

540 Hopmeadow Street, Simsbury, CT (860) 651-3355 Fax (860) 408-9648

BODY CHEMISTRY HEALTH ASSESSMENT

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

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 | • Thyroid |
| • Antidiabetic/Insulin | • Heart Medications | • Oral Contraceptives | • Ulcer Medications |
| • Aspirin/Tylenol | • High Blood Pressure | • Radiation | • 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 | • Specify _____ |
| • Coffee | • Refined (White) Flour Products | • Artificial Sweeteners | |

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 2 = Moderate 3 = Severe
 (Occurs once a month or less) (Occurs several times monthly) (Aware of it almost constantly)

<p style="text-align: center;">IMPORTANT</p> <p>Dear Patient, Please list your five major health concerns in order of importance:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>Section C:</p> <p>24. Coated tongue or "fuzzy" debris on tongue 0 1 2 3</p> <p>25. Pass large amounts of foul smelling gas 0 1 2 3</p> <p>26. Irritable bowel or mucous colitis 0 1 2 3</p> <p>27. Constipation, diarrhea alternating or stools alternate from soft to watery 0 1 2 3</p> <p>28. Bowel movements painful or difficult, constipation, and/or laxatives used 0 1 2 3</p> <p>29. Burning or itching anus 0 1 2 3</p> <p>CATEGORY II:</p> <p>30. Head congestion/"sinus fullness" 0 1 2 3</p> <p>31. Sneezing attacks 0 1 2 3</p> <p>32. Dreaming, nightmare-like bad dreams 0 1 2 3</p> <p>33. Milk products and/or wheat products cause distress 0 1 2 3</p> <p>34. Eyes and nose watery 0 1 2 3</p> <p>35. Eyes swollen and puffy 0 1 2 3</p> <p>36. Pulse speeds after meals and/or heart pounds after retiring 0 1 2 3</p> <p>CATEGORY III:</p> <p>Section A:</p> <p>37. Crave sweets or coffee in afternoon or mid-morning 0 1 2 3</p> <p>38. Hungry between meals or excessive appetite 0 1 2 3</p> <p>39. Overeating sweets upsets 0 1 2 3</p> <p>40. Eat when nervous 0 1 2 3</p> <p>41. Irritable before meals 0 1 2 3</p> <p>42. Get "shaky" or light-headed if meals delayed 0 1 2 3</p> <p>43. Fatigue, eating relieves 0 1 2 3</p> <p>44. Heart palpitates if meals missed or delayed 0 1 2 3</p> <p>45. Awaken a few hours after sleep, hard to get back to sleep 0 1 2 3</p> <p>Section B:</p> <p>46. Muscle soreness after moderate exercise 0 1 2 3</p> <p>47. Vulnerability to insect bites (especially fleas and mosquitoes) 0 1 2 3</p> <p>48. Loss of muscle tone or "heaviness" in arms or legs 0 1 2 3</p> <p>49. Enlarged heart and/or heart failure 0 1 2 3</p> <p>50. Worrier, feel insecure and/or highly emotional 0 1 2 3</p> <p>51. Pulse slow/below 65 or irregular pulse YES NO</p>
<p>CATEGORY I</p> <p>Section A:</p> <p>1. Bad breath, halitosis 0 1 2 3</p> <p>2. Loss of taste for high protein foods (meat, etc.) 0 1 2 3</p> <p>3. Burning ("acid") or nervous stomach, eating relieves 0 1 2 3</p> <p>4. Gas shortly after eating 0 1 2 3</p> <p>5. Indigestion 1/2 to 1 hour after eating, may last 3-4 hours 0 1 2 3</p> <p>6. Difficulty digesting fruits or vegetables; undigested foods found in stools 0 1 2 3</p> <p>7. Acid or spicy foods upset stomach 0 1 2 3</p> <p>Section B:</p> <p>8. Lower bowel gas and or bloating several hours after eating 0 1 2 3</p> <p>9. Feet burn 0 1 2 3</p> <p>10. "Whites" of eyes (sclera) yellow 0 1 2 3</p> <p>11. Dry skin, itchy feet and/or skin peels on feet 0 1 2 3</p> <p>12. Brown spots or bronzing of skin 0 1 2 3</p> <p>13. Bitter metallic taste in mouth 0 1 2 3</p> <p>14. Blurred vision 0 1 2 3</p> <p>15. Headache over eyes 0 1 2 3</p> <p>16. Feel nauseous, queasy or gag easily 0 1 2 3</p> <p>17. Color of stools light brown or yellow 0 1 2 3</p> <p>18. Greasy or high fat foods cause distress 0 1 2 3</p> <p>19. Pain between shoulder blades 0 1 2 3</p> <p>20. Dark circles under eyes 0 1 2 3</p> <p>21. "Acid" breath 0 1 2 3</p> <p>22. History of gallbladder attacks or gallstones OR gallbladder removed YES NO</p> <p>23. Appetite reduced 0 1 2 3</p>	

Natural Whole Body Health

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<p>CATEGORY IV Section A:</p> <p>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</p> <p>Section B:</p> <p>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</p> <p>Section C:</p> <p>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</p> <p>Section D:</p> <p>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</p> <p>Section E:</p> <p>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</p> <p>Section F:</p> <p>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</p>	<p>CATEGORY V Section A:</p> <p>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</p> <p>CATEGORY VI</p> <p>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</p> <p>CATEGORY VII Female Only</p> <p>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</p> <p>CATEGORY VIII Male Only</p> <p>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</p>
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