



# DR. JOEY JONES

## Nutrition Patient Information

Once completed, please return to [info@drjoeyjones.com](mailto:info@drjoeyjones.com).

### DEMOGRAPHIC INFORMATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Preferred Name (Optional) \_\_\_\_\_ Age \_\_\_\_\_ M or F (circle)

### CONTACT INFORMATION

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone  \_\_\_\_\_ Work Phone  \_\_\_\_\_ Cell Phone  \_\_\_\_\_

(Please check preferred method of contact)



NAME:

AGE:

HEALTH CARE PROFESSIONAL:

DATE:

### INSTRUCTIONS:

Circle the number/letter that applies to you. If a symptom does not apply, don't circle anything for that symptom.

Circle the corresponding number/letter.

<b>1</b>	<b>MILD</b> symptom (occurs rarely)	<b>Y</b>	<b>YES</b>
<b>2</b>	<b>MODERATE</b> symptom (occurs several times a month)	<b>N</b>	<b>NO</b>
<b>3</b>	<b>SEVERE</b> symptom (occurs almost constantly)		

### GROUP 1

- 1. 1 2 3 Eat when nervous
- 2. 1 2 3 Hungry between meals
- 3. 1 2 3 Irritable before meals
- 4. 1 2 3 Light headed if meals delayed
- 5. 1 2 3 Get shaky if hungry
- 6. 1 2 3 Fatigue in afternoon
- 7. 1 2 3 Awaken after a few hours sleep, hard to get back to sleep
- 8. 1 2 3 Crave candy in afternoon
- 9. 1 2 3 Craving sweets or snacks

\_\_\_ TOTAL  
1 2 3

### GROUP 2

- 10. 1 2 3 Tightness or pressure in chest, worse on exertion
- 11. 1 2 3 Muscle cramps, worse during exercise; get "charley horse"
- 12. 1 2 3 Swollen ankles worse at night
- 13. 1 2 3 Aware of "breathing heavily"
- 14. 1 2 3 Sigh frequently, "air hunger"
- 15. 1 2 3 Hands & feet go to sleep easily, numbness
- 16. 1 2 3 Ringing in ears
- 17. 1 2 3 Fatigue upon exertion
- 18. 1 2 3 Difficulty catching breath, especially during exercise

\_\_\_ TOTAL  
1 2 3

### GROUP 3

- 19. 1 2 3 Cholecystectomy
- 20. 1 2 3 Burning feet
- 21. 1 2 3 Dry skin
- 22. 1 2 3 Occasional constipation, occasional laxative use
- 23. 1 2 3 Occasional nausea after eating
- 24. 1 2 3 Greasy food upsets
- 25. 1 2 3 Light-colored stools
- 26. 1 2 3 Itching skin & feet
- 27. 1 2 3 Bitter "metallic" taste in mouth
- 28. 1 2 3 Skin peels on soles of feet
- 29. 1 2 3 Hemorrhoids
- 30. 1 2 3 Pain on right side of low ribs
- 31. 1 2 3 Discomfort between shoulder blades
- 32. 1 2 3 History of gallbladder attacks/stones
- 33. 1 2 3 Bowel movements painful, or difficult

\_\_\_ TOTAL  
1 2 3

### GROUP 4

- 34. 1 2 3 Gas shortly after eating
- 35. 1 2 3 Pass large amounts of foul-smelling gas
- 36. 1 2 3 Burning stomach sensations, eating relieves
- 37. 1 2 3 Loss of taste for meat
- 38. 1 2 3 Coated tongue
- 39. 1 2 3 Watery or loose stool
- 40. 1 2 3 Indigestion 1 hour after eating; may be up to 3-4 hours after
- 41. 1 2 3 Stomach "bloating"
- 42. 1 2 3 Gastritis

\_\_\_ TOTAL  
1 2 3

### GROUP 5

- 43. 1 2 3 Tired throughout the day
- 44. 1 2 3 Swollen ankles worse in evening
- 45. 1 2 3 Crave salt
- 46. 1 2 3 Upper respiratory sensitivity
- 47. 1 2 3 Tiredness
- 48. 1 2 3 Weakness, dizziness
- 49. 1 2 3 Poor circulation; Cold hands/feet
- 50. 1 2 3 Hot flashes; Night sweats
- 51. 1 2 3 Lack of stamina/zest
- 52. 1 2 3 Awaken after a few hours sleep, hard to get back to sleep
- 53. 1 2 3 Feel "lightheaded" upon standing quickly
- 54. Y N COVID Positive

\_\_\_ TOTAL  
1 2 3

### GROUP 6

- 55. 1 2 3 On edge
- 56. 1 2 3 Can't work under pressure
- 57. 1 2 3 Heart races
- 58. 1 2 3 Difficulty getting to sleep
- 59. 1 2 3 Night sweats
- 60. 1 2 3 Sensitivity to cold
- 61. 1 2 3 Increase in weight
- 62. 1 2 3 Fatigue easily
- 63. 1 2 3 Reduced initiative
- 64. 1 2 3 Hair coarse, falls out
- 65. 1 2 3 Mental fog
- 66. 1 2 3 Hashimoto's disease

