

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 | • 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 |

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 OR gallbladder removed | YES | NO | | |
| 23. Appetite reduced..... | 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 headaches..... | 0 | 1 | 2 | 3 |
| 54. Memory failing..... | 0 | 1 | 2 | 3 |
| 55. Tolerance for sugar reduced..... | 0 | 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 colitis..... | 0 | 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. Insomnia..... | 0 | 1 | 2 | 3 |
| 67. Inward Trembling..... | 0 | 1 | 2 | 3 |
| 68. Night Sweats..... | 0 | 1 | 2 | 3 |
| 69. Fast pulse at rest..... | 0 | 1 | 2 | 3 |
| 70. Intolerant to high temperatures..... | 0 | 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 sluggishness..... | 0 | 1 | 2 | 3 |
| 74. Easily fatigued, sleepy during the day..... | 0 | 1 | 2 | 3 |
| 75. Sensitive to cold, poor circulation (cold hands and feet)..... | 0 | 1 | 2 | 3 |
| 76. Dry or scaly skin..... | 0 | 1 | 2 | 3 |
| 77. "Ringing" in ears/noises in head..... | 0 | 1 | 2 | 3 |
| 78. Hearing impaired..... | 0 | 1 | 2 | 3 |
| 79. Constipation..... | 0 | 1 | 2 | 3 |
| 80. Excessive falling hair and/or coarse hair..... | 0 | 1 | 2 | 3 |
| 81. Headaches when awoken/wear off during day..... | 0 | 1 | 2 | 3 |

Section E:

| | | | | |
|---|---|---|---|---|
| 82. Blood pressure increased..... | 0 | 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 low..... | 0 | 1 | 2 | 3 |
| 88. Crave salt..... | 0 | 1 | 2 | 3 |
| 89. Chronic fatigue/get drowsy..... | 0 | 1 | 2 | 3 |
| 90. Afternoon yawning..... | 0 | 1 | 2 | 3 |
| 91. Weakness/dizziness..... | 0 | 1 | 2 | 3 |
| 92. Weakness after colds/slow recovery..... | 0 | 1 | 2 | 3 |
| 93. Circulation poor..... | 0 | 1 | 2 | 3 |
| 94. Muscular and nervous exhaustion..... | 0 | 1 | 2 | 3 |
| 95. Subject to colds, asthma, bronchitis (respiratory disorders)..... | 0 | 1 | 2 | 3 |
| 96. Allergies and/or hives..... | 0 | 1 | 2 | 3 |
| 97. Difficulty maintaining manipulative correction..... | 0 | 1 | 2 | 3 |
| 98. Arthritic tendencies..... | 0 | 1 | 2 | 3 |
| 99. Nails weak, ridged..... | 0 | 1 | 2 | 3 |
| 100. Perspire easily..... | 0 | 1 | 2 | 3 |
| 101. Slow starter in morning..... | 0 | 1 | 2 | 3 |
| 102. Afternoon headaches..... | 0 | 1 | 2 | 3 |

CATEGORY V

Section A:

| | | | | |
|--|-----|---|----|---|
| 103. Frequent skin rashes and/or hives..... | 0 | 1 | 2 | 3 |
| 104. Muscle-leg-toe cramping at rest and/or while sleeping..... | 0 | 1 | 2 | 3 |
| 105. Fever easily raised/fevers common..... | 0 | 1 | 2 | 3 |
| 106. Crave Chocolate..... | 0 | 1 | 2 | 3 |
| 107. Feet have bad odor..... | 0 | 1 | 2 | 3 |
| 108. Hoarseness frequent..... | 0 | 1 | 2 | 3 |
| 109. Difficulty swallowing..... | 0 | 1 | 2 | 3 |
| 110. Joint stiffness after rising..... | 0 | 1 | 2 | 3 |
| 111. Vomiting frequent..... | 0 | 1 | 2 | 3 |
| 112. Tendency to anemia..... | 0 | 1 | 2 | 3 |
| 113. "Whites" of eyes (sclera) blue..... | 0 | 1 | 2 | 3 |
| 114. "Lump" in throat..... | 0 | 1 | 2 | 3 |
| 115. Dry mouth-eyes-nose..... | 0 | 1 | 2 | 3 |
| 116. White spots on finger nails..... | 0 | 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 infections..... | 0 | 1 | 2 | 3 |
| 120. Strong light irritates eyes..... | 0 | 1 | 2 | 3 |
| 121. Noises in head or ringing in ears..... | 0 | 1 | 2 | 3 |
| 122. Burning sensations in mouth..... | 0 | 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 dreams..... | 0 | 1 | 2 | 3 |
| 126. Nose bleeds frequent..... | 0 | 1 | 2 | 3 |
| 127. Bruise easily, "black and blue" spots..... | 0 | 1 | 2 | 3 |
| 128. Muscle cramps, worse with exercise ("charley horses")..... | 0 | 1 | 2 | 3 |

CATEGORY VI

| | | | | |
|---|---|---|---|---|
| 129. Aware of heavy and/or irregular breathing..... | 0 | 1 | 2 | 3 |
| 130. Discomfort in high altitudes..... | 0 | 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 exertion..... | 0 | 1 | 2 | 3 |
| 134. Dull pain in chest and/or pain radiating into left arm, worse on exertion..... | 0 | 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 prolonged..... | 0 | 1 | 2 | 3 |
| 138. Painful/tender breasts..... | 0 | 1 | 2 | 3 |
| 139. Menstruate too frequently..... | 0 | 1 | 2 | 3 |
| 140. Acne, worse at menses..... | 0 | 1 | 2 | 3 |
| 141. Depressed feelings before menstruation..... | 0 | 1 | 2 | 3 |
| 142. Vaginal discharge..... | 0 | 1 | 2 | 3 |
| 143. Menses scanty or missed..... | 0 | 1 | 2 | 3 |
| 144. Hysterectomy/ovaries removed..... | YES | 3 | NO | 0 |
| 145. Menopausal hot flashes..... | 0 | 1 | 2 | 3 |
| 146. Depression..... | 0 | 1 | 2 | 3 |

CATEGORY VIII

Male Only

| | | | | |
|--|---|---|---|---|
| 147. Prostate trouble..... | 0 | 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 night..... | 0 | 1 | 2 | 3 |
| 153. Tire easily/avoid activity..... | 0 | 1 | 2 | 3 |
| 154. Reduced sex drive..... | 0 | 1 | 2 | 3 |
| 155. Depression..... | 0 | 1 | 2 | 3 |
| 156. Migrating aches and pains..... | 0 | 1 | 2 | 3 |