



Balancing Body Chemistry *HEALTH ASSESSMENT*

Name: _____ Sex: _____ Age: _____ Date: _____

PART 1

Circle any of the following medications you are taking:

- Antacids
- Chemotherapy
- Hormones
- Relaxants/Sleeping Pills
- Antibiotic/Antifungal
- Cortisone Anti-Inflammatories
- Laxatives
- Vitamins & Minerals
- Antidepressants
- Diuretics
- Lithium
- Specify _____
- Antidiabetic/Insulin
- Heart Medicaitons
- Oral Contraceptives
- _____
- Aspirin/Tylenol
- High Blood Pressure
- Radiation
- _____

Circle if you eat, drink or use:

- Alcohol
- Distilled Water
- Luncheon Meats
- _____
- Candy
- Fluoridated/Chlorinated Water
- Margarine
- _____
- Carbonated Beverages
- At fast food restaurants regularly
- Refined Sugars
- _____
- Cigarettes
- Fried Foods
- Milk Products
- _____
- Coffee/Tea
- Refined (White) Flour Products
- Artificial Sweeteners
- _____

Circle if you:

- Diet often
- Exercise less than 3 times weekly
- Are exposed to chemicals at work
- _____
- Salt food without tasting
- Are under excessive stress
- Are exposed to cigarette smoke
- _____

Directions: Please read each description and darken the number which best describes the frequency of your symptoms within the past year. If you do not understand a symptom, put a ? before the symptom's number.

Key: 0 = Never 1 = Mild 2 = Moderate 3 = Severe
(Occurs once a month or less) (Occurs several times a month) (Aware of it almost constantly)

Part II

IMPORTANT

Dear Patient, Please list your five major concerns in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

Section C:

24. Coated tongue or "fuzzy" debris on tongue..... 0 1 2 3

25. Pass large amounts of foul smelling gas..... 0 1 2 3

26. Irritable bowel or mucous colitis..... 0 1 2 3

27. Constipation, diarrhea alternating or stools alternate from Soft to watery..... 0 1 2 3

28. Bowel movements painful or difficult, constipation, and/or laxatives used..... 0 1 2 3

29. Burning or itching anus..... 0 1 2 3

Part III

CATEGORY I
Section A:

1. Bad Breath, halitosis..... 0 1 2 3

2. Loss of taste for high protein foods (meat, etc.)..... 0 1 2 3

3. Burning ("acid") or nervous stomach, eating relieves..... 0 1 2 3

4. Gas shortly after eating..... 0 1 2 3

5. Indigestion 1/2 to 1 hour after eating, may last 3-4 hours 0 1 2 3

6. Difficulty digesting fruits or vegetables; undigested foods found in stools 0 1 2 3

7. Acid or spicy foods upset stomach..... 0 1 2 3

Section B:

8. Lower bowel gas and or bloating several hours after Eating 0 1 2 3

9. Feet burn..... 0 1 2 3

10. "Whites" of eyes (sciera) yellow..... 0 1 2 3

11. Dry skin, itchy feet and/or skin peels on feet..... 0 1 2 3

12. Brown spots or bronzing of skin..... 0 1 2 3

13. Bitter Metallic taste in mouth..... 0 1 2 3

14. Blurred vision 0 1 2 3

15. Headache over eyes..... 0 1 2 3

16. Feel nauseous, queasy or gag easily 0 1 2 3

17. Color of stools light brown or yellow 0 1 2 3

18. Greasy or high fat foods cause distress..... 0 1 2 3

19. Pain between shoulder blades 0 1 2 3

20. Dark circles under eyes 0 1 2 3

21. "Acid" breath..... 0 1 2 3

22. History of gallbladder attacks or gallstones..... 0 1 2 3
OR gallbladder removed..... Yes No

23. Appetite reduced..... 0 1 2 3

CATEGORY II

30. Head congestion/"sinus fullness"..... 0 1 2 3

31. Sneezing attacks..... 0 1 2 3

32. Dreaming, nightmare-like bad dreams..... 0 1 2 3

33. Milk products and/or wheat products cause distress..... 0 1 2 3

34. Eyes and nose watery..... 0 1 2 3

35. Eyes swollen and puffy..... 0 1 2 3

36. Pulse speeds after meals and/or heart pounds after retiring..... 0 1 2 3

CATEGORY III
Section A:

