

# BALANCING BODY CHEMISTRY *HEALTH ASSESSMENT*

Balancing Body  
Chemistry



Name: \_\_\_\_\_ Sex: \_\_\_ D.O.B. \_\_\_\_\_ 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         |                       |
| • Coffee               | • Refined (White) Flour Products     | • Artificial Sweeteners | • Specify _____       |

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 monthly)      (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 |
| 35. 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 ..... | 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 delayed .....              | 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)**

<b>CATEGORY IV</b>	<b>CATEGORY V</b>
<b>Section A:</b>	<b>Section A:</b>
52. Sex drive increased.....0 1 2 3	103. Frequent skin rashes and/or hives .....0 1 2 3
53. "Splitting" type headaches.....0 1 2 3	104. Muscle-leg-toe cramping at rest and/or while sleeping.....0 1 2 3
54. Memory failing .....0 1 2 3	105. Fever easily raised/fevers common .....0 1 2 3
55. Tolerance for sugar reduced .....0 1 2 3	106. Crave Chocolate .....0 1 2 3
<b>Section B:</b>	107. Feet have bad odor.....0 1 2 3
56. Sex drive reduced or absent .....0 1 2 3	108. Hoarseness frequent .....0 1 2 3
57. Abnormal thirst.....0 1 2 3	109. Difficulty swallowing .....0 1 2 3
58. Weight gain around hips or waist .....0 1 2 3	110. Joint stiffness after rising .....0 1 2 3
59. Tendency to ulcers or colitis .....0 1 2 3	111. Vomiting frequent.....0 1 2 3
60. Increased ability to eat sugar without symptoms ...0 1 2 3	112. Tendency to anemia .....0 1 2 3
61. Menstrual disorders (women) .....0 1 2 3	113. "Whites" of eyes (sclera) blue.....0 1 2 3
62. Lack of menstruation (young girls) .....0 1 2 3	114. "Lump" in throat .....0 1 2 3
<b>Section C:</b>	115. Dry mouth-eyes-nose.....0 1 2 3
63. Difficulty gaining weight, even if large appetite.....0 1 2 3	116. White spots on finger nails.....0 1 2 3
64. Heart palpitations .....0 1 2 3	117. Cuts heal slowly and/or scar easily.....0 1 2 3
65. Nervous, emotional, and/or can't work under pressure.....0 1 2 3	118. Reduced or "lost" sense of taste and/or smell.....0 1 2 3
66. Insomnia .....0 1 2 3	119. Susceptible to colds, fevers, and/or infections .....0 1 2 3
67. Inward Trembling.....0 1 2 3	120. Strong light irritates eyes .....0 1 2 3
68. Night Sweats.....0 1 2 3	121. Noises in head or ringing in ears.....0 1 2 3
69. Fast pulse at rest .....0 1 2 3	122. Burning sensations in mouth .....0 1 2 3
70. Intolerant to high temperatures .....0 1 2 3	123. Numbness in hands and feet (extremities "go to sleep").....0 1 2 3
71. Easily flushed.....0 1 2 3	124. Intolerant to monosodium glutamate (MSG) .....YES 3 NO 0
<b>Section D:</b>	125. Cannot recall dreams.....0 1 2 3
72. Difficulty losing weight.....0 1 2 3	126. Nose bleeds frequent.....0 1 2 3
73. Reduced initiative and/or mental sluggishness .....0 1 2 3	127. Bruise easily, "black and blue" spots .....0 1 2 3
74. Easily fatigued, sleepy during the day.....0 1 2 3	128. Muscle cramps, worse with exercise ("charley horses").....0 1 2 3
75. Sensitive to cold, poor circulation (cold hands and feet) .....0 1 2 3	<b>CATEGORY VI</b>
76. Dry or scaly skin .....0 1 2 3	129. Aware of heavy and/or irregular breathing .....0 1 2 3
77. "Ringing" in ears/noises in head .....0 1 2 3	130. Discomfort in high altitudes.....0 1 2 3
78. Hearing impaired.....0 1 2 3	131. "Air hunger"/sigh frequently.....0 1 2 3
79. Constipation.....0 1 2 3	132. Swollen ankles/worse at night.....0 1 2 3
80. Excessive falling hair and/or coarse hair .....0 1 2 3	133. Shortness of breath with exertion .....0 1 2 3
81. Headaches when awoken/wear off during day.....0 1 2 3	134. Dull pain in chest and/or pain radiating into left arm, worse on exertion .....0 1 2 3
<b>Section E:</b>	<b>CATEGORY VII</b>
82. Blood pressure increased .....0 1 2 3	<b>Female Only</b>
83. Headaches.....0 1 2 3	135. Premenstrual tension.....0 1 2 3
84. Hot flashes.....0 1 2 3	136. Painful menses (cramping, etc.).....0 1 2 3
85. Hair growth on face or body (Question to females) ...0 1 2 3	137. Menstruation excessive or prolonged .....0 1 2 3
86. Masculine tendencies (Question to females) .....0 1 2 3	138. Painful/tender breasts.....0 1 2 3
<b>Section F:</b>	139. Menstruate too frequently.....0 1 2 3
87. Blood pressure low .....0 1 2 3	140. Acne, worse at menses.....0 1 2 3
88. Crave salt .....0 1 2 3	141. Depressed feelings before menstruation .....0 1 2 3
89. Chronic fatigue/get drowsy.....0 1 2 3	142. Vaginal discharge.....0 1 2 3
90. Afternoon yawning .....0 1 2 3	143. Menses scanty or missed.....0 1 2 3
91. Weakness/dizziness .....0 1 2 3	144. Hysterectomy/ovaries removed .....YES 3 NO 0
92. Weakness after colds/slow recovery.....0 1 2 3	145. Menopausal hot flashes.....0 1 2 3
93. Circulation poor.....0 1 2 3	146. Depression.....0 1 2 3
94. Muscular and nervous exhaustion .....0 1 2 3	<b>CATEGORY VIII</b>
95. Subject to colds, asthma, bronchitis (respiratory disorders) .....0 1 2 3	<b>Male Only</b>
96. Allergies and/or hives .....0 1 2 3	147. Prostate trouble .....0 1 2 3
97. Difficulty maintaining manipulative correction .....0 1 2 3	148. Urination difficult or dribbling.....0 1 2 3
98. Arthritic tendencies .....0 1 2 3	149. Night urination frequent.....0 1 2 3
99. Nails weak, ridged .....0 1 2 3	150. Pain on inside of legs or heels.....0 1 2 3
100. Perspire easily.....0 1 2 3	151. Feeling of incomplete bowel evacuation.....0 1 2 3
101. Slow starter in morning .....0 1 2 3	152. Leg nervousness at night .....0 1 2 3
102. Afternoon headaches.....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