Personal Health Evaluation

I. Personal Information

Name			Date
Street Address			Phone
City, State, Zip		Referred by:	
Age and Sex	Height	Weight	Blood Type (if known)

II. Diet, Nutrition and General Health Practices

a. How often do you consume the following? (1 = Very Frequently, 2 = Often, 3 = Rarely, 4 = Never)

Refined Sugar	1	2	3	4	Dairy Products	1	2	3	4	Fresh Fruits	1	2	3	4
White Flour	1	2	3	4	Pork/Shellfish	1	2	3	4	Vegetables	1	2	3	4
Alcohol	1	2	3	4	Red Meat	1	2	3	4	Green Salads	1	2	3	4
Fried Foods	1	2	3	4	Chicken/Turkey	1	2	3	4	Whole Grains	1	2	3	4
Caffeine Drinks	1	2	3	4	Artificial Sweeteners	1	2	3	4	Fresh Fish	1	2	3	4

b. How much water do you drink each day? _____ cups.
What kind of water do you drink?

a. How much sleep do you get each night on the average? _____ hours.
How do you sleep?

b. How often do you exercise? _____ hours per _____ .
What do you do for exercise?

c. What is your energy level like?

d. How often do your bowels eliminate?

e. Do you feel like you are under stress? If so, explain.

f. What nutritional supplements are you currently taking?

g. What medications are you on and what are they used for?

III. Medical Information

a. What are your current health concerns?

b. List any serious illnesses or surgeries you have had in the past.

c. Are you under a medical doctor's care for your condition? _____
If so, what medications, drugs or therapies are you currently using?

c. What medications, medical procedures, supplements or therapies have you previously tried for your condition? Were any of these supplements or therapies helpful? If so, please note which ones were helpful.

d. Additional comments or helpful information, if any.

IV. Specific Symptoms

a. Have you been diagnosed by a licensed physician with any of the following? Check all that apply.

- ❑ AIDS
- ❑ Arthritis
- ❑ Asthma
- ❑ Cancer
- ❑ Cirrhosis of the Liver
- ❑ Colitis
- ❑ Diabetes
- ❑ Fibromyalgia
- ❑ Hepatitis
- ❑ High Blood Pressure
- ❑ Irritable Bowel Syndrome
- ❑ Low Thyroid
- ❑ Lupus
- ❑ Osteoporosis
- ❑ Multiple Sclerosis
- ❑ Ulcers

b. Do you suffer from any of the following? Check all that apply.

- ❑ Abdominal pain
- ❑ Absent-mindedness
- ❑ Acid indigestion or heartburn
- ❑ Alcoholism
- ❑ Allergies, food
- ❑ Allergies, respiratory
- ❑ Anemia
- ❑ Anger, excessive
- ❑ Anxiety, nervousness
- ❑ Back pain
- ❑ Bad breath or body odor
- ❑ Bladder infections
- ❑ Brittle fingernails
- ❑ Burning or painful urination
- ❑ Chest pain
- ❑ Cold hands and feet
- ❑ Cold sores
- ❑ Congested air passages
- ❑ Constipation or dry stools
- ❑ Coughing, chronic
- ❑ Cravings for fats or fried foods
- ❑ Cravings for sugar
- ❑ Dark circles under eyes
- ❑ Depression
- ❑ Diarrhea
- ❑ Difficult urination
- ❑ Difficulty getting to sleep
- ❑ Dizziness or light headedness.
- ❑ Dry skin or eyes.
- ❑ Eczema
- ❑ Erection difficulty (males only)
- ❑ Excess mucus production
- ❑ Excess weight
- ❑ Family history of heart disease
- ❑ Fatigue in the afternoons
- ❑ Fatigue, chronic or excessive
- ❑ Fear, excessive
- ❑ Food allergies
- ❑ Food sits heavy on stomach after eating
- ❑ Frequent infections
- ❑ Frequent thirst
- ❑ Frequent urination
- ❑ General weakness or chronic illness
- ❑ Hayfever
- ❑ Headaches
- ❑ Heart palpitations
- ❑ Heavy periods (females only)
- ❑ Hemorrhoids
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Hot flashes
- ❑ Hypoglycemia
- ❑ Impotency (males only)
- ❑ Incontinence
- ❑ Infertility
- ❑ Intestinal gas or bloating
- ❑ Irritability
- ❑ Itching, skin
- ❑ Itchy nose or ears
- ❑ Jaundice
- ❑ Joint pain or gout
- ❑ Leg cramps or pains
- ❑ Loose stool or diarrhea
- ❑ Loss of appetite or poor appetite
- ❑ Loss of sexual desire
- ❑ Loss of smell
- ❑ Loss of taste
- ❑ Migraine headaches
- ❑ Mood swings
- ❑ Muddled thinking, confusion or mental sluggishness
- ❑ Muscle tension
- ❑ Panic attacks
- ❑ PMS (females only)
- ❑ Poor appetite
- ❑ Prostate problems (males only)
- ❑ Puffiness under eyes
- ❑ Rapid heart beat
- ❑ Rashes
- ❑ Restless dreams or nightmares
- ❑ Ringing in the ears
- ❑ Scant or excessive urination
- ❑ Sensation of lump in throat
- ❑ Sinusitis or sinus congestion
- ❑ Sinus headaches
- ❑ Skin problems (acne, rashes, etc.)
- ❑ Stiff, aching or painful muscles
- ❑ Stomachache
- ❑ Swollen lymph glands
- ❑ Teeth grinding
- ❑ Underweight or unable to gain weight
- ❑ Urinating at night
- ❑ Varicose veins
- ❑ Waking up frequently at night
- ❑ Water retention or edema
- ❑ Weak legs, knees or ankles
- ❑ Wheezing or shortness of breath
- ❑ Wounds won't heal in extremities
- ❑ Yeast infections