37. Crave sweets or coffee in afternoon or mid morning..... 0 1 2 3

38. Hungry between meals or excessive appetite..... 0 1 2 3

39. Overeating sweets upsets..... 0 1 2 3

40. Eat when nervous..... 0 1 2 3

41. Irritable before meals..... 0 1 2 3

42. Get "shaky" or light-headed if meals delay..... 0 1 2 3

43. Fatigue, eating relieves..... 0 1 2 3

44. Heart palpitates if meals missed or delayed..... 0 1 2 3

45. Awaken a few hours after sleep, hard to get back to sleep..... 0 1 2 3

Section B:

46. Muscle soreness after moderate exercise..... 0 1 2 3

47. Vulnerability to insect bites (especially fleas and mosquitoes..... 0 1 2 3

48. Loss of muscle tone or "heaviness" in arms or legs..... 0 1 2 3

49. Enlarged heart and/or heart failure..... 0 1 2 3

50. Worrier, feel insecure and/or highly emotional..... 0 1 2 3

51. Pulse slow/below 65 or irregular pulse..... 0 1 2 3



Name _____

Part III (Continued)

<p>CATEGORY IV Section A:</p> <p>52. Sex drive increased..... 0 1 2 3 53. "Splitting" type headaches..... 0 1 2 3 54. Memory failing..... 0 1 2 3 55. Tolerance for sugar reduced..... 0 1 2 3</p> <p>Section B:</p> <p>56. Sex drive reduced or absent..... 0 1 2 3 57. Abnormal thirst..... 0 1 2 3 58. Weight gain around hips or waist..... 0 1 2 3 59. Tendency to ulcers or colitis..... 0 1 2 3 60. Increased ability to eat sugar without symptoms.... 0 1 2 3 61. Menstrual disorders (women)..... 0 1 2 3 62. Lack of menstruation (young girls) 0 1 2 3</p> <p>Section C:</p> <p>63. Difficulty gaining weight, even if large appetite..... 0 1 2 3 64. Heart palpitations..... 0 1 2 3 65. Nervous, emotional, and/or can't work under pressure..... 0 1 2 3 66. Insomnia..... 0 1 2 3 67. Inward Trembling..... 0 1 2 3 68. Night sweats..... 0 1 2 3 69. Fast pulse at rest..... 0 1 2 3 70. Intolerant to high temperatures..... 0 1 2 3 71. Easily flushed..... 0 1 2 3</p> <p>Section D:</p> <p>72. Difficulty losing weight..... 0 1 2 3 73. Reduced initiative and/or mental sluggishness..... 0 1 2 3 74. Easily fatigued, sleep during the day..... 0 1 2 3 75. Sensitive to cold, poor circulation (cold hands and feet)..... 0 1 2 3 76. Dry or scaly skin..... 0 1 2 3 77. "Ringing" in ears/noises in head..... 0 1 2 3 78. Hearing impaired..... 0 1 2 3 79. Constipation..... 0 1 2 3 80. Excessive falling hair and/or coarse hair..... 0 1 2 3 81. Headaches when awoken/wear off during day..... 0 1 2 3</p> <p>Section E:</p> <p>82. Blood pressure increased..... 0 1 2 3 83. Headaches..... 0 1 2 3 84. Hot flashes..... 0 1 2 3 85. Hair growth on face or body (Question to females).... 0 1 2 3 86. Masculine tendencies (Question to females)..... 0 1 2 3</p> <p>Section F:</p> <p>87. Blood pressure low..... 0 1 2 3 88. Crave salt..... 0 1 2 3 89. Chronic fatigue/get drowsy..... 0 1 2 3 90. Afternoon yawning..... 0 1 2 3 91. Weakness/dizziness..... 0 1 2 3 92. Weakness after colds/slow recovery..... 0 1 2 3 93. Circulation poor..... 0 1 2 3 94. Muscular and nervous exhaustion..... 0 1 2 3 95. Subject to colds, asthma, bronchitis (respiratory disorders)..... 