Personal Health Evaluation

Information provided on this form will be held in strict confidence. (add additional pages if needed)

I. Personal Information

Name_____

Age _____ Sex _____ Height_____Weight _____ Marital Status _____ Children_____Occupation_____

Phone Number_____

II. Diet, Nutrition and General Health Practices

a. What do you eat and drink in a day? From waking up to going to bed.

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

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

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

e. What's your energy level like?

f. How often do you poo?

g. Are you pregnant or nursing a baby?

h. Do you feel like you're under stress? If so explain.

i. What nutritional supplements are you currently taking? (attach separate sheet if necessary)

j. What current health concerns are you seeking help for?

k. What medications, medical procedures, supplements or therapies have your previously tried for your condition? Where any of these helpful? If so which ones?

III. Medical Information

a. Are you under a medical doctor's care for your condition? If so, what are you being treated for?

b. Are you currently taking any prescription or over-the-counter drugs? If so please list each drug and what it is for.

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

❑ AIDS
❑ Angina
❑ Arthritis (Rheumatoid)
❑ Arthritis (Osteo)
❑ Arrhythmia (irregular heart beat)

❑ Asthma
❑ Attention Deficit Disorder (ADD/ADHD)
❑ Autoimmune Disorders, Specify:

❑ Benign Prostatic Hyperplasia (BPH)

❑ Bipolar Mood Disorder (Manic Depressive Disorder)

❑ Bleeding Disorders
❑ Cancer, Specify type:
❑ Cardiac Arrest (Heart Attack)
❑ Celiac Disease
❑ Chronic Obstructive Pulmonary

Disorder (COPD)
❑ Cirrhosis of the Liver
❑ Colitis
❑ Congestive Heart Failure

❑ Depression
❑ Diabetes

❑ Eczema
❑ Endometriosis
❑ Epilepsy
❑ Fatty Liver Disease

❑Fibromyalgia

❑ Graves Disease (Hyperthyroid)
❑ Hahsimoto's Disease (thyroiditis)

❑ Hepatitis
❑ High Blood Pressure

(Hypertension)
❑ Irritable Bowel Disorder (Crohn's or Colitis)
❑ Kidney Stones
❑ Low thyroid (Hypothyroid)
❑ Lupus
❑ Multiple Sclerosis
❑ Obsessive-Compulsive Disorder
❑ Osteoporosis
❑ Psoriasis
❑ Ulcers
Other, specify:

IV. Specific Symptoms

a. What is your main concern in your life right now? Please expand.

b. Digestive, Liver and Intestinal Symptoms. Check all that apply.

❑ Abdominal pain or discomfort
❑ Acid indigestion, heartburn or acid reflux
❑ Bad breath
❑ Bloating, belching or intestinal gas
❑ Constipation (bowel movements less than once per day)
❑ Cravings for sugary foods
❑ Diarrhea or loose stools:
❑ Food allergies, specify foods that give you problems:
❑ Food sits heavy on stomach after meals
❑Groggy feelings in the morning
❑ Hard, dry stools
❑ Hemorrhoids or anal fistula
❑ Loss of appetite or poor appetite
❑ Loss of smell or taste
❑ ensation of lump in throat
❑ Stomach ache
❑ Under weight or unable to gain weight

c. Respiratory System Symptoms. Check all that apply.

❑ Chronic or frequent cough
❑ Cold sores
❑ Excess mucus production
❑ Frequent infections
❑Hayfever and respiratory allergies
❑ Itchy nose or ears
❑ Post nasal drip
❑ Sinus headaches
❑ Sinusitis or chronic sinus congestion
❑ Wheezing or shortness of breath

d. Circulatory System Symptoms. Check all that apply.

❑ Anemia
❑ Chest pain
❑ Cold hands and feet
❑ Family history of heart disease
❑ Gingivitis or gum disease
❑ Heart palpitations
❑ High blood pressure, specify blood pressure numbers:
❑ High cholesterol, specify:
❑ High triglycerides, specify:
❑ Irregular heart beat, arrhythmia
❑ Rapid heart beat
❑ Swelling in lower extremeties
❑ Varicose veins or spider veins
❑ Wounds that won't heal in the extremities

e. Urinary and Fluid System Symptoms. Check all that apply.

❑ Bladder infections
❑ Blood in the urine
❑ Burning or painful urination
❑ Difficulty starting urination
❑ Excessive perspiration
❑ Frequent pale urine
❑ Frequent urination
❑ History of kidney stones

❑ Night sweats

❑ Pain in the mid to low back

❑ Puffiness under eyes

❑ Scant, dark urine

❑ Urinary incontinence (dribbling)

❑ Urinary tract infections (UTIs)

❑ Water retention or edema

❑ Swollen lymph nodes

f. Glandular System Symptoms. Check all that apply.

❑ Burning sensations in hands and feet

❑ Cold hands and feet
❑ Dark circles under eyes
❑ Dry skin

❑ Excess weight
❑ Excess weight around the abdomen
❑ Fatigue in the afternoons
❑ Fatigue, chronic or excessive
❑ Feeling chronically stressed
❑ Feeling exhausted, "burned-out"
❑ Frequent thirst

❑ Hair loss or thinning

❑ Lack of stamina

❑ Loss of short-term memory

❑ Low body temperature, easily chilled

❑ Mental sluggishness, "brain fog"

❑ Mood swings

❑ Muddled thinking, confusion

❑ Restless disturbed sleep

❑ Restless dreams or nightmares

❑ Waking up at night unable to go back to sleep

❑ Waking up frequently at night

Males Only

❑ Difficulty urination

❑ Erectile dysfunction

❑ Infertility
❑ Lack of sex drive

❑ Loss of self-confidence and drive

❑ Nighttime urination

❑ Prostate problems

❑ Urinating at night

Females Only

❑ Cravings for chocolate with periods

❑ Depression with periods
❑ Edema or bloating associated with periods
❑ Heavy menstrual bleeding
❑ Hot ashes and/or night sweats
❑ Infertility

❑ Irritability with periods
❑ Lack of sexual desire

❑ Menstrual cramps

❑ Nursing (currently)

❑ Painful menstruation

❑ PMS

❑ Post-menopausal

❑ Pregnant (currently)

❑ Vaginal discharge

❑ Vaginal dryness

g. Nervous System Symptoms. Check all that apply.

❑ Absent-mindedness
❑ Alcoholism

❑ Anxiety, nervousness

❑ Chronic muscle tension
❑ Difficulty getting to sleep
❑ Dizziness or light headedness.
❑ Excitability, difficulty relaxing
❑ Feeling depressed or discouraged
❑ Headaches

❑ Tension headaches with tight, constricted feeling

❑ Pounding headaches

❑ Headaches around eyes or forehead
❑ Migraines

❑ Loss of memory
❑ Panic attacks
❑ Peripheral neuropathy

❑ Poor concentration
❑ Shaky hands

h. Structural System Symptoms. Check all that apply.

❑ Acne
❑ Arthritis
❑ Back pain
❑ Brittle fingernails
❑ Eczema
❑ Gout
❑ Itching, skin
❑ Joint pain
❑ Leg cramps or pains

❑ Multiple root canals

❑ Muscle cramps

❑ Neck pain
❑ Osteoprosis
❑ Rashes

❑ Rosacea
❑ Stiff, aching or painful muscles

❑ Teeth grinding
❑ Tense muscles
❑ Weak legs, knees or ankles

i. Add any additional information you feel may be helpful in evaluating your situation.