\_\_\_ TOTAL  
1 2 3

### GROUP 7

- 67. 1 2 3 Bread intake
- 68. 1 2 3 Worrisome, feel insecure
- 69. 1 2 3 Forgetfulness
- 70. 1 2 3 Apprehension, feeling something bad is going to happen
- 71. 1 2 3 Involuntary muscle action, "eyelid twitching"
- 72. 1 2 3 Tendency to consume sweets/carbohydrates
- 73. 1 2 3 Drowsiness after eating
- 74. 1 2 3 Melancholy, "feeling of sadness"
- 75. 1 2 3 Swelling of ankles
- 76. 1 2 3 Ringing in ears
- 77. 1 2 3 Involuntary muscle action, "twitching"
- 78. Y N Diagnosed with Fibromyalgia
- 79. Y N COVID Diagnosis  
# times

\_\_\_ TOTAL  
1 2 3

### GROUP 8

- 80. 1 2 3 Keyed up, fail to calm
- 81. 1 2 3 Unable to relax, startle easily
- 82. 1 2 3 "Nervous" stomach
- 83. 1 2 3 Starting, blink little
- 84. 1 2 3 Difficulty falling asleep
- 85. 1 2 3 Appetite reduced
- 86. 1 2 3 Heart pounds after retiring
- 87. 1 2 3 Muscle, leg cramps, worse at night

\_\_\_ TOTAL  
1 2 3

### GROUP 9

- 88. 1 2 3 Joint stiffness after arising
- 89. 1 2 3 Muscle, leg cramps at night
- 90. 1 2 3 Indigestion soon after meal
- 91. 1 2 3 "Butterfly" stomach, cramps
- 92. 1 2 3 Vomit occasionally
- 93. 1 2 3 Perspire easily
- 94. 1 2 3 Upper respiratory challenges
- 95. 1 2 3 Eyelids swollen, puffy
- 96. 1 2 3 Pulse slow
- 97. 1 2 3 Temporary constipation, occasional diarrhea
- 98. 1 2 3 Slow starter
- 99. 1 2 3 Head congestion

\_\_\_ TOTAL  
1 2 3

**GROUP 10-FEMALE ONLY**

- 100.** 1 2 3 Very easily fatigued
- 101.** 1 2 3 Premenstrual Tension
- 102.** 1 2 3 Menses more painful than usual
- 103.** 1 2 3 Depressed feelings
- 104.** 1 2 3 Thinning hair
- 105.** 1 2 3 Painful breasts during menses
- 106.** 1 2 3 Menstruate too frequently
- 107.** 1 2 3 Hysterectomy/ovaries removed
- 108.** 1 2 3 Menopausal hot flashes
- 109.** 1 2 3 Menses scanty or missed
- 110.** 1 2 3 Acne, worse at menses

\_\_\_\_ TOTAL  
 1      2      3

**GROUP 11-MALE ONLY**

- 111.** 1 2 3 Weak urinary stream
- 112.** 1 2 3 Diminished sex drive
- 113.** 1 2 3 Less involved in exercise/  
social activities
- 114.** 1 2 3 Difficult to postpone urination
- 115.** 1 2 3 Avoid activity
- 116.** 1 2 3 Muscles in arms and legs  
seem softer/smaller
- 117.** 1 2 3 Lack of energy
- 118.** 1 2 3 Feeling of "blues" or melancholy
- 119.** 1 2 3 Leg nervousness at night,  
"twitching"

**120.** 1 2 3 Urinate several times a night

\_\_\_\_ TOTAL  
 1      2      3

**IMPORTANT** | Please list below the five main physical complaints you have in order of their importance.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

Digestion	Large Intestine (Palpate)	Adrenals	Pass/Fail Zinc Taste Test
_____ Hydrochloric	_____ Ascending	Pass/Fail Pupil Dilation Exam	Pass/Fail Cuff Test
_____ Acid Point	_____ Transverse	Postural Hypotension	_____ Cuff Pressure
_____ Enzyme Point	_____ Descending	_____ Supine	_____ pH of Saliva
_____ Murphy's Sign		_____ Standing	_____ Pulse

**BARNES THYROID TEST**

The test is conducted by the patient in the morning 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 such as 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 second and third days of flow or any five days in a row)  
 MALES (any two days during the month)

Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_ Day 5 \_\_\_\_\_

**RESTRICTIONS ON USE**

The systems survey is to be used only by trained health care professionals. If you are a patient, you should not use the systems survey. If you are not a trained health care practitioner, you should not use the systems survey. Health care practitioners should only use the systems survey to provide services that are within the scope of their license or professional training. The systems survey is intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.