

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 |
| 35. Pulse speeds after meals and/or heart pounds after retiring..... | 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

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 | 0 | 1 | 2 | 3 |
| OR gallbladder removed | YES | NO | | |
| 23. Appetite reduced | 0 | 1 | 2 | 3 |

PART III (Continued)

CATEGORY IV

Section A:

- 52. Sex drive increased0 1 2 3
- 53. "Splitting" type headaches0 1 2 3
- 54. Memory failing0 1 2 3
- 55. Tolerance for sugar reduced0 1 2 3

Section B:

- 56. Sex drive reduced or absent0 1 2 3
- 57. Abnormal thirst0 1 2 3
- 58. Weight gain around hips or waist0 1 2 3
- 59. Tendency to ulcers or colitis0 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 appetite0 1 2 3
- 64. Heart palpitations0 1 2 3
- 65. Nervous, emotional, and/or can't work under pressure.....0 1 2 3
- 66. Insomnia0 1 2 3
- 67. Inward Trembling0 1 2 3
- 68. Night Sweats0 1 2 3
- 69. Fast pulse at rest0 1 2 3
- 70. Intolerant to high temperatures0 1 2 3
- 71. Easily flushed0 1 2 3

Section D:

- 72. Difficulty losing weight0 1 2 3
- 73. Reduced initiative and/or mental sluggishness0 1 2 3
- 74. Easily fatigued, sleepy during the day0 1 2 3
- 75. Sensitive to cold, poor circulation (cold hands and feet)0 1 2 3
- 76. Dry or scaly skin0 1 2 3
- 77. "Ringing" in ears/noises in head0 1 2 3
- 78. Hearing impaired0 1 2 3
- 79. Constipation0 1 2 3
- 80. Excessive falling hair and/or coarse hair0 1 2 3
- 81. Headaches when awoken/wear off during day0 1 2 3

Section E:

- 82. Blood pressure increased0 1 2 3
- 83. Headaches0 1 2 3
- 84. Hot flashes0 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 low0 1 2 3
- 88. Crave salt0 1 2 3
- 89. Chronic fatigue/get drowsy0 1 2 3
- 90. Afternoon yawning0 1 2 3
- 91. Weakness/dizziness0 1 2 3
- 92. Weakness after colds/slow recovery0 1 2 3
- 93. Circulation poor.....0 1 2 3
- 94. Muscular and nervous exhaustion0 1 2 3
- 95. Subject to colds, asthma, bronchitis (respiratory disorders)0 1 2 3
- 96. Allergies and/or hives0 1 2 3
- 97. Difficulty maintaining manipulative correction0 1 2 3
- 98. Arthritic tendencies0 1 2 3
- 99. Nails weak, ridged0 1 2 3
- 100. Perspire easily0 1 2 3
- 101. Slow starter in morning0 1 2 3
- 102. Afternoon headaches0 1 2 3

CATEGORY V

Section A:

- 103. Frequent skin rashes and/or hives0 1 2 3
- 104. Muscle-leg-toe cramping at rest and/or while sleeping.....0 1 2 3
- 105. Fever easily raised/fevers common0 1 2 3
- 106. Crave Chocolate0 1 2 3
- 107. Feet have bad odor0 1 2 3
- 108. Hoarseness frequent0 1 2 3
- 109. Difficulty swallowing0 1 2 3
- 110. Joint stiffness after rising0 1 2 3
- 111. Vomiting frequent.....0 1 2 3
- 112. Tendency to anemia0 1 2 3
- 113. "Whites" of eyes (sclera) blue.....0 1 2 3
- 114. "Lump" in throat0 1 2 3
- 115. Dry mouth-eyes-nose0 1 2 3
- 116. White spots on finger nails0 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 infections0 1 2 3
- 120. Strong light irritates eyes0 1 2 3
- 121. Noises in head or ringing in ears0 1 2 3
- 122. Burning sensations in mouth0 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 dreams0 1 2 3
- 126. Nose bleeds frequent0 1 2 3
- 127. Bruise easily, "black and blue" spots0 1 2 3
- 128. Muscle cramps, worse with exercise ("charley horses").....0 1 2 3

