NATURAL WELLNESS CENTRE

confidential patient record & health assessment

recent
patient photo

Date: _____

☐ male ☐ female

Patient Name:_____
(last name) (first) (initial)

Height: _____

Weight: _____

Address: _____Apt. _____

Present Age: _____

City: _____ Province: _____

Postal Code _____

/ /
month / day / year
Date of Birth

( ) - ( ) - ( ) - ( ) -
home phone work phone cell phone other

EMERGENCY, CONTACT:

Phone:
Day: ( ) -

☐ same as above, or:

Name: _____
(last name) (first) (initial)

Eve: ( ) -

What is the name of your **medical physician or family doctor**?

Clinic Name/Location: Phone number: ( ) -

How did you find out about the Natural Wellness Centre?

INFORMED CONSENT TO NATUROPATHIC DIAGNOSTIC AND TREATMENT PROCEDURES

I _____, consent to the diagnostic and treatment procedure(s)/plan as outlined to me by my Naturopathic Physician, Dr. T. R. Mrazek of the Natural Wellness Centre.

I, the undersigned, do herby acknowledge that I have been duly informed of and understand the recommended diagnostic and treatment procedure(s)/plan and have discussed to my satisfaction this and any requests for related information with the physician above.

I further acknowledge and confirm that I have been informed of and understand the possible health and safety risks or side effects involved, financial costs, expected benefits, and the likely consequences of not having or following the procedure(s)/plan, as well as which alternative course(s) of action are available to me.

As a result, I do hereby voluntarily consent to the recommended diagnostic and treatment procedure(s)/plan as specified by the physician. I also understand that I may alter the status of my informed consent at any time, including the decision to halt a given procedure(s).

Signed by Patient or legal guardian Date

Witness Date

Present Concern

Why have you come to the Natural Wellness Centre? _____

Who diagnosed the condition in question 1?

Specialist □ Family Doctor □ Other □ _____

What other concerns do you have about your health? _____

_____

When was your last:

□	Complete medical check-up & bloodwork	□	Dental check-up
□	Specialist consult for:	□	Optometrist eye check-up
□	Counsellor/Psychiatrist consult	□	

How often do you use the following alternative medical treatments?

□ Acupressure	□ Craniosacral Therapy	□ Hypnosis
□ Acupuncture	□ Herbal Medicine	□ Massage
□ Chiropractic	□ Homeopathy	□ Reiki or Shiatsu
□ Colon Irrigation	□ Hydrotherapy	□ Therapeutic Touch
□ Other: please list		

Medications **I take now (include dosages):**

Supplements I take regularly:

Nutrition & Lifestyle

Daily or weekly quantity of the following is:

Smoking		Alcohol	
Coffee		Recreational drugs	
Water			

1. I eat three meals a day Yes □ No □
2. My meal times are regular Yes □ No □
3. I eat fast food more than four times per week Yes □ No □

R & R

1. In general, my sleep is: (√ check what applies)

	FINE, GOOD		REGULAR		RESTFUL		DISRUPTED
	TOO LONG		TOO SHORT		IRREGULAR		other

2. I sleep well each night Never □ Rarely □ Mostly □ Always □

3. I wake rested and refreshed Never □ Rarely □ Mostly □ Always □

4. My hobbies and interests: _____

_____

5. Other activities I'm involved with _____

_____

6. For exercise I: _____

Systems Review

*Use √ (checkmark) if Current. *Use ***P*** if within the Past 6 months.

*Leave **Blank** if you have never experienced the symptom, OR not for the past 6 months.

