

Review of Systems and Nutrition Intake Form

REVIEW OF SYSTEMS: Please check CURRENT SYMPTOMS

General:

- ☐ Fatigue ☐ Weight gain unexplained ☐ Trouble Sleeping ☐ Other: _____
☐ Weight loss, unexplained ☐ Fever or Chills

Skin:

- ☐ Acne ☐ Eczema ☐ Itching ☐ Spoon Shaped Nails
☐ Bruising ☐ Hair Loss ☐ Psoriasis ☐ White Spots on Nails
☐ Burning Feet ☐ Hives ☐ Ridged Nails ☐ Other: _____

Eyes:

- ☐ Blurred Vision ☐ Cataracts ☐ Floaters ☐ Glaucoma ☐ Tearing ☐ Other: _____
☐ Burning ☐ Dark Circles ☐ Freq. Blinking ☐ Light Sensitive ☐ Glasses or Contacts

Ears:

- ☐ Ear aches ☐ Hearing Loss ☐ Ringing ☐ Other: _____

Nose & Sinuses:

- ☐ Hay fever ☐ Polyps ☐ Stuffiness
☐ Nose Bleeds ☐ Sinus Pain ☐ Other: _____

Mouth & Throat:

- ☐ Bad Breath ☐ Dentures ☐ Grind Teeth ☐ Root Canals ☐ Other: _____
☐ Bleeding Gums ☐ Freq Sore Throats ☐ Hoarseness ☐ Silver Fillings

Respiratory:

- ☐ Apnea ☐ Cough ☐ Shortness of Breath ☐ Wheezing ☐ Other: _____

Cardiac:

- ☐ Chest Pain ☐ Tightness ☐ Shortness of breath ☐ Difficulty breathing lying down ☐ Other: _____
☐ Palpitations with activity

Gastrointestinal:

- ☐ Abdominal Pain ☐ Constipation ☐ Difficulty Swallowing ☐ Heartburn ☐ Nausea ☐ Change in bowel habits
☐ Bloating ☐ Diarrhea ☐ Flatulence ☐ Hemorrhoids ☐ Ulcers ☐ Change in appetite

Urinary:

- ☐ Burning ☐ Hesitancy ☐ Infections ☐ Stones ☐ Blood in urine ☐ Other: _____
☐ Frequency ☐ Incontinence ☐ Pain ☐ Urgency

Genital (male):

- ☐ Discharge ☐ Impotence ☐ Testicular Pain ☐ Other: _____

Genital (female):

- ☐ Discharge ☐ Spotting ☐ Tender Breasts ☐ Excess Bleeding ☐ Other: _____

Musculoskeletal:

- ☐ Backache ☐ Joint Pain ☐ Muscle Pain ☐ Spasms ☐ Rigidity
☐ Redness of joints ☐ Joint Swelling ☐ Muscle Weakness ☐ Stiffness ☐ Other: _____

Neurologic:

- ☐ Abnormal Gait ☐ Burning feet ☐ Fainting ☐ Poor Coordination ☐ Tics ☐ Weakness
☐ ADHD ☐ Confusion ☐ Headaches ☐ Sciatica ☐ Tingling ☐ Other: _____
☐ Brain Fog ☐ Dizziness ☐ Numbness ☐ Seizures ☐ Tremors

Endocrine:

- ☐ Cold Intolerance ☐ Excessive Thirst ☐ Sweating ☐ Low libido
☐ Heat Intolerance ☐ Excessive Hunger ☐ Fatigue ☐ Other: _____

Psychiatric:

- ☐ Anxiety ☐ Insomnia ☐ Nervousness ☐ Mood swings
☐ Depressed mood ☐ Irritability ☐ Stress ☐ Other: _____

Hematologic:

- ☐ Ease of bruising ☐ Ease of bleeding ☐ Other: _____

NUTRITIONAL HISTORY

Current Anthropometrics:

Height: _____ Wt: _____ Preferred Wt: _____ Usual Wt: _____

Waist Circumference: _____

Measured and documented by Clinician or Physician

Have you lost or gained weight in past year? N Y

Explain _____

Weight Loss Surgery: N Y Date/Type: _____

Following Instructed Plan: N Y

Describe your current diet: (Check all that apply)

- ☐ Low Fat ☐ High Sugar Intake ☐ Avoid Eating ☐ Always Dieting ☐ Gluten Free Diet
☐ Low Carb ☐ Love Donuts ☐ Avoid Vegetables ☐ Vegetarian Diet ☐ Allergy Free Diet
☐ Low Protein ☐ Love ice cream ☐ Avoid Butter ☐ Ovo-Vegetarian ☐ Ketogenic Diet
☐ High Fat ☐ High Juice intake ☐ Avoid Salads ☐ Lacto-Vegetarian ☐ Milk/Casein Free Diet
☐ High Carb ☐ Diet Soda ☐ Restrict Salt ☐ Ovo-Lacto Vegetarian ☐ High Bread/Pasta Diet
☐ High Protein ☐ Nutrasweet, other ☐ Love fried food ☐ Vegan Diet ☐ Over consumption of food

Dietary Intake: [High (3), Medium (2), or Low (1), NONE (0)]

Sesame Oil _____	MCT Oil _____	Lard _____
Safflower Oil _____	Soy Oil _____	Crisco _____
Flax Oil _____	Cottonseed Oil _____	Salad Dressing _____
Sunflower Oil _____	Peanut Oil _____	Mayonnaise _____
Walnut Oil _____	Corn Oil _____	Margarine _____
Olive Oil _____	Mineral Oil _____	Butter _____
Canola Oil _____	Mustard Oil _____	Coconut Butter _____

Fluid Intake per day:

____ Glasses of Water ____ Glasses of Juice ____ Glasses of Milk ____ Cans of Soda ____ Cups of Coffee ____ Cups of Tea

Food Groups: # Servings/Day # Servings/Wk

Servings per Day

Servings per Week

Bread/Cereal/Pasta/Grains

Fruit

Vegetables

Milk/Cheese/Yogurt

Eggs/Poultry/Meat

Lentils/Beans/Tofu

Nuts/Peanut Butter

Butter/Mayonnaise

Oils

Fried Food/Salty Snack Foods

Dessert/Sweets

Sweet Beverages/soda/fruit juice/Sport
drinks

100% Fruit juice

Alcohol

Water

Caffeinated beverages

Candy/Gum