

DIABETES ASSOCIATES MEDICAL GROUP-CALCIUM DISORDER
QUESTIONNAIRE

PATIENT NAME:

DATE OF BIRTH:

CIRCLE THE SYMPTOMS YOU HAVE: fatigue, muscle cramps, spasms of the hands, spasm of the throat, intestinal cramps, involuntary facial grimacing, seizures, cataracts, nail changes, irritability, mental clouding, mental fog, psychiatric disturbance, depression.

CIRCLE THE SYMPTOMS YOU HAVE: Loss of appetite, abnormal digestion, weight loss, chronic constipation, chronic diarrhea, nausea, palpitations or abnormal heart beat, frequent urination, excessive thirst, urination in the middle of the night, flank pain, bone pain, bone fracture, osteoporosis, abdominal pain, pancreatitis, stomach ulcer, kidney stones, blood in urine, frequent bladder infections, kidney problems

CIRCLE THE SYMPTOMS YOU HAVE: hair loss, white skin patches, chronic fungal skin or nail infection.

CIRCLE IF YOU HAVE A PERSONAL HISTORY: calcium disorder, parathyroid disorder, thyroid disorder, osteoporosis, kidney stone, short stature, bowlegs, mental retardation, seizures, difficult-to-treat Hypertension, Sarcoidosis, Tuberculosis, overactive thyroid, adrenal disease, Acromegaly, Pheochromocytoma, chronic skin rash.

CIRCLE IF YOU HAVE A FAMILY HISTORY OF: calcium disorder, parathyroid disorder, thyroid disorder, osteoporosis, kidney stone, short stature, bowlegs, mental retardation, seizures.

PLEASE ANSWER TO THESE QUESTIONS

Does your diet include dairy foods, green leafy vegetables, soy, sardines?

How much milk do you drink in a day?

Do you routinely take laxatives?

Do you routinely take enemas?

Do you routinely take antacids?

Do you routinely use sun block lotions?

Do you routinely try to avoid sunlight exposure?

Do you have a history of any type of cancer?

Have you had neck surgery?

Have you had head or neck radiation therapy?

Do you take medications such as Lithium, Hydrochlorothiazide, Maxzide, Theophylline, multiple supplements, excessive doses of Calcium, Vitamin D or Vitamin A?

Please see the section on the website for medication list and fill out the form.