

Dr. Wallach's Deficiency Chart

Dr. Joel Wallach, author of "Dead Doctors Don't Lie", is famous for connecting over 900 different health problems to deficiencies of the 90 Essential Nutrients that the body does not make. During the past 40 years, Dr. Wallach has discovered that most health problems fall into 1 of 4 categories as illustrated below. Please complete the self-evaluation questionnaire on the next page to determine which category you have the most deficiencies.



Category	Deficiency	Health Problems Resulting
1 Hard Tissue Problems	Lack of the 90 Essential Nutrients. Severe Deficiencies of Calcium & Magnesium	Arthritis, Back Pain, Bell's Palsy, Bone Spurs, Bone Fractures, Brittle Nails, Calcium Deposits, Cartilage Damage, Cognitive Impairment, Depression, High/Low Blood Pressure, Insomnia, Irritability, Joint Pain, Kidney Stones, Ligament Damage, Muscle Cramps, Nervousness, Osteofibrosis, Osteoporosis, Panic Attacks, PMS, Prolonged Blood Clotting Time, Receding Gums, Restless Legs, Tooth Decay, Vertigo
2 Soft Tissue Problems	Lack of the 90 Essential Nutrients. Severe Deficiencies of Essential Fatty Acids & Selenium	Acne, ALS, Alzheimers, Asthma, Blood Clots, Brittle Hair, Cracked Heels, Dementia, Extended Menopause, Menstrual Pain, Eczema, Psoriasis, Fibromyalgia, Fried Food Cravings, Gallstones, Infertility, Low Libido, Low Sperm Count, MS, Muscular Dystrophy, Kidney Dysfunction, Heart/Lung Disease
3 Blood Sugar Problems	Lack of the 90 Essential Nutrients. Severe Deficiencies of Chromium & Vanadium	ADD/ADHD, Adrenal Failure, Anxiety, Bed Wetting, Bipolar Disorder, Cardio-vascular Disease, Depression, Diabetes, Elevated Cholesterol and Triglycerides, Fainting Spells, Fatigue, Hyperactivity, Hypoglycemia, Infertility, Learning Disabilities, Migraine Headaches, Moodiness, Narcolepsy, Night Sweats, Peripheral Neuropathy
4 Digestion Problems	Lack of the 90 Essential Nutrients. Severe Deficiencies of Enzymes & Flora	Allergies, Athletes Foot, Belching, Bloating, Gas, Burping, Celiac, Crohn's Disease, Dermatitis, Diarrhea, Constipation, Diverticulitis, Food Sensitivities, Heartburn, Hiatal Hernia, Indigestion, Irritable Bowel, Leaky Gut, Acid Reflux, Stomach or Intestinal Pain, Yeast Infections

Name _____

Weight ____ Height ____ Age ____

Date _____

Dr. Wallach's 90 Day Health Evaluation

Rate the severity and frequency of your conditions on a scale of 1 to 10...10 being the worst.

Category 1: Hard Tissue Problems				
	Start	30 days	60 days	90 days
Back, neck, knee, shoulder, or joint pain				
Stiffness, numbness, noisy joints				
Bleeding/receding gums, Tooth loss/decay				
Kidney stones, Bone spurs, Heel spurs				
Nervousness, Trouble going to sleep				
High or low blood pressure				
Muscle Cramps, Spasms, Twitches				
Health Evaluation Score Totals				
Do you take pain medication?				
How often?				
Do you take blood pressure medication?				

Category 2: Soft Tissue Problems				
	Start	30 days	60 days	90 days
Cracked heels, hands, cuticles				
Dry skin, rashes, age spots, blemishes				
Forgetfulness, Cognitive issues, Fatigue				
Cough, dry throat, Trouble breathing				
Prostate, Heart, Thyroid or Kidney issues				
Eye or vision problems, Dry eyes				
Sagging skin, Hemorrhoids, Gray hair				
Health Evaluation Score Totals				
Cholesterol/Blood Thinner/Diuretic Meds?				
Fibromyalgia, MS, Parkinson meds?				
Thyroid Meds? If so, which one(s)?				

Category 3: Blood Sugar Problems				
	Start	30 days	60 days	90 days
Cravings for carbs, sweets				
Tired after meals, Randomly fall asleep				
Excessive thirst or sweating				
Wake up during the night				
Trouble losing weight, Weight gain				
High or low blood sugar levels				
Behavioral, Mood swings, Irritability				
Health Evaluation Score Totals				
Do you take blood sugar medication?				
Anti depressants or mood swing meds?				
ADD, ADHD, Autism medication?				

Category 4: Digestion Problems				
	Start	30 days	60 days	90 days
Heartburn, Acid reflux, Indigestion				
Stomach/Gut pain, Gallbladder issues				
Bloating, Belching, Gas, Nausea, Ulcers				
Food/Seasonal allergies, Fungal infections				
Constipation or Diarrhea, Colon Problems				
Get sick often, Low immunity				
Skin problems, Flushed face, Arm Bumps				
Health Evaluation Score Totals				
Do you take anti-acids or stomach meds?				
Fiber, medication for constipation?				
Crohn's Disease meds? Antibiotics?				

Typical daily diet: Breakfast: _____ Lunch: _____ Dinner: _____ Snacks: _____

Do you drink alcoholic beverages? _____ If so what kinds? _____ How often? _____

Infertility concerns? ___ **Female:** Menopause Symptoms? ___ Irregular Monthly Cycle or discomfort? ___ **Male:** Low Testosterone/Libido? ___

Other health challenges or concerns: _____

What is the most important thing you would like to change about your health? _____

Other improvements you would like to see? ___ More Energy ___ Weight Loss ___ Heart Disease Prevention ___ Cancer Prevention/Anti Aging

When completed, please call the person who referred you to discuss and review. Name and Phone# _____