

BALANCING BODY CHEMISTRY *HEALTH ASSESSMENT*

Balancing Body
Chemistry



Name: _____ Sex: _____ Age: _____ Date: _____

Patient's Health Professional: _____

PART I

Circle any of the following medications you are taking:

- | | | | |
|-------------------------|---------------------------------|-----------------------|----------------------------|
| • Antacids | • Chemotherapy | • Hormones | • Relaxants/Sleeping Pills |
| • Antibiotic/Antifungal | • Cortisone Anti-Inflammatories | • Laxatives | • Recreational Drugs |
| • Antidepressants | • Diuretics | • Lithium | Specify _____ |
| • Antidiabetic/Insulin | • Heart Medications | • Oral Contraceptives | • Thyroid |
| • Aspirin/Tylenol | • High Blood Pressure | • Radiation | • Ulcer Medications |
| | | | • Other _____ |

Circle if you eat, drink, or use:

- | | | | |
|------------------------|--------------------------------------|-------------------------|-----------------------|
| • Alcohol | • Distilled Water | • Luncheon Meats | • Non-Herbal Teas |
| • Candy | • Fluoridated/Chlorinated Water | • Margarine | • Chew Tobacco |
| • Carbonated Beverages | • At fast food restaurants regularly | • Refined Sugars | • Vitamins & Minerals |
| • Cigarettes | • Fried Foods | • Milk Products | |
| • Coffee | • Refined (White) Flour Products | • Artificial Sweeteners | • Specify _____ |

Circle if you:

- | | | |
|-----------------------------|-------------------------------------|------------------------------------|
| • Diet often | • Exercise less than 3 times weekly | • Are exposed to chemicals at work |
| • Salt food without tasting | • Are under excessive stress | • Are exposed to cigarette smoke |

DIRECTIONS: Please read each description and darken the number which best describes the frequency of your symptoms within the past year. If you do not understand a symptom, put a ? before the symptom's number.

KEY: 0 = Never 1 = Mild (Occurs once a month or less) 2 = Moderate (Occurs several times monthly) 3 = Severe (Aware of it almost constantly)

PART II

IMPORTANT

Dear Patient, Please list your five major health concerns in order of importance:

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

Section C:

- | | | | | |
|--|---|---|---|---|
| 24. Coated tongue or "fuzzy" debris on tongue | 0 | 1 | 2 | 3 |
| 25. Pass large amounts of foul smelling gas | 0 | 1 | 2 | 3 |
| 26. Irritable bowel or mucous colitis | 0 | 1 | 2 | 3 |
| 27. Constipation, diarrhea alternating or stools alternate from soft to watery | 0 | 1 | 2 | 3 |
| 28. Bowel movements painful or difficult, constipation, and/or laxatives used..... | 0 | 1 | 2 | 3 |
| 29. Burning or itching anus..... | 0 | 1 | 2 | 3 |

CATEGORY II:

- | | | | | |
|--|---|---|---|---|
| 30. Head congestion/"sinus fullness"..... | 0 | 1 | 2 | 3 |
| 31. Sneezing attacks | 0 | 1 | 2 | 3 |
| 32. Dreaming, nightmare-like bad dreams..... | 0 | 1 | 2 | 3 |
| 33. Milk products and/or wheat products cause distress | 0 | 1 | 2 | 3 |
| 34. Eyes and nose watery | 0 | 1 | 2 | 3 |
| 35. Eyes swollen and puffy | 0 | 1 | 2 | 3 |
| 35. Pulse speeds after meals and/or heart pounds after retiring..... | 0 | 1 | 2 | 3 |

CATEGORY III:

Section A:

- | | | | | |
|---|---|---|---|---|
| 37. Crave sweets or coffee in afternoon or mid-morning | 0 | 1 | 2 | 3 |
| 38. Hungry between meals or excessive appetite | 0 | 1 | 2 | 3 |
| 39. Overeating sweets upsets | 0 | 1 | 2 | 3 |
| 40. Eat when nervous | 0 | 1 | 2 | 3 |
| 41. Irritable before meals | 0 | 1 | 2 | 3 |
| 42. Get "shaky" or light-headed if meals delay | 0 | 1 | 2 | 3 |
| 43. Fatigue, eating relieves | 0 | 1 | 2 | 3 |
| 44. Heart palpitates if meals missed or delayed | 0 | 1 | 2 | 3 |
| 45. Awaken a few hours after sleep, hard to get back to sleep | 0 | 1 | 2 | 3 |

Section B:

