

Name \_\_\_\_\_

Date \_\_\_\_\_

consistency taking supplements \_\_\_\_\_ %

### 7 PILLARS OF HEALTH SURVEY OF YOUR BODY'S SYSTEMS

For FIRST VISIT- Rate 0-10 severity any symptom you have experienced in last 6 MONTHS.

For RE-EXAMS- Rate 0-10 severity any symptoms you are CURRENTLY experiencing.

#### Neuro-hormonal Endocrine Pillar #1

**Adrenals**

Energy Low /Normal/ High \_\_\_\_\_

Difficulty falling asleep \_\_\_\_\_

Difficulty staying asleep \_\_\_\_\_

Slow to Start in Morning \_\_\_\_\_

Energy Crash \_\_\_\_\_ am/pm \_\_\_\_\_

Dizzy when stand quickly \_\_\_\_\_

Light Bothers Eyes \_\_\_\_\_

Weak Nails \_\_\_\_\_

Perspire easily or excessively \_\_\_\_\_

Orgasm Quality (poor/ good/ great) \_\_\_\_\_

Other \_\_\_\_\_

**Pituitary**

Sex Drive Low/Normal/ High \_\_\_\_\_

Menstrual Disorders \_\_\_\_\_

Splitting Headaches \_\_\_\_\_

Other \_\_\_\_\_

**Thyroid**

Tired/Sluggish \_\_\_\_\_

Chills, Feel Cold hands, feet, body \_\_\_\_\_

Require Excessive Sleep \_\_\_\_\_

Increase in weight unexplained \_\_\_\_\_

Difficult infrequent bowel movements \_\_\_\_\_

Depression Lack of Motivation \_\_\_\_\_

Hair Loss and Thinning \_\_\_\_\_

Thinning of Outer Third of Eyebrow \_\_\_\_\_

Dryness of Scalp \_\_\_\_\_

Mental Sluggishness \_\_\_\_\_

Heart Palpitations-Skip/Flutter \_\_\_\_\_

Inward Trembling \_\_\_\_\_

Increase pulse at rest \_\_\_\_\_

Insomnia-cannot sleep \_\_\_\_\_

Night Sweats \_\_\_\_\_

Other \_\_\_\_\_

**Uterus (women only)**

Last Menstrual Period \_\_\_\_\_

Length of Menses \_\_\_\_\_

Regular cycle \_\_\_\_\_

Irregular cycle \_\_\_\_\_

Early (less than 28 days) \_\_\_\_\_

Late (more than 28 days) \_\_\_\_\_

Skip cycle \_\_\_\_\_

Flow (heavy/ moderate/ light) \_\_\_\_\_

Cramps (mild/ mod/ severe) \_\_\_\_\_

Clotting/ Spotting \_\_\_\_\_

Headache side of head \_\_\_\_\_

Other \_\_\_\_\_

**Ovaries (women only)**

Sex drive Flat / Low/ Normal \_\_\_\_\_

Low Abdominal Puffiness \_\_\_\_\_

Fluid Retention Face / Hands / Feet \_\_\_\_\_

mood swings/irritable/depression \_\_\_\_\_

Tired during cycle \_\_\_\_\_

Ovarian pain \_\_\_\_\_

Breast Tender around cycle \_\_\_\_\_

Acne around cycle (pre/mid/post) \_\_\_\_\_

Birth Control Pill / Patch \_\_\_\_\_

Menopausal Natural /Surgical \_\_\_\_\_

Hot Flashes \_\_\_\_\_

Facial Hair growth \_\_\_\_\_

Dark Nipple Hair \_\_\_\_\_

Hair growing up towards belly button \_\_\_\_\_

Skin Crawling \_\_\_\_\_

Breast discharge \_\_\_\_\_

Breasts shrinking \_\_\_\_\_

Breast Feeding \_\_\_\_\_

Breast Surgery \_\_\_\_\_

Other \_\_\_\_\_

**Vagina (women only)**

Burn \_\_\_\_\_

Itch \_\_\_\_\_

Dry \_\_\_\_\_

Discharge-clear white yellow green brown \_\_\_\_\_

Pain with Intercourse \_\_\_\_\_

Other \_\_\_\_\_

#### Testes (Men)

Sex drive Flat / Low/ Normal \_\_\_\_\_

Decreased morning erections \_\_\_\_\_

Decreased fullness erections \_\_\_\_\_

