BALANCING BODY CHEMISTRY HEALTH ASSESSMENT

PART I Patient Name											
Check any of the following medications Antacids Antibiotic/Antifungal Antidepressants Antidiabetic/Insulin Aspirin/Tylenol Chemotherapy	s you are taking: Cholesterol Lowering Medications Cortisone Anti-Inflammatories Diuretics Heart Medications High Blood Pressure	☐Hormones ☐Laxatives ☐Lithium ☐Oral Contraceptives ☐Radiation	☐ Relaxants/Sleeping Pills ☐ Recreational Drugs Specify ☐ Thyroid ☐ Ulcer Medications ☐ Other								
Check if you eat, drink, or use: Alcohol Candy Carbonated Beverages Cigarettes Coffee	Distilled Water Fluoridated/Chlorinated Water At fast food restaurants regularly Fried Foods Refined (White) Flour Products	☐ Luncheon Meats ☐ Margarine ☐ Refined Sugars ☐ Milk Products ☐ Artificial Sweeteners	□ Non-Herbal Teas □ Chew Tobacco □ Vitamins & Minerals Specify								
Check if you: Diet often Salt food without tasting	Exercise less than 3 times weekly Are under excessive stress	☐Are exposed to chemicals at work ☐Are exposed to cigarette smoke									
	h direction and check the number which and a symptom, put a ? before the symptom 1 = Mild (Occurs once a month or less)	2 = Moderate	3 = Severe (Aware of it almost constantly)								
PART II IMPORT Dear Patient, Please list your five major h (Examples: family history of cancer, diab 1 2 3 4	nealth concerns in order of importance: netes, cardiovascular disease, stroke, etc.)	Section C: 24. Coated tongue or "fuzzy" debris on too 25. Pass large amounts of foul smelling ga 26. Irritable bowel or mucous colitis 27. Constipation, diarrhea alternating or st from soft to watery 28. Bowel movements painful or difficult, and/or laxatives used 29. Burning or itching anus	0								
PART III CATEGORY I Section A:		CATEGORY II 30. Head congestion/"sinus fullness" 31. Sneezing attacks 32. Dreaming, nightmare-like bad dreams 33. Milk products and/or wheat products of	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$								
 Bad breath, halitosis	eat, etc.)	distress 34. Eyes and nose watery 35. Eyes swollen and puffy 36. Pulse speeds after meals and/or heart pretiring CATEGORY III	$ \begin{array}{c cccc} & \Box 0 & \Box 1 & \Box 2 & \Box 3 \\ & \Box 0 & \Box 1 & \Box 2 & \Box 3 \\ & \hline &$								
may last 3-4 hours 6. Difficulty digesting fruits or vegetable foods found in stools 7. Acid or spicy foods upset stomach Section B: 8. Lower bowel gas and/or bloating severe eating 9. Feet burn 10. "Whites" of eyes (sclera) yellow 11. Dry skin, itchy feet and/or skin peels of the self	ral hours after \[\begin{array}{ c c c c c c c c c c c c c c c c c c c	Section A: 37. Crave sweets or coffee in afternoon or mid-morning 38. Hungry between meals or excessive ar 39. Overeating sweets upsets 40. Eat when nervous 41. Irritable before meals 42. Get "shaky" or light-headed if meals described are straighted. The straigue, eating relieves 44. Heart palpitates if meals missed or delection and to sleep Section B: 46. Muscle soreness after moderate exercical to the straighted are supported by the straighted are supported by the straighted are straighted. The straighted are supported by the straighted by t	petite								

PART III (Continued)

