

NAME \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ SEX M / F

PHONE \_\_\_\_\_

Instructions: Number the boxes that apply to you with either a 1, 2 or 3.

(1) for MILD symptoms

(2) for MODERATE symptoms

(3) for SEVERE symptoms

Leave the box BLANK if it does not apply to YOU!

### GROUP 1

- Acid foods upset
- Get chilled, often
- "Lump" in throat
- Dry mouth-eyes-nose
- Pulse speeds after meals
- Keyed up-fail to calm
- Cuts heal slowly
- Gag easily
- Unable to relax; startles easily
- Extremities cold, clammy
- Strong light irritates
- Urine amount reduced
- Heart pounds after retiring
- "Nervous" stomach
- Appetite reduced
- Cold sweats often
- Fever raised easily
- Neuralgia-like pains
- Staring, blinks little
- Sour stomach frequent

### GROUP 2

- Joint stiffness after arising
- Muscle-leg-toe cramps at night
- "Butterfly" stomach, cramps
- Eyes or nose watery
- Eyes blink often
- Eyelids swollen, puffy
- Indigestion soon after meals
- Always seems hungry; feels "lightheaded" often
- Digestion rapid
- Vomiting frequent
- Hoarseness frequent
- Breathing "irregular"
- Pulse slow; feels "irregular"
- Gagging reflex slow
- Difficulty swallowing
- Constipation, diarrhea alternating
- "Slow starter"
- Get "chilled" infrequently
- Perspire easily
- Circulation poor, sensitive to cold
- Subject to colds, asthma, bronchitis

### GROUP 3

- Eat when nervous
- Excessive appetite
- Hungry between meals
- Irritable before meals
- Get "shaky" if hungry
- Fatigue, eating relieves
- "Lightheaded" if meals delayed
- Heart palpitates if meals missed or delayed
- Afternoon headaches
- Overeating sweets upsets
- Awaken after a few hours sleep-hard to get back to sleep
- Crave candy or coffee in afternoons
- Moods of depression- "blues" or melancholy
- Abnormal craving for sweets or snacks

### GROUP 4

- Hands and feet go to sleep easily, numbness
- Sigh frequently, "air hunger"
- Aware of "breathing heavily"
- High altitude discomfort
- Opens windows in closed room
- Susceptible to colds and fevers
- Afternoon "yawner"
- Get "drowsy" often
- Swollen ankles worse at night
- Muscle cramps worse during exercise; get "charley horses"
- Shortness of breath on exertion
- Dull pain in chest or radiating into left arm, worse on exertion
- Bruise easily, "black/blue spots"
- Tendency to anemia
- "Nose bleeds" frequently
- Noises in head or "ringing in ears"
- Tension under the breastbone, or feeling of "tightness; worse on exertion"

### GROUP 5

- Dizziness
- Dry Skin
- Burning feet
- Blurred vision
- Itching skin and feet
- Excessive falling hair
- Frequent skin rashes
- Bitter, metallic taste in mouth in morning;
- Bowel movements painful or difficult
- Worrier, feels insecure
- Feeling queasy; headache over eyes
- Greasy foods upset
- Stools light-colored
- Skin peels on foot soles
- Pain between shoulder blades
- Use laxatives
- Stools alternate from soft to watery
- History of gallbladder attacks or gallstones
- Sneezing attacks
- Dreaming, nightmare type bad dreams
- Bad breath (halitosis)
- Milk products cause distress
- Sensitive to hot weather
- Burning or itching anus
- Crave sweets

### GROUP 6

- Loss of taste for meat
- Lower bowel gas several hours after eating
- Burning stomach sensations, eating relieves
- Coated tongue
- Pass large amounts of foul-smelling gas
- Indigestion ½ - 1 hour after eating: may be up to 3-4 hrs.
- Mucus colitis or "irritable bowel"
- Gas shortly after eating
- Stomach "bloating" after eating

### GROUP 7

(A)

- Insomnia
- Nervousness
- Can't gain weight
- Intolerance to heat
- Highly emotional
- Flush easily
- Night sweats
- Thin, moist skin
- Inward trembling
- Heart palpitates
- Increased appetite without weight gain
- Pulse fast at rest
- Eyelids and face twitch
- Irritable and restless
- Can't work under pressure

(B)

- Increase in weight
- Decrease in appetite
- Fatigue easily
- Ringing in ears
- Sleepy during day
- Sensitive to cold
- Dry or scaly skin
- Constipation
- Mental sluggishness
- Hair coarse, falls out
- Headaches upon arising wear off during day
- Slow pulse, below 65
- Frequency of urination
- Impaired hearing
- Reduced initiative

### Group 7 (continued)

(C)

- Failing memory
- Low blood pressure
- Increased sex drive
- Headaches "splitting or rending" type
- Decreased sugar tolerance

(D)

- Abnormal thirst
- Bloating of abdomen
- Weight gain around the hips or waist
- Sex drive reduced or lacking
- Tendency to ulcers, colitis
- Increased sugar tolerance
- Women: menstrual disorders
- Young girls: lack of menstrual function

(E)

- Dizziness
- Headaches
- Hot flashes
- Increased blood pressure
- Hair growth on face or body (female)
- Sugar in urine (not diabetes)
- Masculine tendencies (female)