General			
	Unusual weight change		Weakness/Fatigue
	Fevers/Chills		Catch many 'seasonal' colds and flues
Head			
	Headache/ Head Pain		Head Injury/Trauma
	Dizziness		Lice Infestation
	Dandruff/Dry, Flaky Scalp		Sweating
	Hair Loss/Patchiness		Cold Temperature
Skin			
	Rashes		Colour Change
	Eczema, Hives		Lumps
	Acne, Boils, Ulcers		Night Sweats
	Itching		Dry Skin
	Abnormal Temperature (Hot or Cold)		Moist Skin
	Nail Changes		Sun Burnt
	Bruise Easily		Burns/Irritates Easily from Sun
	Chew Nails		Allergic Reactions To:
	Excessive Hair Growth		Hair Loss
Eyes			
	Vision Problems		Eye Pain
	Glasses/Contact Lenses		Tearing or Dryness
	Double Vision		Glaucoma
	Blurring		Eye Accident/Trauma
	Sensitive to Sun or Light		Itching
	Redness		Discharge
			Drooping Lids
Ears			
	Hearing Loss		Earache/Pain
	Dizziness		Ringing/Noises in Ears
	Discharge/Excessive Wax		Infections
	Hearing Aid		
Nose and Sinuses			
	Colds or Flues		Nose Bleeds
	Stuffiness		Hay Fever
	Sinus Problems		Other Allergies
	Lost Sense of Smell		Pain in Nose or Sinuses
	Sore Face		
Mouth and Throat			
	Sore Throat		Sore Tongue/Mouth
	Gum Problems		Hoarse Voice, Loss of Voice
	Cavities		Loss of Taste
	Mouth Discolouration (inside or out)		Craves Particular Food/Taste
	Unusual Tongue Coating/Lack of		Mouth Odour
	Dry Mouth		

Neck			
	Lumps		Swollen Glands
	Pain or Stiffness		
Respiratory			
	Wheezing		Sputum
	Cough		Spitting up of Blood
	Asthma		Bronchitis
	Emphysema		Pneumonia
	Pleurisy		Difficulty Breathing
	Tuberculosis		Shortness of Breath at Night
	Tuberculin Test		Shortness of Breath Lying Down
	Pain on Breathing		Snoring
	Sounds (sighing, whistling, rattling etc)		
Cardiovascular			
	Heart Disease		Murmurs
	High Blood Pressure		Chest Pain
	Low Blood Pressure		Anemia
	Rheumatic Fever		Cyanosis
	Palpitations, Fluttering, Missed Beat		Heart Tests
	Angina		Heart Disease (list:
	Heart Attack		Heart Surgery
	Stroke		Pacemaker
	Heart/Blood Medications		
Gastrointestinal			
	I have a bowel movement 1-2x daily		Itchy/Burning Rectum
	Diarrhea		Difficulty Swallowing
	Constipation		Colic
	Change in Appetite		Jaundice
	Frequent Vomiting/ Nausea		Change in Thirst
	Stomach Aches or Abdominal Pain		Craves a Certain Food or Drink
	Liver Disease, Dysfunction		Belching or Passing Gas
	Gall Bladder Disease, Dysfunction		Body/Breath Odour
	Rectal Bleeding		Hernias
	Hemorrhoids		Ulcer
	Blood in Stool		Food Allergies, Sensitivities
	Change in Stool		Passing Undigested Food in Stool
Genitourinary			
	Burning Urine		Groin Pain
	Frequent Urination		Hernia
	Frequency at Night		Pain on Urination
	Bed Wetting		Blood in Urine
	Urgency		Urinary Tract Infection
	Inability to Hold Urine		Discharge
	Hesitancy		Unusual Fears
	STD's (list:		Candida/yeast infection
Men's Health			
	Difficulty achieving erection		Prostate problems
	Difficulty maintaining erection		BPH
	Low sex drive		Prostate Cancer

WOMEN'S HEALTH					
	Irregular menses		Excessive flow/bleeding		
	Onset of menses (list your age:)		Excessive/abnormal pains		
Length of cycle in days:			Cycle Regular		Cycle is Irregular
	Menopause (age of onset:)		Absence of menses (amenorrhea)		
	Hot Flushes		Scanty flow		
	Mood Changes		Pain during intercourse		
	Other sensations (nerve, vascular)		Pain during urination/defecation		
	Hormone Therapy				

1. Are you, or could you be pregnant right now? Yes ☐ No ☐

2. Number of pregnancies: _____ Number of births: _____

Check the items which apply to you:

