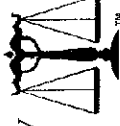


BALANCING BODY CHEMISTRY HEALTH ASSESSMENT

Balancing Body
Chemistry



Name: _____ Sex: _____ D.O.B. _____ Date: _____
Patient's Health Professional: _____

PART I

Circle any of the following medications you are taking:

- Antacids
- Antibiotic/Antifungal
- Antidepressants
- Antidiabetic/Insulin
- Aspirin/Tylenol
- Chemotherapy
- Cortisone Anti-Inflammatories
- Diuretics
- Heart Medications
- High Blood Pressure

- Hormones
- Laxatives
- Lithium
- Oral Contraceptives
- Radiation

- Relaxants/Sleeping Pills
- Recreational Drugs
- Specify _____
- Thyroid _____
- Ulcer Medications _____
- Other _____

Circle if you eat, drink, or use:

- Alcohol
- Candy
- Carbonated Beverages
- Cigarettes
- Coffee
- Distilled Water
- Fluoridated/Chlorinated Water
- At fast food restaurants regularly
- Fried Foods
- Refined (White) Flour Products

- Luncheon Meats
- Margarine
- Refined Sugars
- Milk Products
- Artificial Sweeteners
- Non-Herbal Teas
- Chew Tobacco
- Vitamins & Minerals
- Specify _____

Circle if you:

- Diet often
- Salt food without tasting
- Exercise less than 3 times weekly
- Are under excessive stress
- Are exposed to chemicals at work
- 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 0 before the symptom's number.

KEY: 0 = Never

1 = Mild

2 = Moderate

3 = Severe

(Occurs once a month or less)

(Occurs several times monthly)

(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. _____

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" or 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 OR gallbladder removed YES NO
23. Appetite reduced 0 1 2 3

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 delayed 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 (Continued)

CATEGORY IV

Section A:

52. Sex drive increased.....0 1 2 3
 53. "Splitting" type headaches0 1 2 3
 54. Memory falling0 1 2 3
 55. Tolerance for sugar reduced0 1 2 3

Section B:

56. Sex drive reduced or absent.....0 1 2 3
 57. Abnormal thirst.....0 1 2 3
 58. Weight gain around hips or waist.....0 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 appetite.....0 1 2 3
 64. Heart palpitations.....0 1 2 3
 65. Nervous, emotional, and/or can't work under pressure.....0 1 2 3
 66. Insomnia0 1 2 3
 67. Inward Trembling.....0 1 2 3
 68. Night Sweats.....0 1 2 3
 69. Fast pulse at rest0 1 2 3
 70. Intolerant to high temperatures0 1 2 3
 71. Easily flushed.....0 1 2 3

Section D:

72. Difficulty losing weight.....0 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 tailing hair and/or coarse hair0 1 2 3
 81. Headaches when awoken/wear off during day.....0 1 2 3

Section E:

82. Blood pressure increased0 1 2 3
 83. Headaches.....0 1 2 3
 84. Hot flashes.....0 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 easily.....0 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 odor.....0 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) blue0 1 2 3
 114. "Lump" in throat.....0 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 3 NO 0
 125. Cannot recall dreams0 1 2 3
 126. Nose bleeds frequent.....0 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 frequently0 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 3 NO 0
 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 dribbling0 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 night.....0 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