Dr. Ron Grabowski, R.D., D.C.

Nutritional Questionnaire

The following questionnaire has been developed to help evaluate your nutritional needs and/or status. This process is only as accurate as the information that you provide. If you feel that the conditions listed below do not fully explain your signs/symptoms, please elaborate during our personal consultation. I would like to remind you that all of this information is strictly confidential unless you state otherwise.

Last Name:_____ **First Name:** _____

Street Address:_____ **Apt#**:_____

City:_____ **State:** _____ **Zip Code**:_____

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

Occupation:_____

[ ] Male [ ] Female Birth date: _____/_____/_____ **Age:** _____

Height: _____ **Weight:** _____ **Goal Weight:** _____

Purpose for Consultation: _____

_____

Who referred you to this office?

[ ] Dr. [ ] Mr. [ ] Mrs. [ ] Ms. _____

Address: _____

City: _____ **State:** _____ **Zip Code**: _____

Please check the signs/symptoms or conditions that you presently have or have had in the past.

Cardiovascular (heart) Conditions

	Present	Past
[ ] Atherosclerosis	**[ ]**	**[ ]**
[ ] Congestive heart failure	**[ ]**	**[ ]**
[ ] Cholesterol (elevated)	**[ ]**	**[ ]**
[ ] Edema (swelling)	**[ ]**	**[ ]**
[ ] EKG Abnormality	**[ ]**	**[ ]**
[ ] Fatigue	**[ ]**	**[ ]**
[ ] Hypertension (high blood pressure)	**[ ]**	**[ ]**
[ ] Hypotension (low blood pressure)	**[ ]**	**[ ]**
[ ] Intermittent claudication	**[ ]**	**[ ]**
[ ] Palpitations	**[ ]**	**[ ]**
[ ] Tachycardia (rapid heart beat)	**[ ]**	**[ ]**
[ ] Triglycerides (elevated)	**[ ]**	**[ ]**

Doctor's Notes:

Dermatologic Conditions

	Present	Past
[ ] Acne (Rosacea)	**[ ]**	**[ ]**
[ ] Acne (Pustular)	**[ ]**	**[ ]**
[ ] Acrodermatitis enteropathica	**[ ]**	**[ ]**
[ ] Alopecia (hair loss)	**[ ]**	**[ ]**
[ ] Canker sores (mouth ulcers)	**[ ]**	**[ ]**
[ ] Cold sores (Herpes simplex I)	**[ ]**	**[ ]**
[ ] Dermatitis	**[ ]**	**[ ]**
[ ] Dermatitis (Seborrheic)	**[ ]**	**[ ]**
[ ] Ecchymoses	**[ ]**	**[ ]**
[ ] Eczema	**[ ]**	**[ ]**
[ ] Follicular Hyperkeratosis	**[ ]**	**[ ]**
[ ] Hair color (premature grey)	**[ ]**	**[ ]**
[ ] Hyperhydrosis (excessive sweating)	**[ ]**	**[ ]**
[ ] Koilonychia	**[ ]**	**[ ]**
[ ] Leukonychia	**[ ]**	**[ ]**
[ ] Skin, dry	**[ ]**	**[ ]**
[ ] Skin (eruptions)	**[ ]**	**[ ]**
[ ] Skin (pigmentation)	**[ ]**	**[ ]**
[ ] Vitiligo	**[ ]**	**[ ]**
[ ] Wound healing (poor)	**[ ]**	**[ ]**

Doctor's Notes:

Endocrinology Conditions

	Present	Past
[ ] Addison's disease	**[ ]**	**[ ]**
[ ] Adrenal Insufficiency	**[ ]**	**[ ]**
[ ] Cushing's Syndrome	**[ ]**	**[ ]**
[ ] Cystic fibrosis	**[ ]**	**[ ]**
[ ] Diabetes mellitus (Type 1 or 2)	**[ ]**	**[ ]**
[ ] Diabetes Insipidus	**[ ]**	**[ ]**
[ ] Estrogen (low)	**[ ]**	**[ ]**
[ ] Hyperaldosteronism	**[ ]**	**[ ]**
[ ] Hyperparathyroidism	**[ ]**	**[ ]**
[ ] Hyperthyroidism	**[ ]**	**[ ]**
[ ] Hypoglycemia (low blood sugar)	**[ ]**	**[ ]**
[ ] Hypoparathyroidism	**[ ]**	**[ ]**
[ ] Hypothyroidism (low thyroid)	**[ ]**	**[ ]**
[ ] Keshan's disease	**[ ]**	**[ ]**
[ ] Pancreatitis	**[ ]**	**[ ]**
[ ] Polycystic Ovarian Syndrome (PCOS)	**[ ]**	**[ ]**
[ ] Turner's Syndrome	**[ ]**	**[ ]**
[ ] Wilson's disease	**[ ]**	**[ ]**

