

# 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 |

### 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

### 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 |

**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 awaken/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