0 1 2 3 96. Allergies and/or hives..... 0 1 2 3 97. Difficulty maintaining manipulative correction..... 0 1 2 3 98. Arthritic tendencies..... 0 1 2 3 99. Nails weak, ridged..... 0 1 2 3 100. Perspire easily..... 0 1 2 3 101. Slow starter in morning..... 0 1 2 3 102. Afternoon headaches..... 0 1 2 3</p>	<p>CATEGORY V Section A:</p> <p>103. Frequent skin rashes and/or hives..... 0 1 2 3 104. Muscle-leg-toe cramping at rest and/or white sleeping.... 0 1 2 3 105. Fever easily raised/fevers common..... 0 1 2 3 106. Crave chocolate..... 0 1 2 3 107. Feet have bad odor..... 0 1 2 3 108. Hoarseness frequent..... 0 1 2 3 109. Difficulty swallowing..... 0 1 2 3 110. Joint stiffness after rising..... 0 1 2 3 111. Vomiting frequent..... 0 1 2 3 112. Tendency to anemia..... 0 1 2 3 113. "Whites" of eyes (sclera) blue..... 0 1 2 3 114. "Lump" in throat..... 0 1 2 3 115. Dry mouth-eyes-nose..... 0 1 2 3 116. White spots on finger nails..... 0 1 2 3 117. Cuts heal slowly and/or scar easily..... 0 1 2 3 118. Reduced or "lost" sense of taste and/or smell..... 0 1 2 3 119. Susceptible to colds, fevers, and/or infections..... 0 1 2 3 120. Strong light irritates eyes..... 0 1 2 3 121. Noises in head or ringing in ears..... 0 1 2 3 122. Burning sensations in mouth..... 0 1 2 3 123. Numbness in hands and feet (extremities "go to sleep".... 0 1 2 3 124. Intolerant to monosodium glutamate (MSG)..... Yes No 125. Cannot recall dreams..... 0 1 2 3 126. Nose bleeds frequent..... 0 1 2 3 127. Bruise easily, "black and blue" spots..... 0 1 2 3 128. Muscle cramps, worse with exercise ("charley horses").... 0 1 2 3</p> <p>CATEGORY VI</p> <p>129. Aware of heavy and/or irregular breathing..... 0 1 2 3 130. Discomfort in high altitudes..... 0 1 2 3 131. "Air hunger"/sigh frequently..... 0 1 2 3 132. Swollen ankles/worse at night..... 0 1 2 3 133. Shortness of breath with exertion..... 0 1 2 3 134. Dull pain in chest and/or pain radiating into left arm worse on exertion..... 0 1 2 3</p> <p>CATEGORY VII Female Only</p> <p>135. Premenstrual tension..... 0 1 2 3 136. Painful menses (cramping, etc.)..... 0 1 2 3 137. Menstruation excessive or prolonged..... 0 1 2 3 138. Painful/tender breasts..... 0 1 2 3 139. Menstruate too frequently..... 0 1 2 3 140. Acne, worse at menses..... 0 1 2 3 141. Depressed feelings before menstruation..... 0 1 2 3 142. Vaginal discharge..... 0 1 2 3 143. Menses scanty or missed..... 0 1 2 3 144. Hysterectomy/ovaries removed..... 0 1 2 3 145. Menopausal hot flashes..... 0 1 2 3 146. Depression..... 0 1 2 3</p> <p>CATEGORY VIII Male Only</p> <p>147. Prostrate trouble..... 0 1 2 3 148. Urination difficult or dribbling..... 0 1 2 3 149. Night urination frequent..... 0 1 2 3 150. Pain on inside of legs or heels..... 0 1 2 3 151. Feeling of incomplete bowel evacuation..... 0 1 2 3 152. Leg nervousness at night..... 0 1 2 3 153. Tire easily/avoid activity..... 0 1 2 3 154. Reduced sex drive..... 0 1 2 3 155. Depression..... 0 1 2 3 156. Migrating aches and pains..... 0 1 2 3</p>
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