Doctor's Notes:

Gastrointestinal Conditions

	Present	Past
[ ] Abdominal cramps	[ ]	[ ]
[ ] Achalasia	[ ]	[ ]
[ ] Anorexia nervosa	[ ]	[ ]
[ ] Bulimia	[ ]	[ ]
[ ] Celiac disease	[ ]	[ ]
[ ] Colitis	[ ]	[ ]
[ ] Constipation	[ ]	[ ]
[ ] Crohn's Disease	[ ]	[ ]
[ ] Diarrhea	[ ]	[ ]
[ ] Diverticulitis	[ ]	[ ]
[ ] Diverticulosis	[ ]	[ ]
[ ] Duodenal ulcer	[ ]	[ ]
[ ] Dumping Syndrome	[ ]	[ ]
[ ] Fat malabsorption	[ ]	[ ]
[ ] Gastric ulcer	[ ]	[ ]
[ ] Gastritis	[ ]	[ ]
[ ] Gastroesophageal Reflux (GERD)	[ ]	[ ]
[ ] Hiatal hernia	[ ]	[ ]
[ ] Hemorrhoids	[ ]	[ ]
[ ] Indigestion	[ ]	[ ]
[ ] Irritable bowel syndrome (IBS)	[ ]	[ ]
[ ] Malabsorption	[ ]	[ ]
[ ] Nausea	[ ]	[ ]
[ ] Small Intestinal Bacteria Overgrowth	[ ]	[ ]
[ ] Ulcerative colitis	[ ]	[ ]
[ ] Vomiting	[ ]	[ ]

Doctor's Notes:

Hematology (Blood) Conditions

	Present	Past
[ ] Anemia	**[ ]**	**[ ]**
[ ] Bleeding (excess)	**[ ]**	**[ ]**
[ ] Bruising (easily)	**[ ]**	**[ ]**
[ ] Leukemia	**[ ]**	**[ ]**
[ ] Leukopenia	**[ ]**	**[ ]**
[ ] Neutropenia	**[ ]**	**[ ]**
[ ] Pernicious anemia	**[ ]**	**[ ]**
[ ] Sickle cell anemia	**[ ]**	**[ ]**
[ ] Thrombocytopenia	**[ ]**	**[ ]**

Hepatobiliary Conditions

	Present	Past
[ ] Biliary Obstruction	**[ ]**	**[ ]**
[ ] Cholecystitis	**[ ]**	**[ ]**
[ ] Cholelithiasis (gallstones)	**[ ]**	**[ ]**
[ ] Cirrhosis	**[ ]**	**[ ]**
[ ] Fatty liver	**[ ]**	**[ ]**
[ ] Hepatitis	**[ ]**	**[ ]**
[ ] Hepatic carcinoma	**[ ]**	**[ ]**
[ ] Pancreatitis	**[ ]**	**[ ]**

Immunology Conditions

	Present	Past
[ ] Cancer	**[ ]**	**[ ]**
[ ] Chronic Fatigue Syndrome (CFIDS)	**[ ]**	**[ ]**
[ ] Fever (chronic)	**[ ]**	**[ ]**
[ ] Hodgkin's Lymphoma	**[ ]**	**[ ]**
[ ] Sinus infections (acute or chronic)	**[ ]**	**[ ]**
[ ] Stress	**[ ]**	**[ ]**

Doctor's Notes:

Musculoskeletal Conditions

	Present	Past
[ ] Bursitis	**[ ]**	**[ ]**
[ ] Carpal Tunnel Syndrome	**[ ]**	**[ ]**
[ ] Facial twitching	**[ ]**	**[ ]**
[ ] Fatigue (generalized)	**[ ]**	**[ ]**
[ ] Fibromyalgia	**[ ]**	**[ ]**
[ ] Fractures (stress)	**[ ]**	**[ ]**
[ ] Gout	**[ ]**	**[ ]**
[ ] Muscle cramps	**[ ]**	**[ ]**
[ ] Muscular dystrophy	**[ ]**	**[ ]**
[ ] Muscle weakness	**[ ]**	**[ ]**
[ ] Myalgia (muscle pain)	**[ ]**	**[ ]**
[ ] Osteoarthritis	**[ ]**	**[ ]**
[ ] Osteomalacia	**[ ]**	**[ ]**
[ ] Osteopenia	**[ ]**	**[ ]**
[ ] Osteoporosis	**[ ]**	**[ ]**
[ ] Psoriatic arthritis	**[ ]**	**[ ]**
[ ] Restless Legs Syndrome (RLS)	**[ ]**	**[ ]**
[ ] Rheumatoid arthritis	**[ ]**	**[ ]**
[ ] Rickets	**[ ]**	**[ ]**
[ ] Tendinitis	**[ ]**	**[ ]**

