

# 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                 | Cortisone/Anti-Inflammatories | Lithium              | Ulcer Medications   |
| Chemotherapy             | Laxatives                     | Thyroid              | Aspirin/Tylenol     |
| Hormones                 | Recreational Drugs            | Antidiabetic/Insulin | High Blood Pressure |
| Relaxants/Sleeping Pills | Antidepressants               | Heart Medications    | Radiation           |
| Antibiotic/Antifungal    | Diuretics                     | Oral Contraceptives  | Other _____         |

Circle if you eat, drink, or use:

- |                 |                               |                     |                                |
|-----------------|-------------------------------|---------------------|--------------------------------|
| Alcohol         | Fluoridated/Chlorinated Water | Refined Sugars      | Milk Products                  |
| Distilled Water | Margarine                     | Vitamins & Minerals | Coffee                         |
| Luncheon Meats  | Chewing Tobacco               | Specify _____       | Refined (White) Flour Products |
| Non-Herbal Teas | Carbonated Beverages          | Cigarettes          | Artificial Sweeteners          |
| Candy           | Eat Fast Foods Regularly      | Fried Foods         |                                |

Circle if you:

- |                                 |                              |                            |
|---------------------------------|------------------------------|----------------------------|
| Diet Often                      | Exposed to chemicals at work | Under excessive stress     |
| Exercise less than 3 times wkly | Salt food w/o tasting        | 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 |
| 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 |