

BALANCING BODY CHEMISTRY *HEALTH ASSESSMENT* Balancing Body Chemistry



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

Patent's Health Professional: _____

PART I

Circle any of the following medications you are taking:

- | | | | |
|-------------------------|---------------------------------|-----------------------|----------------------------|
| • Antacids | • Chemotherapy | • Hormones | • Relaxants/Sleeping Pills |
| • Antibiotic/Antifungal | • Cortisone Anti-Inflammatories | • Laxatives | • Recreational Drugs |
| • Antidepressants | • Diuretics | • Lithium | Specify _____ |
| • Antidiabetic/Insulin | • Heart Medications | • Oral Contraceptives | • Thyroid |
| • Aspirin/Tylenol | • High Blood Pressure | • Radiation | • Ulcer Medications |
| | | | • Other _____ |

Circle if you eat, drink, or use:

- | | | | |
|------------------------|--------------------------------------|-------------------------|-----------------------|
| • Alcohol | • Distilled Water | • Luncheon Meats | • Non-Herbal Teas |
| • Candy | • Fluoridated/Chlorinated Water | • Margarine | • Chew Tobacco |
| • Carbonated Beverages | • At fast food restaurants regularly | • Refined Sugars | • Vitamins & Minerals |
| • Cigarettes | • Fried Foods | • Milk Products | Specify _____ |
| • Coffee | • 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 circle the number which best describes the frequency of your symptoms within the past year. If you do not understand a symptom, put a 0 before the symptom's number.

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

PART II

IMPORTANT

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

- _____
- _____
- _____
- _____
- _____

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

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

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. Flatulence	0	1	2	3
10. "Whitas" of eyes (sclera) 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, uneasy 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 gall bladder attacks or gallstones OR gall bladder removed	0	1	2	3
23. Appetite reduced	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 tight-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 55 or irregular pulse	Yes	No		

PART III (Continued)

CATEGORY IV

Section A:

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

Section B:

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

Section C:

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

Section D:

72. Difficulty losing weight	0	1	2	3
73. Reduced initiative and/or mental sluggishness	0	1	2	3
74. Easily fatigued, sleepy 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 awaker/wear off during day	0	1	2	3

Section E:

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

Section F:

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

CATEGORY V

Section A:

103. Frequent skin rashes and/or hives	0	1	2	3
104. Muscle-leg-tee cramping at rest and/or while 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

CATEGORY VI

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

CATEGORY VII

Female Only

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	Yes	No		
145. Menopausal hot flashes	0	1	2	3
146. Depression	0	1	2	3

CATEGORY VIII

Male Only

147. Prostate 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 numbness 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