- | | | | | |
|--|-----|----|---|---|
| 46. Muscle soreness after moderate exercise | 0 | 1 | 2 | 3 |
| 47. Vulnerability to insect bites (especially fleas and mosquitoes)..... | 0 | 1 | 2 | 3 |
| 48. Loss of muscle tone or "heaviness" in arms or legs..... | 0 | 1 | 2 | 3 |
| 49. Enlarged heart and/or heart failure | 0 | 1 | 2 | 3 |
| 50. Worrier, feel insecure and/or highly emotional | 0 | 1 | 2 | 3 |
| 51. Pulse slow/below 65 or irregular pulse..... | YES | NO | | |

PART III

CATEGORY I

Section A:

- | | | | | |
|--|---|---|---|---|
| 1. Bad breath, halitosis | 0 | 1 | 2 | 3 |
| 2. Loss of taste for high protein foods (meat, etc.).... | 0 | 1 | 2 | 3 |
| 3. Burning ("acid") or nervous stomach, eating relieves | 0 | 1 | 2 | 3 |
| 4. Gas shortly after eating | 0 | 1 | 2 | 3 |
| 5. Indigestion 1/2 to 1 hour after eating, may last 3-4 hours | 0 | 1 | 2 | 3 |
| 6. Difficulty digesting fruits or vegetables; undigested foods found in stools | 0 | 1 | 2 | 3 |
| 7. Acid or spicy foods upset stomach | 0 | 1 | 2 | 3 |

Section B:

- | | | | | |
|---|-----|----|---|---|
| 8. Lower bowel gas and or bloating several hours after eating | 0 | 1 | 2 | 3 |
| 9. Feet burn | 0 | 1 | 2 | 3 |
| 10. "Whites" of eyes (sclera) yellow | 0 | 1 | 2 | 3 |
| 11. Dry skin, itchy feet and/or skin peels on feet..... | 0 | 1 | 2 | 3 |
| 12. Brown spots or bronzing of skin | 0 | 1 | 2 | 3 |
| 13. Bitter metallic taste in mouth | 0 | 1 | 2 | 3 |
| 14. Blurred vision | 0 | 1 | 2 | 3 |
| 15. Headache over eyes | 0 | 1 | 2 | 3 |
| 16. Feel nauseous, queasy or gag easily | 0 | 1 | 2 | 3 |
| 17. Color of stools light brown or yellow | 0 | 1 | 2 | 3 |
| 18. Greasy or high fat foods cause distress | 0 | 1 | 2 | 3 |
| 19. Pain between shoulder blades | 0 | 1 | 2 | 3 |
| 20. Dark circles under eyes | 0 | 1 | 2 | 3 |
| 21. "Acid" breath | 0 | 1 | 2 | 3 |
| 22. History of gallbladder attacks or gallstones | 0 | 1 | 2 | 3 |
| OR gallbladder removed | YES | NO | | |
| 23. Appetite reduced | 0 | 1 | 2 | 3 |

PART III (Continued)

CATEGORY IV

Section A:

- 52. Sex drive increased0 1 2 3
- 53. "Splitting" type headaches0 1 2 3
- 54. Memory failing0 1 2 3
- 55. Tolerance for sugar reduced0 1 2 3

Section B:

- 56. Sex drive reduced or absent0 1 2 3
- 57. Abnormal thirst0 1 2 3
- 58. Weight gain around hips or waist0 1 2 3
- 59. Tendency to ulcers or colitis0 1 2 3
- 60. Increased ability to eat sugar without symptoms ...0 1 2 3
- 61. Menstrual disorders (women)0 1 2 3
- 62. Lack of menstruation (young girls)0 1 2 3

Section C:

- 63. Difficulty gaining weight, even if large appetite0 1 2 3
- 64. Heart palpitations0 1 2 3
- 65. Nervous, emotional, and/or can't work under pressure.....0 1 2 3
- 66. Insomnia0 1 2 3
- 67. Inward Trembling0 1 2 3
- 68. Night Sweats0 1 2 3
- 69. Fast pulse at rest0 1 2 3
- 70. Intolerant to high temperatures0 1 2 3
- 71. Easily flushed0 1 2 3

Section D:

- 72. Difficulty losing weight0 1 2 3
- 73. Reduced initiative and/or mental sluggishness0 1 2 3
- 74. Easily fatigued, sleepy during the day0 1 2 3
- 75. Sensitive to cold, poor circulation (cold hands and feet)0 1 2 3
- 76. Dry or scaly skin0 1 2 3
- 77. "Ringing" in ears/noises in head0 1 2 3
- 78. Hearing impaired0 1 2 3
- 79. Constipation0 1 2 3
- 80. Excessive falling hair and/or coarse hair0 1 2 3
- 81. Headaches when awoken/wear off during day0 1 2 3