Item	First Pregnancy	Second Pregnancy	Third Pregnancy
Infertility/Difficulty Conceiving			
Miscarriage, Spontaneous			
Abortion, Therapeutic			
Early			
To Term			
Late			
Anasthesia, Epidural			
Anasthesia, General			
Vaginal Delivery			
C-Section Delivery			
Induced Labour			
Complications in Delivery			
Other (please list)	*Use more paper if necessary.*		

Muskuloskeletal			
	Joint Pain or Stiffness		Growing Pain
	Arthritis/Joint Inflammation		Broken Bone
	Muscle Spasm, Cramp, Twitching		Weakness
	Back Pain		Orthotics, Braces, Supports
	Surgery (muscle or joint related)		

Peripheral Vascular			
	Deep Leg Pain		Cold Hands/Feet
	Difficulty Warming Up		Extremity Numbness/Coldness
	Ulcerations on Skin		Bruise Easily
	Skin Discolourations, Patchiness		Tendency to Bleed
	Varicose Veins		

Neurologic			
	Fainting		Seizures/ Convulsions
	Muscle Weakness		Paralysis
	Memory Loss/Poor Memory		Numbness/Tingling
	Poor Balance		Involuntary Movement/Twitch
	Speech Problems		Dizziness

Endocrine			
	Intolerance to Heat or Cold		Excessive Thirst
	Diabetes		Excessive Hunger

	Hypoglycemia		Excessive Urination
	Hormone Therapy		Excessive Sweating
Blood/Lymphatic			
	Anemia		Past Transfusion
	Lymph Node Swelling		Bleed/Bruise Easily
	Nosebleeds		Infection Lasts a Long Time
Allergies			
	Reaction to Immunization	Allergy/Sensitivity to:	
	Food		Pets, Animals
	Fabrics		Plants, Flowers
	Chemicals, Plastics		Hay, Weeds, Grasses
	Air, Environmental		Medication/Antibiotic
	Other:		
Emotional			
	Depression, feel depressed		Mood Swings
	Anxiety or Nervousness		Temper Tantrums
	Attention Deficit, Difficulty Concentrating		Unusual Fears
	Insomnia		Nightmares
	Sleep Problems		Cry Easily
	Irritable/Restless		Consumed in Thought/Fascination for Object
	Delusions/Hallucinations/Visions		Relationship problems
	Treated for drug or alcohol dependence		Other problems
	Worry about family member's health		

The present emotional climate of my home and workplace are:

Home	☐ Very Stable, peaceful	☐ Stable	☐ Stressful	☐ Very Stressful
Work	☐ Excellent	☐ Stable	☐ Stressful	☐ Very Stressful

Hospitalization History: Surgeries and Hospitalization (list years)			
	Tonsils		Injury, trauma, accident
	Appendix		Neurological
	Fractures, Bones		Other Surgery or Medical Procedures (state:
	Spine: muscle or bone		

Childhood Illnesses: √ **Check if yes**	Age	Comment if severe case
Roseola ☐ or Rubella ☐ (Red/German Measles)		
Chicken Pox ☐ Tonsillitis ☐		
Mumps ☐ Scarlet Fever ☐		
Pertussis (Whooping Cough) ☐ Pneumonia ☐		
Strep Throat ☐ Ear Infections ☐		
Rheumatic Fever ☐ Impetigo ☐		
Allergies ☐ Frequent Colds ☐		
Urinary Tract Infections ☐		
Mononucleosis ☐ Tuberculosis ☐		
Other _____ ☐		

Family Health History

1. Indicate if there have been any of the following diseases in maternal **(MGM/MGF)** or paternal grandparents **(PGM/PGF)**, parents **(M/F)**, brothers **(B)** or sisters **(S)**.