(F)

- Weakness, dizziness
- Chronic fatigue
- Low blood pressure
- Nails weak, ridged
- Tendency to hives
- Arthritic tendencies
- Perspiration increase
- Bowel disorders
- Poor circulation
- Swollen ankles
- Crave salt
- Brown spots or bronzing of skin
- Allergies-tendency to asthma
- Weakness after colds, influenza
- Exhaustion-muscular and nervous
- Respiratory disorders

### FEMALE ONLY

- Very easily fatigued
- Premenstrual tension
- Painful menses
- Depressed feelings before menstruation
- Menstruation excessive and prolonged
- Painful breasts
- Menstruate too frequently
- Vaginal discharge
- Hysterectomy/ovaries removed
- Menopausal hot flashes
- Menses scanty or missed
- Acne, worse at menses
- Depression of long standing

### MALE ONLY

- Prostate trouble
- Urination difficult or dribbling
- Night urination frequent
- Depression
- Pain on inside of legs or heels
- Feeling of incomplete bowel evacuation
- Lack of energy
- Migrating aches and pains
- Tire too easily
- Avoids activity
- Leg nervousness at night
- Diminished sex drive

### IMPORTANT

TO THE PATIENT: Please list below the five main health complaints you have in order of their importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please **print** clearly:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Shipping Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F Height \_\_\_\_\_ Weight \_\_\_\_\_

Overall health (circle one): Excellent / Good / Fair / Poor /Other: \_\_\_\_\_

Chief complaint (reason you are here): (use a separate piece of paper if more room is needed)

Other complaints or problems: (use a separate piece of paper if more room is needed)

Current medications/drugs being taken: (use a separate piece of paper if more room is needed)

Are you currently under the care of a physician or other health care professionals? Yes / No (If Yes, please give the name and date of last visit):

Nutritional supplements being taken: \_\_\_\_\_

Do you smoke, drink coffee or alcohol? (If yes, indicate how much):

Cigarettes: \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_

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Office Use Only:

Name \_\_\_\_\_ Date \_\_\_\_\_

HISTORY:

List any major illnesses (with approximate dates): \_\_\_\_\_

\_\_\_\_\_

List any surgery or operations (with approximate dates): \_\_\_\_\_

\_\_\_\_\_

Past accidents or injuries (with approximate dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Marital Status: S M D W Name of Spouse \_\_\_\_\_

Describe health of Spouse: Excellent / Good / Fair / Poor / Other \_\_\_\_\_

Number of children, if any: \_\_\_\_\_

Name of child	Age	Sex	Any physical condition or concerns?
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_____	_____	_____	M / F _____
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_____	_____	_____	M / F _____
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_____	_____	_____	M / F _____
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Any family history of serious illnesses (Circle all which apply):

Cancer / Diabetes / Heart / Other: \_\_\_\_\_

Any household pets or other animals you or family members are in close contact with:

\_\_\_\_\_

What can we do to make you happier?

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## Hormone Balance Checklist

Please check any of the following symptoms of estrogen dominance/progesterone deficiency you may have now or are concerned about in the future, because of family history.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy symptoms including asthma, hives, rashes, sinus congestion or recurring infections | <input type="checkbox"/> Hair loss  |
| <input type="checkbox"/> Autoimmune disorders such as lupus, erythematosis, thyroiditis, or Sjorgren's              | <input type="checkbox"/> Headaches  |
| <input type="checkbox"/> Breast cancer  | <input type="checkbox"/> Increased blood clotting (increased risk of strokes) |
| <input type="checkbox"/> Breast tenderness  | <input type="checkbox"/> Infertility  |
| <input type="checkbox"/> Cervical dysplasia   | <input type="checkbox"/> Irregular menstrual periods                          |
| <input type="checkbox"/> Cold hands and feet as a symptom of thyroid dysfunction                                    | <input type="checkbox"/> Irritability   |
| <input type="checkbox"/> Copper excess  | <input type="checkbox"/> Insomnia   |
| <input type="checkbox"/> Decreased sex drive  | <input type="checkbox"/> Magnesium deficiency                                 |
| <input type="checkbox"/> Depression with anxiety or agitation   | <input type="checkbox"/> Memory loss  |
| <input type="checkbox"/> Dry eyes   | <input type="checkbox"/> Mood swings  |
| <input type="checkbox"/> Early onset of menstruation  | <input type="checkbox"/> Osteoporosis   |
| <input type="checkbox"/> Endometrial (uterine) cancer   | <input type="checkbox"/> PMS  |
| <input type="checkbox"/> Fat gain, especially around the abdomen, hips and thighs                                   | <input type="checkbox"/> Polycystic ovaries                                   |
| <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Premenopausal bone loss                              |
| <input type="checkbox"/> Fibrocystic breasts  | <input type="checkbox"/> Prostate cancer                                      |
| <input type="checkbox"/> Foggy thinking   | <input type="checkbox"/> Sluggish metabolism                                  |
| <input type="checkbox"/> Gallbladder disease  | <input type="checkbox"/> Thyroid dysfunction, mimicking hypothyroidism        |
|   | <input type="checkbox"/> Uterine fibroids/cysts                               |
|   | <input type="checkbox"/> Zinc deficiency                                      |