

Rate each of the following symptoms based upon your typical health profile for the past 30 days. Some of the questions are going to repeat, it's ok, just do your best and if it applies please mark it again.

Point Scale:

0 = Never

1 = Rarely

2 = Sometimes

3 = Always

Head/Neurological

Poor memory		Confusion	
Poor concentration/"brain fog"		Poor physical coordination	
Loss of balance		Tingling in hands or feet	
Stuttering or stammering		Slurred speech	
Headaches		Dizziness	
Faintness			

Eyes, ears, nose, throat

Stuffy nose		Sinus problems	
Hay Fever		Sneezing attacks	
Excessive mucus formation		Loss of sense of smell	
Watery, itchy eyes		Night vision difficulty	
Yellowing eyes		Bags/circles under eyes	
Blurred vision		Swollen, red, sticky eyelids	
Itchy ears		Drainage from ear	
Ringing in ears		Ear aches, ear infections	
Hearing loss		Frequent coughing	
Sore throat		Hoarseness	
Gagging, frequent throat clearing		Burning tongue	
Swollen or discolored tongue		Coating on tongue	
Canker sores		Fever blisters or cold sores	
Cracks in corner of mouth			

Nails

Spoon shaped		Brittle, cracking	
Discolored		White spots	
Lines/Stripes			

Lungs

Chest Congestion		Asthma or bronchitis	
Shortness of breath		Difficulty Breathing	

Skin

Acne		Hives, rashes	
Dry skin		Bumps on backs of arms	
Flushing		Excessive Sweating	
Eczema, psoriasis		Rosacea	
Skin or nail fungus (yeast, athletes foot)			

Heart

Irregular/skipped beats		Rapid/pounding beats	
Chest Pain			

Thyroid

Fatigue, frequently tired		Difficulty losing weight	
Hyperactivity		Cold hands and feet	
Elevated cholesterol		Brain fog, confusion, difficulty thinking	
Poor short term memory		Depressed mood	
Hair loss		Bowel movements more than 2 days	
Dry skin		Decreased sweating	
Is tongue enlarged with teeth indentations		Thinning of eyebrows or lashes	
Low heart rate or fast heart rate		Anxiety	
Low blood pressure		High blood pressure	
Low body temperature		Do you feel hot most of the time	

Digestive Tract/Gastrointestinal (GI)

Nausea		Vomiting	
Diarrhea		Constipation	
Alternating diarrhea & constipation		Bloating	
Belching		Gas/flatulence	
Heartburn		Upper GI pain	
Lower abdominal pain		History of H. Pylori infection	
Recurrent vaginal yeast infections		Multiple rounds of antibiotics in life	
Abnormal reactions to foods (sinus congestion, flushing, itchy skin)		History of stomach ulcers	
Pain immediately after eating certain foods			

Hormones

Please mark the symptoms you are currently experiencing or have experienced

Irregular periods		PMS/PMDD, mood swings before your period	
PCOS (polycystic ovaries)		Infertility	
Uterine Fibroids		Breast Tenderness	
Endometriosis		Premenstrual fluid and weight gain	
Migraines		Heavy periods (soaking a tampon in 1-2 hours)	
Uterine fibroids		Fibrocystic breast disease	
Miscarriage		Premenstrual headaches	

Joint pain or muscle pain		Severe menstrual cramps	
Decreased sex drive		Anxiety or panic attacks	
Vaginal dryness		Pain or discomfort with intercourse	
Hot flashes		Night sweats	
Inability to get or maintain an erection		Erections have poor quality	
Inability to ejaculate		Inability to orgasm	

Adrenals

- | | |
|---|---|
| ☐ Do you have allergies | ☐ Do you have recurrent infections |
| ☐ Do you have asthma | ☐ Are you under emotional stress
Most of the time |
| ☐ Do you suffer from chronic pain | ☐ Do you have low blood pressure |
| ☐ Do you have a low heart rate | ☐ When you get up quickly do you
Feel faint |
| ☐ Do you have muscle/joint pain | ☐ Do you have anxiety attacks |
| ☐ Do you have fatigue | ☐ I shake when I get nervous |
| ☐ My hands and legs become restless at times | ☐ I get sick to my stomach or
Or nauseas when nervous |
| ☐ I have unexplained fears/anxieties | ☐ I have chronic fatigue |
| ☐ I have difficulty getting out of bed | ☐ I have sleep difficulties |

Joints/Muscle/Bone

Pain or aches in joints		Arthritis	
Stiffness/limited movement		Pain or aches in muscles	
Feeling of weakness or loss of strength		Restless legs	
Bone pain		Broken bones	

Weight

Underweight		Overweight	
Obese		Weight loss (>5-10lbs)	
Weight gain (>5-10lbs)		Fluid retention	

Total

Emotions

Mood swings		Anxiety, worry, fear, nervousness	
Anger, irritability, agitation		Depression	

Total

Other conditions-Please check the boxes if you have ever been diagnosed or have any of the following:

- | | |
|---|--|
| ☐ Autoimmunity/autoimmune disease | ☐ Cancer |
| ☐ Low white blood cell count | ☐ Thyroid issue/imbalance/disease |
| ☐ Itching (vagina, rectum, ears) | ☐ Carb or sugar cravings |
| ☐ Never fully satisfied after eating | ☐ Iron deficiency |
| ☐ Travel outside of the USA | ☐ Traveler's diarrhea |
| ☐ Food Poisoning | ☐ Frequent illness |
| ☐ Pancreatitis | |

Is there anything you would like to add that you feel would be helpful?

Are you committed and willing to give your absolute best in returning to health?

☐ Yes

☐ No

Are you willing to change your diet?

☐ Yes

☐ No

Are you willing to begin an exercise regimen?

☐ Yes

☐ No

Do you understand that it took time to get sick and it will take time to become healthy?

☐ Yes

☐ No

I love witnessing people regain their health and am excited and willing to help you. Are you ready?

☐ Yes

☐ No

Grand Total