	Diabetes		Cancer		Heart Disease
	Mental Illnesses		Alzheimer's Disease		Tuberculosis (TB)
	Arthritis		Hypertension		Allergies
	Thyroid problems, Goiter		Rheumatism		Kidney Disease
	Stomach Disorders		HIV/AIDS		Other
	Stroke		Mental/Physical Anomalies		

2. Please indicate the age of all family members or indicate the age at which member became deceased. (L = Living; D = Deceased)

Mother	Age		L □ D □	Sisters	Age		L □ D □
Father	Age		L □ D □	Brothers	Age		L □ D □
Children	Age		L □ D □		Age		L □ D □

Environmental Exposure

1. Members of my household smoke: No □ Yes □ _____

2. Health impact concerns in the home **(H)** or workplace **(W)** due to:

	Poor air quality or filtration		Out-gassing from new building products		Animals, pets
	Carbon monoxide		Moulds and mildew		Insects
	Radon or other gases		History of flooding		Rodents

I am also exposed to harmful levels of: _____

More about my health concerns: On a separate piece of paper write any brief comments you feel are important for the physician to know that weren't covered in the previous questions.

Vitamin and Mineral Assessment

√ Check every symptom that you have now, or had within the last 2-3 months

	eyes can't adjust to darkness		cracks and sores at corner of mouth
	see poorly in dim light		red, sore tongue
	eyes have lost lustre, vision impaired, eyes dry and inflamed.		shiny tongue
	rough, scaly and dry skin, especially at elbows, knees, and buttocks		grit or sandy feeling in eyes
	unable to distinguish yellow and blue		eyes tire easily
	eyelids "glue" together, especially in morning		burning or itching of eyes
	loss of sense of smell		eyes sensitive to light
	loss of appetite or desire to eat		see many blood vessels at whites of eyes
	skin blemishes, liver spots, rashes		frequent sores on lips
	repeated or frequent bladder or urinary tract infection		female: itching vagina
	dry scalp, flakiness, dandruff		male: itching scrotum
	dry nose or throat		swelling or feeling of swelling of tongue
	brittle nails (fingers or toes)		muscle cramps in lower legs and feet
	ridges on nails (fingers or toes)		scaling around nose, mouth, forehead and ears
	frequent spells of fatigue		'whiteheads', especially on bride of nose and under eyelids
	frequent spells of diarrhea		spells of dizziness
	loss or decrease of hearing		oily skin and/or hair
	known gall stones		excess watering of eyes
	known kidney stones		cataracts (now or in past)
	recurrent sty's in eyes		lack of stamina or vigour
	frequently work in brightly lit area, fluorescent lights especially		unexplained weight loss
	frequently work in dimly lit area		total vitamin b2 riboflavin (5c)
	female: spontaneous abortion		
	known ulcers (stomach, duodenal, colon)		ringing sounds in ears
	frequent allergies of any kind		sore lips, mouth, or tongue
	frequent canker sores		loss of hair, thinning hair
	under constant stress, strain, tension		numbness and cramping in arms and/or legs
	total vitamin a (7b)		muscular weakness
			often nauseous or dizzy
	twitching of eye muscles		nervous, irritable or depressed
	swelling around eyes (puffy)		often confused
	frequent blood shot eyes		painful joints of fingers and hands
	fatigue easily or excessively tired		swelling of hands, feet or ankles
	loss of appetite or desire to eat		increased urination
	easily upset or irritable		low blood sugar (hypoglycemia)
	loss of strength in lower arms and legs		convulsions, black out spells
	hurt all over but can't pinpoint area		fainting spells
	tenderness of calf muscles		use oral contraceptives (now or in past)
	confusion and forgetfulness		eczema
	gastric distress (abdominal pains, indigestion)		require frequent dental visits for tooth decay
	constipation		kidney stones (now or in past)
	diastolic blood pressure over 90 (bottom number)		known to high cholesterol
	irregularities of heart beat		juvenile acne
	been told you have enlarged heart		frequent diarrhea
	delayed or slow reflexes		urine sometimes has greenish tint
	prickling sensation of lower extremities		burning sensation at feet
	total vitamin b1 thiamine (4a)		total vitamin b6 pyridoxine (5a)