Neurological Conditions

	Present	Past
[ ] Alzheimer's Disease	**[ ]**	**[ ]**
[ ] Ataxia (abnormal gait)	**[ ]**	**[ ]**
[ ] Autism	**[ ]**	**[ ]**
[ ] Beri Beri	**[ ]**	**[ ]**
[ ] Burning feet	**[ ]**	**[ ]**
[ ] Confusion	**[ ]**	**[ ]**
[ ] Convulsions	**[ ]**	**[ ]**
[ ] Dementia	**[ ]**	**[ ]**
[ ] Depression	**[ ]**	**[ ]**
[ ] Diabetic neuropathy	**[ ]**	**[ ]**
[ ] Epilepsy	**[ ]**	**[ ]**
[ ] Headaches (tension/migraine/cluster)	**[ ]**	**[ ]**
[ ] Hyporeflexia	**[ ]**	**[ ]**
[ ] Memory loss (short-term / long-term)	**[ ]**	**[ ]**
[ ] Multiple sclerosis	**[ ]**	**[ ]**
[ ] Neuropathy	**[ ]**	**[ ]**
[ ] Paresthesia's	**[ ]**	**[ ]**
[ ] Parkinson's disease	**[ ]**	**[ ]**
[ ] Raynaud's Syndrome	**[ ]**	**[ ]**
[ ] Tinnitus (ringing in ears)	**[ ]**	**[ ]**
[ ] Tremors	**[ ]**	**[ ]**
[ ] Vertigo (dizziness)	**[ ]**	**[ ]**

Nutritional Considerations

	Present	Past
[ ] Carbohydrate loading	**[ ]**	**[ ]**
[ ] Fasting (chronic)	**[ ]**	**[ ]**
[ ] Fiber intake (high)	**[ ]**	**[ ]**
[ ] Protein intake (high)	**[ ]**	**[ ]**
[ ] Polyunsaturated fat intake (high)	**[ ]**	**[ ]**
[ ] Salt intake (high)	**[ ]**	**[ ]**
[ ] Saturated fat intake (high)	**[ ]**	**[ ]**
[ ] Vegetarian diet	**[ ]**	**[ ]**
[ ] Weight loss (involuntary)	**[ ]**	**[ ]**

Obstetrics/Gynecology Conditions

	Present	Past
[ ] Amenorrhea	**[ ]**	**[ ]**
[ ] Breast feeding (Postnatal)	**[ ]**	**[ ]**
[ ] Cervical dysplasia	**[ ]**	**[ ]**
[ ] Dysmenorrhea	**[ ]**	**[ ]**
[ ] Eclampsia	**[ ]**	**[ ]**
[ ] Endometriosis	**[ ]**	**[ ]**
[ ] Gestational diabetes	**[ ]**	**[ ]**
[ ] Infertility	**[ ]**	**[ ]**
[ ] Menorrhea	**[ ]**	**[ ]**
[ ] Placenta abrupto	**[ ]**	**[ ]**
[ ] Pre-eclampsia	**[ ]**	**[ ]**
[ ] Premenstrual Syndrome (PMS)	**[ ]**	**[ ]**
[ ] Polycystic Ovarian Syndrome (PCOS)	**[ ]**	**[ ]**
[ ] Pregnant	**[ ]**	**[ ]**

Ophthalmology Conditions

	Present	Past
[ ] Bitot's spots	**[ ]**	**[ ]**
[ ] Cataracts	**[ ]**	**[ ]**
[ ] Conjunctiva, dryness (Dry eyes)	**[ ]**	**[ ]**
[ ] Conjunctivitis	**[ ]**	**[ ]**
[ ] Macular degeneration	**[ ]**	**[ ]**
[ ] Nyctalopia (night blindness)	**[ ]**	**[ ]**
[ ] Pterygium	**[ ]**	**[ ]**
[ ] Retinitis pigmentosa	**[ ]**	**[ ]**
[ ] Vision loss	**[ ]**	**[ ]**

Oral Cavity(Mouth) Conditions

	Present	Past
[ ] Angular stomatitis	**[ ]**	**[ ]**
[ ] Cheilosis (dry lips)	**[ ]**	**[ ]**
[ ] Dental caries (cavities)	**[ ]**	**[ ]**
[ ] Gingivitis (bleeding gums)	**[ ]**	**[ ]**
[ ] Glossitis	**[ ]**	**[ ]**
[ ] Loss of taste sensation	**[ ]**	**[ ]**
[ ] Tongue, Sore	**[ ]**	**[ ]**
[ ] Xerostomia (dry mouth)	**[ ]**	**[ ]**