Inability to concentrate \_\_\_\_\_

Episodes of depression \_\_\_\_\_

Decreased physical stamina \_\_\_\_\_

Sweating Attacks \_\_\_\_\_

More emotional than past \_\_\_\_\_

Unexplained weight gain \_\_\_\_\_

Other \_\_\_\_\_

**Sleep**

Quality (poor/fair/good/great) \_\_\_\_\_

Hours in bed \_\_\_\_\_

Hours asleep \_\_\_\_\_

Interrupted \_\_\_\_\_ per night \_\_\_\_\_

Awaken Suddenly (Jolt) \_\_\_\_\_

Other \_\_\_\_\_

**Emotions**

Stress \_\_\_\_\_

Sad \_\_\_\_\_

Grief \_\_\_\_\_

Depression \_\_\_\_\_

Moodiness \_\_\_\_\_

Frustrated \_\_\_\_\_

Irritable \_\_\_\_\_

Angry \_\_\_\_\_

Worrisome \_\_\_\_\_

Nervous \_\_\_\_\_

Anxiety \_\_\_\_\_

Panic \_\_\_\_\_

Cry \_\_\_\_\_

Fear \_\_\_\_\_

Shame \_\_\_\_\_

Guilt \_\_\_\_\_

Other \_\_\_\_\_

**Brain**

Forget Names \_\_\_\_\_

Forget Numbers \_\_\_\_\_

Forget Words \_\_\_\_\_

Forget Actions \_\_\_\_\_

Difficulty Focus/ Concentrating \_\_\_\_\_

Other \_\_\_\_\_

**Exercise**

Cardiovascular \_\_\_\_\_ times/ week \_\_\_\_\_

Weight Train \_\_\_\_\_ times/per week \_\_\_\_\_

#### Glycemic Management Pillar #2

**Pancreas**

Crave Sweets \_\_\_\_\_

Irritable when skip meals \_\_\_\_\_

Light headed skip meals \_\_\_\_\_

Eating relieves fatigue \_\_\_\_\_

Bouts of blurred vision \_\_\_\_\_

Fatigue after meals \_\_\_\_\_

Frequent Urination \_\_\_\_\_

Increased Thirst \_\_\_\_\_

Difficulty losing weight \_\_\_\_\_

Other \_\_\_\_\_

**Appetite / Diet**

Appetite (Low, Norm, High) \_\_\_\_\_

Eat Animal Protein \_\_\_\_\_/per day \_\_\_\_\_

Eat Starch (pasta/bread/potatoes/rice) \_\_\_\_\_

Eat Sweets (cakes, cookies, candy) \_\_\_\_\_

Eat Chocolate \_\_\_\_\_/per week \_\_\_\_\_

Eat Spicy Foods \_\_\_\_\_/per week \_\_\_\_\_

Eat Ice Cream \_\_\_\_\_/per week \_\_\_\_\_

Coffee \_\_\_\_\_ cups/ week \_\_\_\_\_

Caffeinated Tea \_\_\_\_\_ cups/week \_\_\_\_\_

Juice \_\_\_\_\_ per week \_\_\_\_\_

Soda \_\_\_\_\_ per week \_\_\_\_\_

Beer \_\_\_\_\_ per week \_\_\_\_\_

Wine \_\_\_\_\_ per week \_\_\_\_\_

Liquor \_\_\_\_\_ per week \_\_\_\_\_

Avoid Artificial Sweeteners \_\_\_\_\_ % \_\_\_\_\_

Avoid Trans Fats \_\_\_\_\_ % \_\_\_\_\_

Avoid Food Allergens \_\_\_\_\_ % \_\_\_\_\_

Special Diet? \_\_\_\_\_

#### Bi terrain/ Mineral Pillar #3

Twitching around eyes \_\_\_\_\_

Difficulty falling asleep \_\_\_\_\_

Restlessness \_\_\_\_\_

Don't Remember Dreams \_\_\_\_\_

Nails spots or weakness \_\_\_\_\_

Air Hunger/ frequent sighs \_\_\_\_\_

Cramps (legs/feet/arms/hands) \_\_\_\_\_

Aches (legs/feet/arms/hands) \_\_\_\_\_

Restless (legs/feet/arms/hands) \_\_\_\_\_

Frequent Thirst \_\_\_\_\_

Shallow rapid breathing \_\_\_\_\_

Poor muscle endurance \_\_\_\_\_

Swelling in ankles and wrists \_\_\_\_\_

Uterine cramps women \_\_\_\_\_

Urination leakage \_\_\_\_\_

Other \_\_\_\_\_

#### Inflammatory / Immune Pillar #4

**Eyes**

Burn / Red /Dry \_\_\_\_\_