	known to be anemic or have had pernicious anemia
	soreness or weakness in arms and legs
	arm and shoulder pain
	shooting pain in any part of the body
	loss of appetite
	sore tongue
	general muscle weakness
	inability to concentrate
	painful facial muscles
	hot and cold sensations
	feel like you've lost incentive in life
	difficulty walking, stumble, shuffle feet
	stammering, words come out with difficulty
	jerking sensation of limbs
	total vitamin b12 cobalamine (3a)

	tongue often sore
	frequent skin inflammations
	suffer from insomnia
	poor appetite
	frequently nauseous
	total biotin (1d)

	have eczema
	diagnosed with arteriosclerosis
	told you have high blood pressure (hypertension)
	problems losing weight
	diagnosed with myasthenia gravis
	total choline (1d)

	muscle pain
	poor appetite
	dry and/or peeling skin
	lack of energy
	sleeplessness, insomnia
	redness or inflammation of skin
	mental depression
	have heavily used sulfa drugs or antibiotics
	bloating
	gas
	loss of desire to eat meat
	hungry at start of meal, but can eat very little
	known to have blood in urine
	overweight
	total lipotrophic factors (3a)

	early greying of hair
	inflamed, swollen tongue
	change in bowel movements, or alternating hard and soft
	easily fatigued
	chronically fatigued
	shortness of breath
	history of cleft palate
	spells of dizziness
	diagnosed with macrocytic anemia
	use of oral contraceptives
	grey-brown pigmentation of skin, especially on face
	total folic acid (1a)

	muscular weakness
	generally fatigued
	loss of appetite or desire for food
	frequent indigestion and or diarrhea
	red skin across nose, under eyes
	bad breath
	frequent canker sores
	can't fall asleep, or can't stay asleep
	hands and or feet go numb
	irritable, easily upset
	hands and or feet hot
	recurring headache
	constant stress, strain, tension
	deep depressed feeling
	loss of memory
	dry, scaly patches where skin exposed to sunlight
	burning sensation of the tongue
	tongue is dark red, and mouth is sore
	chronic skin inflammation
	desire for alcohol
	total vitamin b3 niacin (5c)

	have had sulfa therapy
	extreme fatigue
	anemic
	irritable
	depressed
	nervous
	headaches
	constipation
	early greying of hair
	total paba (2a)

	subject to constant stress, pressure and tension
	chronic headache
	physically feel weak
	abnormally tired
	frequent colds or upper respiratory infections
	suddenly feel dizzy
	physically and or mentally overworked
	feel light-headed when standing up or rising
	loss of feeling in hands and feet
	frequent stomach distress
	periods of deep depression
	abdominal cramps or pain
	chronic constipation
	known to have low blood sugar (hypoglycemia)
	diagnosed as arthritic
	attacks of vomiting
	total vitamin b5 pantothenic acid (4b)

	anemic
	bleeding or inflamed gums
	bruise easily
	small red or pink spots just under skin
	susceptible to infection, colds or flu
	shortness of breath
	swollen or painful joints
	frequent nosebleeds
	you are a smoker or exposed to second-hand smoke
	ruptured blood vessel in eye
	fleeting joint pain, comes and goes
	known metal poisoning
	history of severe burn or sunburn
	total vitamin c (3c)

	unusual heart beat (varies fast to slow)
	poor bone development
	muscle numbness, tingling or spasm
	had rickets, bow legs, knock knees or bone enlargement
	tissues are flabby
	dull pain in lower back and thighs
	abnormal number of cavities or tooth problems
	deep pain in legs (bone pain)
	diagnosed with osteomalacia (softening of bone)
	vague ache and pains
	diagnosed with arthritis
	sore or tender in ribs or under breast bone
	stomach or gastric ulcer
	total vitamin d (5c)

