

# 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 (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 |

## 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)**

**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 |
| 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 | 3 | NO | 0 |
| 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 | 3 | NO | 0 |
| 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 |