

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 |

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

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 |

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 awaken/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