**Balancing Body Chemistry *HEALTH ASSESSMENT***

**Balancing Body**

**Chemistry**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**PART 1**

**Circle any of the following medications you are taking:**

**● Antacids ●Chemotherapy ●Hormones ●Relaxants/Sleeping Pills**

**●Antibiotic/Antifungal ●Cortisone Anti-Inflammatories ●Laxatives ●Vitamins & Minerals**

**●Antidepressants ●Diuretics ●Lithium Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**●Antidiabetic/Insulin ●Heart Medicaitons ●Oral Contraceptives**

**●Aspirin/Tylenol ●High Blood Pressure ●Radiation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle if you eat, drink or use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**●Alcohol ●Distilled Water ●Luncheon Meats**

**●Candy ●Fluoridated/Chlorinated Water ●Margarine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**●Carbonated Beverages ●At fast food restaurants regularly ●Refined Sugars**

**●Cigarettes ●Fried Foods ●Milk Products \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**●Coffee/Tea ●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 a month) (Aware of it almost constantly)

**Part II**

**IMPORTANT**

Dear Patient, Please list your five major 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

36. Pulse speeds after meals and/or heart pounds after   
 retiring................................................................................ 0 1 2 3

**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 (sciera) 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...... 0 1 2 3

OR gallbladder removed................................. Yes No

23. Appetite reduced................................................ 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 delay........................... 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.....................................0 1 2 3

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 2**

**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, sleep 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 white 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...................................... 0 1 2 3

145. Menopausal hot flashes.................................................. 0 1 2 3

146. Depression..................................................................... 0 1 2 3

**CATEGORY VIII**

**Male Only**

147. Prostrate 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