Tears \_\_\_\_\_

Eye Film /Crust in morning \_\_\_\_\_

Foalsers \_\_\_\_\_

Stye \_\_\_\_\_

Itchy Eyes \_\_\_\_\_

Eye Ache \_\_\_\_\_

Vision blurry \_\_\_\_\_

Tired \_\_\_\_\_

Spots \_\_\_\_\_

Puffy \_\_\_\_\_

Dark Circles \_\_\_\_\_

#### Ears

Ear Noise (Ring/Hiss/Pound) \_\_\_\_\_

Ear Plugged \_\_\_\_\_

Ear Popping \_\_\_\_\_

Ear Ache / Infections \_\_\_\_\_

Ears Itch internally \_\_\_\_\_

Ear Drainage \_\_\_\_\_

Hearing Loss \_\_\_\_\_

Excessive Ear Wax \_\_\_\_\_

Dizziness/ Vertigo \_\_\_\_\_

#### Sinus

Frontal headache \_\_\_\_\_

Sinus dry \_\_\_\_\_

Sinus drain \_\_\_\_\_

Sinus stuffy \_\_\_\_\_

Sneeze frequent \_\_\_\_\_

Smell / Taste Loss \_\_\_\_\_

Post nasal drip \_\_\_\_\_

mucous: clear/white/yellow/green/brown \_\_\_\_\_

#### Lungs

Chest Congestion \_\_\_\_\_

Pain on Breastbone \_\_\_\_\_

Breath short on exertion \_\_\_\_\_

Wheezing \_\_\_\_\_

Asthma \_\_\_\_\_

Emphysema \_\_\_\_\_

Bronchitis \_\_\_\_\_

#### Mouth/ Throat/ Immune

Blisters \_\_\_\_\_

Canker Sore \_\_\_\_\_

Bad Breath \_\_\_\_\_

Bleeding gums \_\_\_\_\_

Receding gums \_\_\_\_\_

Teeth Health Problems \_\_\_\_\_

Dry Mouth \_\_\_\_\_

Swelling of Glands \_\_\_\_\_

Difficulty Swallowing \_\_\_\_\_

Sore Throat \_\_\_\_\_

Hoarseness \_\_\_\_\_

Fever \_\_\_\_\_

Cough (dry/productive) \_\_\_\_\_

Frequent Colds/ Flu \_\_\_\_\_

Environmental Allergies \_\_\_\_\_

Nightmares \_\_\_\_\_

#### Bladder

Urinate \_\_\_\_\_ times per day awake \_\_\_\_\_

Urinate at night \_\_\_\_\_ per night \_\_\_\_\_

Urination urgency \_\_\_\_\_

Burning /Pain urination \_\_\_\_\_

Cloudy urine \_\_\_\_\_

Odor urine \_\_\_\_\_

Spasm urinate \_\_\_\_\_

Urinary Tract Infection \_\_\_\_\_

Kidney Pain or Infections \_\_\_\_\_

Other \_\_\_\_\_

#### Skin

Skin Rash \_\_\_\_\_

Acne \_\_\_\_\_

Itchy Skin \_\_\_\_\_

Cellulite \_\_\_\_\_

Nail fungus (mild/mod/severe) \_\_\_\_\_

#### Breasts

Breast fibrosis \_\_\_\_\_

Breast Lumps \_\_\_\_\_

Other \_\_\_\_\_

#### Prostate (Men)

Urination difficulty \_\_\_\_\_

Frequent urination \_\_\_\_\_

Urination Burn / Achiness / Pain \_\_\_\_\_

Urination Dribbling /Emission/ Swelling \_\_\_\_\_

Pain inside of legs or heels \_\_\_\_\_

Leg twitching at night \_\_\_\_\_

Urination Dribbling /Emission/ Swelling \_\_\_\_\_

Headache side of head \_\_\_\_\_

Other \_\_\_\_\_

#### Cardiovascular Pillar #5

Chest Tension/ Tight/ Pressure \_\_\_\_\_

Chest Heaviness \_\_\_\_\_

Chest Heart Pain \_\_\_\_\_

Heart Palpitations-Skip/Flutter \_\_\_\_\_

Heart Racing \_\_\_\_\_

Heart Slowing down \_\_\_\_\_

Sleep Apnea \_\_\_\_\_

Mitral Valve Prolapse \_\_\_\_\_

Murmur \_\_\_\_\_

Other \_\_\_\_\_

#### Digestion Pillar #6

**Stomach**

Heartburn \_\_\_\_\_

Indigestion \_\_\_\_\_

Stomach Aches \_\_\_\_\_

Stomach Cramps \_\_\_\_\_

Nausea/ Queasy \_\_\_\_\_

Bloat after Eat \_\_\_\_\_