	have or had disc problem in spine
	changes in heart rate (fast to slow)
	known heart weakness or problem
	female: one or more miscarriages
	use mineral oil as laxative
	have seen fat in stool/stool looks oily
	known gall bladder problem
	known colon problem or colitis
	impaired circulation (cold spots or patchy skin)
	male: known sterility or loss of sex drive
	female: menstrual pain or hot flashes
	varicose veins
	chest pain and or pain in left arm
	history of blood clot
	history of phlebitis (inflamed veins)
	total vitamin e (3c)

	brittle or lustreless hair
	finger or toenails brittle, break, peel or crack
	have allergies of any type
	underweight and cannot gain weight
	have skin disorder
	frequent diarrhea
	dandruff
	known kidney trouble
	total EFA (2d)

	known intestinal malabsorption problems
	known colitis, colon irritation or inflammation
	cuts bleed for a long time
	needed antibiotic therapy in large or long doses
	known gallbladder problems
	total vitamin k (1a)

	numbness and or tingling in arms and legs
	frequent muscle cramps
	vague pain in joints
	heart palpitations, flutters, irregular beats
	slow pulse
	can't get to sleep or can't stay sleeping
	female: menstrual cramps
	trembling fingers
	dull back pain
	frequent tooth decay
	total calcium (2d)

	have high cholesterol
	have diabetes
	have alcohol intolerance
	total chromium (1a)

	have weak hair and nails
	have fungus infection of nails
	eyes sensitive to light
	total copper (1a)

	are anemic
	fingernails pale in colour
	dizzy spells
	tire easily or chronically fatigued
	difficulty breathing
	shortness of breath
	cry easily without reason
	poor appetite
	fingernails flat and brittle
	pain in heels
	pain in fingertips
	rapid heart rate
	shoulder joints painful
	sleep daytime, sleepless at night
	sensation of spots before eyes
	constipation
	total iron (4b)

	feeling of apprehension
	easily irritable
	teeth sensitive
	twitching muscles
	loose teeth
	tremors in hands
	irregular pulse or heart beat
	constantly cold
	muscle weakness
	frequent muscle cramps
	convulsions or seizures
	easily confused
	dimmed vision
	feeling disoriented
	feel depressed frequently
	total magnesium (3d)

	poor muscle coordination
	prone to athletic injuries, strain injuries
	as a child had poor eyesight
	as a child had poor hearing
	diagnosed with myasthenia gravis or multiple sclerosis
	diabetic
	have allergies
	attacks of dizziness
	have bone deformities
	noises in ears
	total manganese (1d)

	have pyorrhea (gum disease)
	often feel physically and mentally fatigued
	often feel breathing is irregular
	total phosphorous (1d)

	swelling of ankles and hands
	occasional rapid heart rate for no reason
	feel as if muscles are too weak
	have irregular heart beat
	risk of diabetes
	prefer meat to vegetables and starches
	prefer summer to winter
	prefer seaside to mountains
	skin of face is more red than white
	body disorders are usually on rights side
	total potassium (2d)

	diagnosed with cancer now or in past
	family history of cancer
	you or your children have birth defects
	total selenium (2d)

	have dry tongue and shrunken, loose skin (dehydration)
	feel exhausted all the time
	prefer vegetables to meat or protein
	prefer winter to summer
	prefer mountains to seaside
	skin of face is more white than red
	body disorders are usually on left side
	total sodium (2d)

	wounds heal slowly
	loss of sense of smell
	loss of sense of taste
	diabetic
	feel more tire than usual
	have acne
	male: have prostatitis
	total zinc (2d)

	feeling cold even in warm environment
	known low blood pressure
	tend to gain weight easily
	dull pain under shoulder blades
	sluggish metabolism
	dry hair
	brittle nails
	eyes sensitive to light
	have recurrent sty's
	have high cholesterol
	decreased sex drive
	dull headaches
	swelling of eyes, hands and feet
	have goitre (hypothyroid)
	alternating fast and slow pulse
	total iodine (3d)

	have indigestion
	excessive belching and gas
	suffer in hot weather
	breathe heavily, hyperventilate
	nervous without obvious cause
	diabetes or risk of
	on low salt diet
	total chloride (2d)

Vitamin-Mineral Assessment Summary

Level of health-impacting deficiency					
	Minimal to low		Moderate		Significant

Candida (Yeast Overgrowth) Assessment

	Score	Interpretation
Women **Men**	**180 and up** **140 and up**	High certainty of yeast-connected health problems. Treatment highly indicated as top priority.
Women **Men**	**60 and up** **40 and up**	Reasonable possibility of yeast-connected health problems. Treatment indicated where has failed to respond to other treatment or atypical presentation.
Women **Men**	**60 or less** **40 or less**	Low probability of yeast-connected health problems. Treatment indicated in only certain cases.