CATEGORY VI

- 129. Aware of heavy and/or irregular breathing0 1 2 3
- 130. Discomfort in high altitudes0 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 exertion0 1 2 3
- 134. Dull pain in chest and/or pain radiating into left arm, worse on exertion0 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 prolonged0 1 2 3
- 138. Painful/tender breasts0 1 2 3
- 139. Menstruate too frequently.....0 1 2 3
- 140. Acne, worse at menses.....0 1 2 3
- 141. Depressed feelings before menstruation0 1 2 3
- 142. Vaginal discharge.....0 1 2 3
- 143. Menses scanty or missed0 1 2 3
- 144. Hysterectomy/ovaries removedYES NO
- 145. Menopausal hot flashes.....0 1 2 3
- 146. Depression.....0 1 2 3

CATEGORY VIII

Male Only

- 147. Prostate trouble0 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 night0 1 2 3
- 153. Tire easily/avoid activity.....0 1 2 3
- 154. Reduced sex drive0 1 2 3
- 155. Depression.....0 1 2 3
- 156. Migrating aches and pains.....0 1 2 3

HOW TO EVALUATE THE HEALTH ASSESSMENT FORM

The Health Assessment Form is designed to help you organize and design nutrition programs that are clear, concise and that work. To increase your patient's wellness, a systematic supplementation program prioritizes which areas of the body chemistry need support first, what nutritional products can be used to balance, and which to use as maintenance. To help you select and use supplements with optimum success, it is important to determine which areas of the body chemistry should be addressed first.

To evaluate the Health Assessment, you can first mark (using a highlighter pen) those symptoms, in Part III, for which your patient darkened the number 3(=severe), the number 2 (=moderate) in a different color, and the number 1 (=mild) in a third color. Also count the number of 3's, 2's, and 1's marked. Each symptom marked with a 3 (=severe) equals 3 points, a 2 marked (=moderate) equals 2 points and a 1 (=mild) equals 1 point.

The category or section marked with the most points should be supported first.

Category I Gastro-Intestinal Imbalance

Section A	" <i>Digestive Distress</i> "	Hydrozyme-Z or Betaine Plus HP
Section B	" <i>Biliary/Liver Stress</i> "	Beta-TCP
Section C	" <i>Bowel Distress</i> "	Colon Plus Capsules

Category II Food and/or Environmental Sensitivities

Food Sensitivity	HistoPlex
Airborne Sensitivity	HistoPlex AB

Category III Sugar Handling and Vitamin B Need

Section A	"Sugar Handling Problems"	Bio-Glycozyme
Section B	"Vitamin B Deficiency Syndrome"	Bio -3B-G

Category IV Endocrine Axis Stress

Section A	"Hyperpituitary"	Optimal EFA's, BioProtect, Cytozyme-PT/HPT
Section B	"Hypopituitary"	Cytozyme PT/HPT, Thyrostim
Section C	"Hyperthyroid"	Li-Zyme Forte, Cytozyme-THY, Bio-AE Mulsion Forte
Section D	"Hypothyroid"	GTA or GTA Forte II, and Meda-Stim
Section E	"Hyperadrenal"	ADHS
Section F	"Hypoadrenal"	ADB5 Plus or Cytozyme AD

Category V Signs of Specific Vitamin and Mineral Need Pro Multi Plus

Category VI Health/Cardiovascular Stress Bio-Cardiozyme Forte

Category VII Female Only Equi-Fem, PMT can be used for vegetarians or women on HRT

Category VIII Male Only Palmetto Plus, Optimal EFAs, Liquid Iodine Drops Forte

If the total score for the sections is **mild**, minimal action is required. Look for higher scores in other sections. If the total score is **moderate**, some attention is suggested depending upon total scores of other categories, but a minimal of 1 tabled BID should be considered. If the score is **severe**, direct attention is suggested by addressing the highest scores first. Therapeutic doses should be considered.