

Health Assessment Form

Name: _____ Date: _____

5.17

Please list your 5 major health goals, things you want to improve, in order of importance:

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

Please circle the appropriate number on all questions below. 0 for the least/never to 3 for the most/always.

Category I- Cn ____		
Feeling that bowels do not completely empty	0 1 2 3	
Lower abdominal pain relieved by passing stool or gas	0 1 2 3	
Alternating constipation and diarrhea	0 1 2 3	
Diarrhea	0 1 2 3	
Constipation	0 1 2 3	
Hard, dry or small stool	0 1 2 3	
Coated tongue or "fuzzy" debris on tongue	0 1 2 3	
Pass large amounts of foul smelling gas	0 1 2 3	
More than 3 bowel movements daily	0 1 2 3	
Use laxatives frequently	0 1 2 3	
Category II- SI int ____		
Increasing frequency of food reactions	0 1 2 3	
Unpredictable food reactions	0 1 2 3	
Aches, pains, and swelling throughout body	0 1 2 3	
Unpredictable abdominal swelling	0 1 2 3	
Frequent bloating and distention after eating	0 1 2 3	
Category III- Chem Tol ____		
Intolerance to smells	0 1 2 3	
Intolerance to jewelry	0 1 2 3	
Intolerance to shampoo, lotion, detergents, etc	0 1 2 3	
Multiple smell and chemical sensitivities	0 1 2 3	
Constant skin outbreaks	0 1 2 3	
Category IV- St L ____		
Excessive belching, burping or bloating	0 1 2 3	
Gas immediately following a meal	0 1 2 3	
Offensive breath	0 1 2 3	
Difficult bowel movements	0 1 2 3	
Sense of fullness during and after meals	0 1 2 3	
Difficulty digesting proteins and meats, undigested food in stool	0 1 2 3	
Category V- St H ____		
Stomach pain, burning, or aching 1-4 hours after eating	0 1 2 3	
Use of antacids	0 1 2 3	
Feel hungry an hour or two after eating	0 1 2 3	
Heartburn when lying down or bending forward	0 1 2 3	
Temporary relief by using antacids, food, milk or carbonated beverages	0 1 2 3	
Digestive problems subside with rest and relaxation	0 1 2 3	
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol and caffeine	0 1 2 3	
Category VI- SI/Pncr ____		
Difficulty eating roughage and fiber	0 1 2 3	
Indigestion and fullness lasting 2-4 hours after eating	0 1 2 3	
Pain, tenderness, soreness on left side under rib cage	0 1 2 3	
Excessive passage of gas	0 1 2 3	
Nausea and/ or vomiting	0 1 2 3	
Stool undigested, foul smelling, mucus like, greasy or poorly formed	0 1 2 3	
Frequent loss of appetite	0 1 2 3	
Category VII- Y ____		
Abdominal distension after consumption of fiber, starches and sugar	0 1 2 3	
Abdominal distension after certain probiotic or natural supplements	0 1 2 3	
Decreased gastrointestinal motility, constipation	0 1 2 3	
Increased gastrointestinal motility, diarrhea	0 1 2 3	
Alternating constipation and diarrhea	0 1 2 3	
Suspicion of nutritional malabsorption	0 1 2 3	
Frequent use of antacid medication	0 1 2 3	
Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis / Diverticulitis, or Leaky Gut Syndrome?	Yes No	
Category VIII- Lv GB ____		
Greasy or high fat foods cause distress	0 1 2 3	
Lower bowel gas and / or bloating several hours after eating	0 1 2 3	
Bitter metallic taste in mouth, especially in the morning	0 1 2 3	
Burp fishy taste after consuming fish oils	0 1 2 3	
Unexplained itchy skin	0 1 2 3	
Yellowish cast to eyes	0 1 2 3	
Stool color alternates from clay colored to normal brown	0 1 2 3	
Reddened skin especially palms	0 1 2 3	
Dry, Flaky skin and or hair	0 1 2 3	
History of gallbladder attacks or stones	Yes No	
Have you had your gallbladder removed?	Yes No	
Category IX- Lv Dtx ____		
Acne and unhealthy skin	0 1 2 3	
Excessive hair loss	0 1 2 3	
Overall sense of bloating	0 1 2 3	
Bodily swelling for no reason	0 1 2 3	
Hormone imbalances	0 1 2 3	
Weight gain	0 1 2 3	
Poor bowel function	0 1 2 3	
Excessively foul smelling stool	0 1 2 3	
Category X- Hglyc ____		
Craves sweets during the day	0 1 2 3	
Irritable if meals are missed	0 1 2 3	
Depend on coffee to keep going / get started	0 1 2 3	
Get light headed if meals are missed	0 1 2 3	
Eating relieves fatigue	0 1 2 3	
Feel shaky, jittery or have tremors	0 1 2 3	
Agitated, easily upset, nervous	0 1 2 3	
Poor memory, forgetful between meals	0 1 2 3	
Blurred vision	0 1 2 3	
Category XI- InsRs ____		
Fatigue after meals	0 1 2 3	
Crave sweets during the day	0 1 2 3	
Eating sweets does not relieve cravings for sugar	0 1 2 3	
Must have sweets after meals	0 1 2 3	
Waist girth is equal to or larger than hip girth	0 1 2 3	
Frequent urination	0 1 2 3	
Increased thirst and appetite	0 1 2 3	
Difficulty losing weight	0 1 2 3	

Category XII- LAdr ____

Cannot stay asleep	0	1	2	3
Crave salt	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon fatigue	0	1	2	3
Dizziness when standing up quickly	0	1	2	3
Afternoon headaches	0	1	2	3
Headaches with exertion or stress	0	1	2	3
Weak nails	0	1	2	3

Category XIII- HAdr ____

Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under a high amount of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3

Category XIV- El ph Bal ____

Edema and swelling in ankles and wrists	0	1	2	3
Muscle cramping	0	1	2	3
Poor muscle endurance	0	1	2	3
Frequent urination	0	1	2	3
Frequent thirst	0	1	2	3
Crave salt	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3
Alteration in bowel regularity	0	1	2	3
Inability to hold breath for long periods	0	1	2	3
Shallow, rapid breathing	0	1	2	3

Category XV- LTh ____

Tired/sluggish	0	1	2	3
Feel cold- hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression/lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3

Category XVI- HTh ____

Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous and emotional	0	1	2	3
Insomnia	0	1	2	3
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3

Category XVII (Males Only)- P ____

Urination difficulty or dribbling	0	1	2	3
Frequent Urination	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feeling of incomplete bowel emptying	0	1	2	3
Leg twitching at night	0	1	2	3

Category XVIII (Males Only)- An ____

Decreased libido	0	1	2	3
Decreased number of spontaneous morning erections	0	1	2	3
Decreased fullness of erections	0	1	2	3
Difficulty maintaining morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decreased physical stamina	0	1	2	3
Unexpected weight gain	0	1	2	3
Increase in fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3

Category XIX (Menstruating Females Only) ____

Perimenopausal	Yes	No		
Alternating menstrual cycle lengths	Yes	No		
Extended menstrual cycle (greater than 32 days)	Yes	No		
Shortened menstrual cycle (less than 24 days)	Yes	No		
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss / thinning	0	1	2	3

Category XX (Menopausal Females Only) ____

How many years have you been menopausal?	_____ years			
Since menopause, do you ever have any uterine bleeding?	Yes	No		
Hot flashes	0	1	2	3
Mental fogginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breasts	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increased vaginal pain, dryness or itching	0	1	2	3

Anything other symptoms that you have not listed or anything else you would like us to know?