				CATEGORY V 103 Frequent skin rashes and/or hives	По	□ 1	□ 2	□3
0	1 1 1 1		□3 □3 □3 □3	104. Muscle-leg-toe cramping at rest and/or while sleeping 105. Fever easily raised/fevers common 106. Crave chocolate 107. Feet have bad odor 108. Hoarseness frequent	0 0 0 0	□1 □1 □1 □1	□2 □2 □2	
Section B:				109. Difficulty swallowing	- O	□1		3
□0 □0 □0 □0	1	□2 □2 □2 □2 □2 □2 □2	□3 □3 □3 □3 □3 □3	115. Dry mouth-eyes-nose			$\square 2$ $\square 2$ $\square 2$ $\square 2$	
□0 □0	□1 □1	□2 □2	□3 □3	120. Strong light irritates eyes	0 0	□1 □1	$\square 2$	□3 □3 □3
				123. Numbness in hands and feet		∐1	_	∐3
		$ \begin{array}{c} $	□3 □3 □3 □3 □3 □3	124. Intolerant to monosodium glutamate (MSG)_ 125. Cannot recall dreams 126. Nose bleeds frequent 127. Bruise easily, "black and blue" spots	0 0 0 0		□2 □2 □2	□3 □3 □3 □3 □3
				(5				
□0 □0 □0 □0 □0 □0			□3 □3 □3 □3 □3 □3 □3	130. Discomfort in high altitudes 131. "Air hunger" / sigh frequently 132. Swollen ankles/worse at night 133. Shortness of breath with exertion 134. Dull pain in chest and/or pain radiating into	0 0 0 0		$ \begin{array}{c} $	□3 □3 □3 □3 □3
<u></u> 0 □0		\square^2	$\square 3$	CATEGORY VII Female Only				
□ 0	— ;	По		136. Painful menses (cramping, etc.)	$\Box 0$		$\square 2$ $\square 2$	□3 □3 □3
□0 □0 □0		$ \begin{array}{c} \square^2 \\ \square^2 \\ \square^2 \\ \square^2 \\ \square^2 \end{array} $	□3 □3 □3 □3	138. Painful/tender breasts 139. Menstruate too frequently 140. Acne, worse at menses 141. Depressed feelings before menstruation	0 0 0 0		□2 □2 □2 □2	□3 □3 □3 □3
				143. Menses scanty or missed	0 □Yes	Πí	$\square 2$	□3 □3
□0 □0	□1 □1 □1	$ \begin{array}{c} \square 2 \\ \square 2 \\ \square 2 \end{array} $	□3 □3 □3	145. Menopausal hot flashes	0	□1 □1	□2 □2	□3 □3
				148. Urination difficult or dribbling 149. Night urination frequent 150. Pain on inside of legs or heels 151. Feeling of incomplete bowel evacuation 152. Leg nervousness at night 153. Tire easily / avoid activity 154. Reduced sex drive 155. Depression	0 0 0 0 0 0		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3
					103. Frequent skin rashes and/or hives 104. Muscle-leg-toc cramping at rest and/or while sleeping 105. Fever easily raised/fevers common 106. Crave chocolate 107. Feet have bad odor 108. Hoarseness frequent 109. Difficulty swallowing 110. Joint stiffness after rising 111. Vomiting frequent 112. Fendency to anemia 113. "Whites" of eyes (sclera) blue 114. "Lump" in throat 115. Dry mouth-eyes-nose 116. White spots on finger nails 117. Cuts heal slowly and/or scar easily 118. Reduced or "lost" sense of taste and/or smell 119. Susceptible to colds, fevers and/or infections 120. Strong light irritates eyes 121. Noises in head or ringing in ears 122. Burning sensations in mouth 123. Numbness in hands and feet (extremities "go to sleep") 124. Inioternat to monsodium glutamate (MSG) 125. Cannot recall dreams 126. Nose bleeds frequent 127. Bruise easily, "black and blue" spots 128. Muscle cramps, worse with exercise ("Charley Horses") 129. Aware of heavy and/or irregular breathing 130. Discomfort in high altitudes 131. "Air hunger" / sigh frequently 132. Swollen ankles/worse at night 133. Shortness of breath with exertion 134. Dull pain in chest and/or pain radiating into 120. Streep 136. Premenstrual tension 136. Painful menses (cramping, etc.) 137. Menstruation excessive or prolonged 138. Painful/tender breasts 139. Menstruation excessive or prolonged 139. Menstruation excessive or prolonged 139. Menstruation excessive or prolonged 130. Discomfort in high altitudes 131. Menstruation excessive or prolonged 132. Swollen ankles/worse at night 133. Menses scarny or missed 144. Hysterectomy/ovaries removed 144. Hysterectomy/ovaries removed 145. Menopausal hot flashes 146. Depression 147. Prostate trouble 148. Urination difficult or dribbling 148. Urination difficult or dribbling 149. Night urination frequent 150. Depression 151. Feeling of incomplete bowel evacuation 151. Reduced sex drive 152. Leg nervousness at	103. Frequent skin rashes and/or hives	103. Frequent skin rashes and/or hives	103. Frequent skin rashes and/or hives