

The client response option allows you to view all of the responses your patient answered as a 3 (or 2, or 1). This is great for showing the patient how their symptom burden has changed over time.

Client Response

Client Name: John Doe
Birthdate: 2/1/1965
Gender: M

Evaluation Date: 6/23/2005
Re-Evaluation Date: 8/22/2005

Five Major Health Concerns

1. Morning Stiffness/Arthritic symptoms
2. Decreased Libido
3. Redness on face (inflammation)
4. Fatigue, esp in afternoon
5. Fat around abdomen

Notes:

Taking multi-vitamin. Complains of nausea when taking supplements.

Response Question

3	12 -Margarine
3	13 -Milk products
3	58 -Sweat has a strong odor
3	72 -Stomach upset by greasy foods
3	74 -Nausea
3	135 -Dark circles under eyes
3	144 -Frequent skin rashes and / or hives
3	151 -Morning stiffness
3	152 -Nausea with vomiting
3	171 -Muscles easily fatigued
3	179 -Fatigue that is relieved by eating
3	217 -Blood pressure above 120/80
3	219 -Feeling wired or jittery after drinking coffee
3	246 -Decreased libido
3	248 -Weight gain around hips or waist
3	304 -Blush or face turns red for no reason
3	310 -Cloudy, bloody or darkened urine
3	311 -Urine has a strong odor
3	314 -Mucus producing cough

Key: 0 = Does not apply 1 = Mild, occurs monthly 2 = Moderate, occurs weekly 3 = Severe, occurs daily