

DNA, DIET, DISEASE & HEALTH BEHAVIOR MAP

FAMILY HISTORY Brain Problems Heart Problems Autoimmune Problems Other _____

FOOD & DIGESTION ABSORPTION

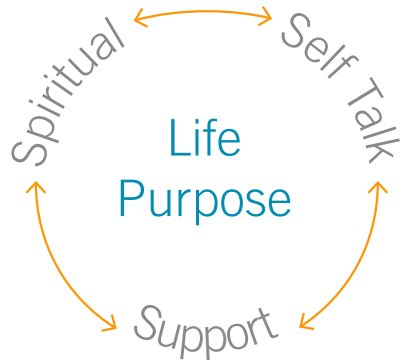
- Medications
- Acid lowering meds
 - NSAIDS
 - Hormones
 - Antibiotics
- Dysbiosis
- Leaky gut
 - Irritable bowel symptoms
 - Probable food sensitivities

PHYSICAL TRAUMA/ CELL MEMBRANES

- Injury to head, neck or spine
- Chronic severe pain
- Cell membrane problems

COMMUNICATION

- Chronic severe stress
- Low vitamin D
- Sex hormones (infertility, endometriosis, erectile dysfunction, low libido)
- Other hormones



IMMUNE CELLS ATTACKING/ DEFENDING

- Probable dysbiosis
- Infection history
- Autoimmune diagnosis

ENERGY

- Mitochondria (cell energy)
- Fatigue
- Chronic headache
- Brain fog
- Heart failure
- Macular degeneration

PERPETUATORS

- Food sensitivities
- Toxic relationships
- Toxins
- Stress

TRIGGERS

- Stress
- Food sensitivities
- Infection
- Toxins

PROCESSING TOXINS & ELIMINATION

- Toxin exposure
- Herbicides/pesticides
- Solvents
- Metals

HEALTH BEHAVIORS

SLEEP	EXERCISE	DIET	STRESS REDUCTION
Range of hours slept each night	How many times per week, how many minutes - strength, balance, aerobic	Special diets in the past or present - e.g. vegan, vegetarian, diabetic, paleo, Atkins	Stress reducing practices, how many times a week, how many minutes?

FACTORS KEEPING THE DISEASE GOING

- Severe Stress
- Lack of Supportive Social Network
- Persisting food sensitivities (promoting disease bacteria in the gut)
- Other _____

Name _____ Date _____

YOUR VITALITY TIMELINE

FAMILY HISTORY

- Brain Problems
- Heart Problems
- Autoimmune Problems

- Mothers Health Before Pregnancy:
- Good
 - Poor
 - Smoker
- Fathers Health
- Good
 - Poor
 - Smoker

YOUR BIRTH

- Vaginal
- C/section
- Full term
- Full term
- Full term _____ # of months
- Full term
- Full term
- Premature
- NICU
- Antibiotics at birth
- Breast fed

- Age of first antibiotic:
- # of Antibiotic Courses to date, aprox:
- # of Antibiotic Courses for more than 1 month:
- Toxin Exposures:
 - Private Well
 - Art/Hobby
 - Industrial
 - Farm/ Forestry
- Age of first filling:
- # of silver fillings:
- # of vaccines:
- Other exposure: _____
- Infections:
 - Lyme
 - Mono
 - Other _____

THE AGE YOU LAST FELT WELL:

Age for each major milestone related to current concerns. Note when symptoms first began and when they became markedly worse (how old you were, the symptom that worsened or what new symptom developed).

Age: <input type="text"/>	Age: <input type="text"/>
1st Symptom (Sx)	Worsening/New Sx
_____	_____
_____	_____
_____	_____
_____	_____

Age: <input type="text"/>	Age: <input type="text"/>
Worsening/New Sx	Worsening/New Sx
_____	_____
_____	_____
_____	_____
_____	_____

TRIGGERS OR TRIGGERING EVENTS

List age and major stressors (e.g. move, divorce, work stress, trauma, infection, etc.) that occurred 1-2 years prior to major milestones:

CURRENT CONCERNS

Age:

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