The total score will help your physician to determine if your health problems are yeast-connected.

Section A: Health History: For each applicable response, circle the number in the score column. Add the score at the end of the section.	
1. Have taken tetracycline's, or other antibiotics for acne for 1 month or longer.	25
2. Have taken broad-spectrum antibiotics for respiratory, urinary or other infection for 2 months or more, or several shorter courses of 4 or more times in one year.	20
3. Have taken antibiotic's.	6
4. During any part of your life have been bothered by persistent prostatitis, vaginitis or any other reproductive organ problem.	25
5. Have been pregnant: • pregnant only once, or • 2 or more times	 3 5
6. Have taken birth control pill: • 6 months to 2 years, or • 2 years or more	 6 15
7. Have taken prednisone or other cortisone type drugs: • 2 weeks or less, or • More than 2 weeks	 6 15
8. Exposure to perfumes, insecticides, fabric shop odours and other chemicals provokes: • Mild symptoms, or • Moderate to severe symptoms	 5 20
9. Symptoms are worse on damp, humid days or in mould, musty areas.	20
10. Have had athlete's foot, ringworm or any other fungal type infection of the skin or nails. • Mild to moderate, or • Severe and persistent	 10 20
11. Crave sugar and sweets	10
12. Crave breads, baked goods and pastries	10
13. Crave alcoholic beverages	10
14. Tobacco smoke really irritates	10
Total Score Section A	

Enter the appropriate score in the columns for these two sections.

Scoring Section B *Occasional or mild* *score 3 points* *Frequent or moderate* *score 6 points* *Severe and or disabling* *score 9 points*		Scoring Section C *Occasional or mild* *score 1 point* *Frequent or moderate* *score 2 points* *Severe and or disabling* *score 3 points*	
Score	**B. Primary Symptom**	**Score**	**C. Other Symptom**
	Fatigue or lethargy		Drowsiness
	Feeling of being 'drained'		Irritable, jittery or anxious
	Poor memory		Uncoordinated
	Feel 'spacey' or 'unreal'		Inability to concentrate
	Depression		Frequent mood swings
	Numbness, burning or tingling		Headache
	Muscle aches		Dizziness, loss of balance
	Muscle weakness or paralysis		Itching
	Pain and or swelling in joints		Other rashes
	Abdominal pain		Indigestion
	Constipation		Belching and gas
	Diarrhea		Mucous in stools
	Bloating		Hemorrhoids
	Troublesome vaginal discharge		Dry mouth
	Persistent vaginal itching or burning		Sore mouth
	Prostatitis		Rash or blisters in mouth
	Impotence		Bad breath
	Loss of sex drive		Joint swelling or arthritis
	Endometriosis		Nasal congestion or discharge
	Cramps or menstrual irregularities		Post-nasal drip
	Premenstrual tension		Nasal itching
	Spots in front of eyes		Cough
	Erratic vision		Pain or tightness in chest
	Total Score Section B		Wheezing or shortness of breath
			Urgency or urinary frequency
			Burning on urination
			Failing vision
			Burning or tearing of eyes
			Recurrent ear infections or ear fluid
			Ear pain or deafness
			Pressure above ears, swelling, tingling in the head
			Total Score Section C

Total Section Scores	
	Section A
	Section B
	Section C
	Total Score

Thank you *for taking the time to fill out this information. It will help greatly in our study of your present health and will assist us in choosing an appropriate direction for your improvement of health.*