Psychiatric Conditions

	Present	Past
[ ] Anxiety	**[ ]**	**[ ]**
[ ] Attention deficit disorder	**[ ]**	**[ ]**
[ ] Cognitive behavior, impaired	**[ ]**	**[ ]**
[ ] Depression	**[ ]**	**[ ]**
[ ] Irritability	**[ ]**	**[ ]**
[ ] Schizoprenia	**[ ]**	**[ ]**

Respiratory Conditions

	Present	Past
[ ] Asthma	**[ ]**	**[ ]**
[ ] Bronchitis	**[ ]**	**[ ]**
[ ] Cough (excessive)	**[ ]**	**[ ]**
[ ] Emphysema	**[ ]**	**[ ]**
[ ] Pneumonia	**[ ]**	**[ ]**
[ ] Tuberculosis	**[ ]**	**[ ]**

Doctor's Notes:

Renal/Urinary Conditions

	Present	Past
[ ] Bladder infection	**[ ]**	**[ ]**
[ ] Benign prostatic hypertrophy	**[ ]**	**[ ]**
[ ] Hemodialysis	**[ ]**	**[ ]**
[ ] Nephrolithiasis (kidney stones)	**[ ]**	**[ ]**
[ ] Prostatitis	**[ ]**	**[ ]**
[ ] Prostate carcinoma	**[ ]**	**[ ]**
[ ] Renal failure	**[ ]**	**[ ]**
[ ] Uremia	**[ ]**	**[ ]**
[ ] Yeast infections (chronic)	**[ ]**	**[ ]**

Surgeries

Surgery	***Date***
Adenoids removed	
Angioplasty	
Appendectomy	
Cholecystectomy (gallbladder)	
Colostomy	
Coronary by-pass (Open heart)	
Foot	
Gastric banding	
Gastric bypass	
Hemorrhoidectomy	
Hysterectomy (partial or complete)	
Ileostomy	
Knee	
Nephrectomy	
Thyroidectomy (Thyroid)	
Tonsillectomy	
Vasectomy	
Additional: Please list below	

Allergies

Medications	**Food**	**Air borne**

Medications

Name	Purpose	Dosage	Duration
Example: Lipitor	**Cholesterol**	**10 mg/day**	**5 years**

Nutritional Supplements

Product	Brand	Dosage	Frequency
B-Complex			
Calcium			
Magnesium			
Multivitamin/mineral			
Niacin			
Omega – 3 fatty acids			
Vitamin A			
Vitamin C			
Vitamin D			
Vitamin E			
Glucosamine sulfate			

Amino Acids

Name	Brand	Dosage	Duration
5 - HTP			
Alanine			
Arginine			
Asparagine			
Cysteine			
Glutamine			
Glycine			
Histidine			
Isoleucine			
Leucine			
Lysine			
Methionine			
Phenylalanine			
Serine			
Taurine			
Threonine			
Tryptophan			
Tyrosine			
Valine			

Enteral Formulations

Name	Brand	Dosage	Duration
Chondroitin sulfate			
Creatine			
Enfamil			
Ensure			
Ensure Plus			
Glucosamine sulfate			
MSM			
Polycose			
Protein powder			
Similac			
Sustacal			

Herbal Products

Name	Brand	Dosage	Duration
Chamomile			
Cranberry			
Echinacea			
Evening primrose oil			
Feverfew			
Flax seed oil/capsules			
Garlic			
Hawthorn berry			
MACA			
Milk thistle			

Family History

Family History	Living	Deceased	Medical History
Mother			
Father			
Brother(s)			
Sister(s)			
Maternal Mother			
Maternal Father			
Paternal Mother			
Paternal Father			

Social History

Smoke: **[ ] Yes** **Packs per day:_____ Duration: _____**
[ ] No

Alcohol: **[ ] Yes** **Frequency:_____ Amount: _____**
[ ] No

Physical Activity

Activity	**Frequency**	**Duration**
Example: Weight lifting	**3 times per week**	**Past 6 months**

Doctor's Notes:

Dietary History

Please list a typical daily diet schedule. The **more detailed** you can document your dietary habits; the more likely Dr. Grabowski will be able to evaluate your dietary concerns.

Breakfast: (example: scrambled eggs with butter, cheerios, skim milk and orange juice)
Midmorning snack:
Lunch:
Mid-afternoon snack:
Dinner:
Evening snack:

Number of glasses of water consumed each day: _____