per minute (0=no, 1=yes)	205. ___	Fragile skin, easily chaffed, as in shaving
192. ___	Ringing in the ears (Tinnitus)	206. ___	Polyps or warts
193. ___	Numbness, tingling or itching in hands and feet	207. ___	MSG sensitivity
194. ___	Depressed	208. ___	Wake up without remembering dreams
195. ___	Fear of impending doom	209. ___	Small bumps on back of arms
196. ___	Worrier, apprehensive, anxious	210. ___	Strong light at night irritates eyes
197. ___	Nervous or agitated	211. ___	Nose bleeds and/or tend to bruise easily
198. ___	Feelings of insecurity	212. ___	Bleeding gums especially when brushing teeth
199. ___	Heart races (assess cardiovascular system; Mg)		

Section 9 – Adrenal

213. ___	Tend to be a "night person"	226. ___	Arthritic tendencies
214. ___	Difficulty falling asleep	227. ___	Crave salty foods

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215. ___	Slow starter in the morning"	228. ___	Salt foods before tasting
216. ___	Tend to be keyed up, trouble calming down	229. ___	Perspire easily
217. ___	Blood pressure above 120/80	230. ___	Chronic fatigue, or get drowsy often
218. ___	Headache after exercising	231. ___	Afternoon yawning
219. ___	Feeling wired or jittery after drinking coffee	232. ___	Afternoon headache
220. ___	Clench or grind teeth	233. ___	Asthma, wheezing or difficulty breathing
221. ___	Calm on the outside, troubled on the inside	234. ___	Pain on the medial or inner side of the knee
222. ___	Chronic low back pain, worse with fatigue	235. ___	Tendency to sprain ankles or "shin splints"
223. ___	Become dizzy when standing up suddenly	236. ___	Tendency to need sunglasses
224. ___	Difficulty maintaining manipulative correction	237. ___	Allergies and/or hives
225. ___	Pain after manipulative correction	238. ___	Weakness, dizziness

Section 10 – Pituitary

239. ___	Height over 6' 6"	245. ___	Height under 4' 10"
240. ___	Early sexual development (before age 10)	246. ___	Decreased libido
241. ___	Increased libido	247. ___	Excessive thirst
242. ___	Splitting type headache	248. ___	Weight gain around hips or waist
243. ___	Memory failing	249. ___	Menstrual disorders
244. ___	Tolerate sugar, feel fine when eating sugar	250. ___	Delayed sexual development (after age 13)
		251. ___	Tendency to ulcers or colitis

Section 11 – Thyroid

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252. ___	Sensitive/allergic to iodine	260. ___	Mentally sluggish, reduced initiative
253. ___	Difficulty gaining weight, even with large appetite	261. ___	Easily fatigued, sleepy during the day
254. ___	Nervous, emotional, can't work under pressure	262. ___	Sensitive to cold, poor circulation (cold hands and feet)
255. ___	Inward trembling	263. ___	Constipation, chronic
256. ___	Flush easily	264. ___	Excessive hair loss and/or coarse hair
257. ___	Fast pulse at rest	265. ___	Morning headaches, wear off during the day
258. ___	Intolerance to high temperatures	266. ___	Loss of lateral 1/3 of eyebrow
259. ___	Difficulty losing weight	267. ___	Seasonal sadness

Section 12 – Men Only

268. ___	Prostate problems	272. ___	Waking to urinate at night
269. ___	Difficulty with urination, dribbling	273. ___	Interruption of stream during urination
270. ___	Difficult to start and stop urine stream	274. ___	Pain on inside of legs or heels
271. ___	Pain or burning with urination	275. ___	Feeling of incomplete bowel evacuation
		276. ___	Decreased sexual function

Section 13 – Women Only

277. ___	Depression during periods	287. ___	Breast fibroids, benign masses
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278. ___	Mood swings associated with periods	288. ___	Painful intercourse (dyspareunia)
279. ___	Crave chocolate around periods	289. ___	Vaginal discharge
280. ___	Breast tenderness associated with cycle	290. ___	Vaginal dryness
281. ___	Excessive menstrual flow	291. ___	Vaginal itchiness
282. ___	Scanty blood flow during periods	292. ___	Gain weight around hips, thighs and buttocks
283. ___	Occasional skipped periods	293. ___	Excess facial or body hair
284. ___	Variations in menstrual	294. ___	Hot flashes
285. ___	Endometriosis	295. ___	Night sweats (in menopausal females)
286. ___	Uterine fibroids	296. ___	Thinning skin

Section 14 – Cardiovascular

297. ___	Aware of heavy and/or irregular breathing	302. ___	Ankles swell, especially at end of day
298. ___	Discomfort at high altitudes	303. ___	Cough at night
299. ___	"Air hunger" or sigh frequently	304. ___	Blush or face turns red for no reason
300. ___	Compelled to open windows in a closed room	305. ___	Dull pain or tightness in chest and/or radiate into right arm, worse with exertion
301. ___	Shortness of breath with moderate exertion	306. ___	Muscle cramps with exertion

Section 15 – Kidney and Bladder

307. ___	Pain in mid-back region	310. ___	Cloudy, bloody or darkened urine
308. ___	Puffy around the eyes, dark circles under eyes	311. ___	Urine has a strong odor
309. ___	History of kidney stones		

Section 16 – Immune System

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312. ____	Runny or drippy nose	317. ____	Never get sick
313. ____	Catch colds at the beginning of winter (318. ____	Acne (adult)
314. ____	Mucus producing cough	319. ____	Itchy skin (Dermatitis)
315. ____	Frequent colds or flu	320. ____	Cysts, boils, rashes
316. ____	Other infections (sinus, ear, lung, skin, bladder, kidney, etc.)	321. ____	History of Epstein Bar, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other chronic viral condition