

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
- 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)

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 tongue0 1 2 3
25. Pass large amounts of foul smelling gas0 1 2 3
26. Irritable bowel or mucous colitis0 1 2 3
27. Constipation, diarrhea alternating or stools alternate from soft to watery0 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 attacks0 1 2 3
32. Dreaming, nightmare-like bad dreams.....0 1 2 3
33. Milk products and/or wheat products cause distress0 1 2 3
34. Eyes and nose watery0 1 2 3
35. Eyes swollen and puffy0 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 or0 1 2 3
- mid-morning0 1 2 3
38. Hungry between meals or excessive appetite0 1 2 3
39. Overeating sweets upsets0 1 2 3
40. Eat when nervous0 1 2 3
41. Irritable before meals0 1 2 3
42. Get "shaky" or light-headed if meals delay0 1 2 3
43. Fatigue, eating relieves0 1 2 3
44. Heart palpitates if meals missed or delayed0 1 2 3
45. Awaken a few hours after sleep, hard to get back to sleep0 1 2 3

Section B:

46. Muscle soreness after moderate exercise0 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 failure0 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, halitosis0 1 2 3
2. Loss of taste for high protein foods (meat, etc.)....0 1 2 3
3. Burning ("acid") or nervous stomach, eating relieves0 1 2 3
4. Gas shortly after eating0 1 2 3
5. Indigestion 1/2 to 1 hour after eating, may last 3-4 hours0 1 2 3
6. Difficulty digesting fruits or vegetables; undigested foods found in stools0 1 2 3
7. Acid or spicy foods upset stomach0 1 2 3

Section B:

8. Lower bowel gas and or bloating several hours after eating0 1 2 3
9. Feet burn0 1 2 3
10. "Whites" of eyes (sclera) yellow0 1 2 3
11. Dry skin, itchy feet and/or skin peels on feet.....0 1 2 3
12. Brown spots or bronzing of skin0 1 2 3
13. Bitter metallic taste in mouth0 1 2 3
14. Blurred vision0 1 2 3
15. Headache over eyes0 1 2 3
16. Feel nauseous, queasy or gag easily0 1 2 3
17. Color of stools light brown or yellow0 1 2 3
18. Greasy or high fat foods cause distress0 1 2 3
19. Pain between shoulder blades0 1 2 3
20. Dark circles under eyes0 1 2 3
21. "Acid" breath0 1 2 3
22. History of gallbladder attacks or gallstones0 1 2 3
- OR gallbladder removedYES NO
23. Appetite reduced0 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		NO	
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		NO	
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