Section E:

- 82. Blood pressure increased0 1 2 3
- 83. Headaches0 1 2 3
- 84. Hot flashes0 1 2 3
- 85. Hair growth on face or body (Question to females)0 1 2 3
- 86. Masculine tendencies (Question to females)0 1 2 3

Section F:

- 87. Blood pressure low0 1 2 3
- 88. Crave salt0 1 2 3
- 89. Chronic fatigue/get drowsy0 1 2 3
- 90. Afternoon yawning0 1 2 3
- 91. Weakness/dizziness0 1 2 3
- 92. Weakness after colds/slow recovery0 1 2 3
- 93. Circulation poor.....0 1 2 3
- 94. Muscular and nervous exhaustion0 1 2 3
- 95. Subject to colds, asthma, bronchitis (respiratory disorders)0 1 2 3
- 96. Allergies and/or hives0 1 2 3
- 97. Difficulty maintaining manipulative correction0 1 2 3
- 98. Arthritic tendencies0 1 2 3
- 99. Nails weak, ridged0 1 2 3
- 100. Perspire easily0 1 2 3
- 101. Slow starter in morning0 1 2 3
- 102. Afternoon headaches0 1 2 3

CATEGORY V

Section A:

- 103. Frequent skin rashes and/or hives0 1 2 3
- 104. Muscle-leg-toe cramping at rest and/or while sleeping.....0 1 2 3
- 105. Fever easily raised/fevers common0 1 2 3
- 106. Crave Chocolate0 1 2 3
- 107. Feet have bad odor0 1 2 3
- 108. Hoarseness frequent0 1 2 3
- 109. Difficulty swallowing0 1 2 3
- 110. Joint stiffness after rising0 1 2 3
- 111. Vomiting frequent.....0 1 2 3
- 112. Tendency to anemia0 1 2 3
- 113. "Whites" of eyes (sclera) blue.....0 1 2 3
- 114. "Lump" in throat0 1 2 3
- 115. Dry mouth-eyes-nose0 1 2 3
- 116. White spots on finger nails0 1 2 3
- 117. Cuts heal slowly and/or scar easily.....0 1 2 3
- 118. Reduced or "lost" sense of taste and/or smell.....0 1 2 3
- 119. Susceptible to colds, fevers, and/or infections0 1 2 3
- 120. Strong light irritates eyes0 1 2 3
- 121. Noises in head or ringing in ears0 1 2 3
- 122. Burning sensations in mouth0 1 2 3
- 123. Numbness in hands and feet (extremities "go to sleep").....0 1 2 3
- 124. Intolerant to monosodium glutamate (MSG)YES NO
- 125. Cannot recall dreams0 1 2 3
- 126. Nose bleeds frequent0 1 2 3
- 127. Bruise easily, "black and blue" spots0 1 2 3
- 128. Muscle cramps, worse with exercise ("charley horses").....0 1 2 3

CATEGORY VI

- 129. Aware of heavy and/or irregular breathing0 1 2 3
- 130. Discomfort in high altitudes0 1 2 3
- 131. "Air hunger"/sigh frequently.....0 1 2 3
- 132. Swollen ankles/worse at night.....0 1 2 3
- 133. Shortness of breath with exertion0 1 2 3
- 134. Dull pain in chest and/or pain radiating into left arm, worse on exertion0 1 2 3

CATEGORY VII

Female Only

- 135. Premenstrual tension.....0 1 2 3
- 136. Painful menses (cramping, etc.)0 1 2 3
- 137. Menstruation excessive or prolonged0 1 2 3
- 138. Painful/tender breasts0 1 2 3
- 139. Menstruate too frequently.....0 1 2 3
- 140. Acne, worse at menses.....0 1 2 3
- 141. Depressed feelings before menstruation0 1 2 3
- 142. Vaginal discharge.....0 1 2 3
- 143. Menses scanty or missed0 1 2 3
- 144. Hysterectomy/ovaries removedYES NO
- 145. Menopausal hot flashes.....0 1 2 3
- 146. Depression.....0 1 2 3

CATEGORY VIII

Male Only

- 147. Prostate trouble0 1 2 3
- 148. Urination difficult or dribbling.....0 1 2 3
- 149. Night urination frequent.....0 1 2 3
- 150. Pain on inside of legs or heels.....0 1 2 3
- 151. Feeling of incomplete bowel evacuation.....0 1 2 3
- 152. Leg nervousness at night0 1 2 3
- 153. Tire easily/avoid activity.....0 1 2 3
- 154. Reduced sex drive0 1 2 3
- 155. Depression.....0 1 2 3
- 156. Migrating aches and pains.....0 1 2 3