Gas/ Flatulence \_\_\_\_\_

Belching \_\_\_\_\_

Ulcer \_\_\_\_\_

Hiatal Hernia \_\_\_\_\_

Other \_\_\_\_\_

#### Liver/ Gallbladder

Headaches at base of skull \_\_\_\_\_

Greasy high fat foods cause distress \_\_\_\_\_

Difficulty losing weight \_\_\_\_\_

Dry or Itchy Skin \_\_\_\_\_

Patches skin look different \_\_\_\_\_

Yellow cast to eyes \_\_\_\_\_

Stool color clay colored \_\_\_\_\_

History of gallbladder attacks \_\_\_\_\_

Excessively foul smelling sweat \_\_\_\_\_

Hormonal imbalances \_\_\_\_\_

**Hemorrhoids**

Swollen/ Distended / Bloody Anus \_\_\_\_\_

Burning Anus \_\_\_\_\_

Itchy/ Stinging Anus \_\_\_\_\_

Achy Anus \_\_\_\_\_

#### List Your Primary Concerns

In order of importance to you:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

#### Bowels

Bowel Movements \_\_\_\_\_ Per day \_\_\_\_\_

Regular \_\_\_\_\_

Incomplete \_\_\_\_\_

Skip days \_\_\_\_\_ per (week/month) \_\_\_\_\_

Sluggish bowels every \_\_\_\_\_ days \_\_\_\_\_

Cramps in Abdomen \_\_\_\_\_

Taking Laxatives \_\_\_\_\_

Using Suppositories \_\_\_\_\_

Enemas \_\_\_\_\_

Colonics \_\_\_\_\_

Pain with Bowel Movements \_\_\_\_\_

Irritable Bowel Syndrome \_\_\_\_\_

Chrons \_\_\_\_\_

Colitis \_\_\_\_\_

Other \_\_\_\_\_

#### Fecal Consistency

Color feces light or dark \_\_\_\_\_

Normal \_\_\_\_\_

Soft \_\_\_\_\_

Hard \_\_\_\_\_

Pebbles \_\_\_\_\_

Dry \_\_\_\_\_

Ribbon-like \_\_\_\_\_

Bulky \_\_\_\_\_

Mucous \_\_\_\_\_

Diarrhea \_\_\_\_\_

Constipation \_\_\_\_\_

Other \_\_\_\_\_

#### Cellular Vitality Pillar #7

Fatigue constant \_\_\_\_\_

Dehydrated \_\_\_\_\_

Slow to Heal \_\_\_\_\_

Low Stamina \_\_\_\_\_

Sluggish Memory \_\_\_\_\_

Inability to achieve lean body \_\_\_\_\_

**PAIN/ STIFFNESS/ SWELLING/ ACHE/ NUMBNESS/ TINGLING**

Head \_\_\_\_\_

Facial \_\_\_\_\_

Neck \_\_\_\_\_

Trapezius \_\_\_\_\_

Upper Back \_\_\_\_\_

Shoulders \_\_\_\_\_

Arms \_\_\_\_\_

Elbows \_\_\_\_\_

Wrist \_\_\_\_\_

Hand \_\_\_\_\_

Mid Back \_\_\_\_\_

Low Back \_\_\_\_\_

Sacral Iliac \_\_\_\_\_

Hips \_\_\_\_\_

Buttocks \_\_\_\_\_

Legs \_\_\_\_\_

Knees \_\_\_\_\_

Ankles \_\_\_\_\_

Feet \_\_\_\_\_

Other \_\_\_\_\_

#### For Doctor's Use

Luna Fingernails Rt 1 2 3 4 5 Lt 1 2 3 4 5 \_\_\_\_\_

Splinter Hemorrhages \_\_\_\_\_

Ear Creases (RU LI) mild/mod/severe \_\_\_\_\_

Cherry Hemangiomas \_\_\_\_\_

Frenula Cyst \_\_\_\_\_

Color Tongue \_\_\_\_\_

Coated Tongue (mild/mod/severe) \_\_\_\_\_

Cracks in Tongue-midline/ all over \_\_\_\_\_

Swollen Tongue \_\_\_\_\_

Dark Veins under Tongue \_\_\_\_\_

Allergy Patches Tongue \_\_\_\_\_

Red Spots Tongue \_\_\_\_\_

Geographic Tongue \_\_\_\_\_

Height \_\_\_\_\_

Weight (+/-) \_\_\_\_\_ lbs overall (+/-) \_\_\_\_\_

Pulse \_\_\_\_\_ BP: (\_\_\_\_\_/\_\_\_\_\_) \_\_\_\_\_

saliva pH \_\_\_\_\_ Urine pH \_\_\_\_\_

Allergies \_\_\_\_\_

Current Meds: \_\_\_\_\_