

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 (Occurs once a month or less) 2 = Moderate (Occurs several times monthly) 3 = Severe (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 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 (sclera) 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 OR gallbladder removed | 0 | 1 | 2 | 3 |
| 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 | Yes | No | | |

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 awoken/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
- 106. 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