

**Below are questions that will assist us in evaluating your health needs.  
Please check all applicable boxes.**

**Sleep: How is your sleep?**

- restful
- restless
- hard to get to sleep
- wake up often
- get up during the night
- bad dreams
- other: \_\_\_\_\_

**Digestion: How is your digestion?**

- adequate
- poor
- acid reflux
- burp often
- bloating
- burning or pain in the stomach

**Exercise:**

- daily
- 4-5 times per week
- 2-3 times a week
- cardiovascular
- resistance
- sports
- enjoy exercising

**Sunlight:**

- receive daily sunlight outside
- receive daily sunlight through windows
- fluorescent lighting in home/work

**Eyewear:**

- contact lenses
- glasses
- just for reading
- 2-3 hours/day
- 4-6 hours/day
- 8+ hours/day

**Nervous system:**

- lack of focus
- poor concentration
- forgetfulness
- jagged speech
  
- anxiety
  
- depression

**Electromagnetic Exposure:**

- watch TV 1+ hours daily
- work with computers
- hours talking on phone: \_\_\_\_\_
- hours talking on cell phone: \_\_\_\_\_
- wear a pager
- wear a headset
- ride in a truck/car/vehicle 1+ hours daily
- near electrical equipment for long periods (copy machine, high power lines, ect.)

**Chemical Exposures:**

- work with chemicals
- handle chemicals directly
- chemicals around the work place
- smoker
- recreational drug use, past or present

**Stress:**

- minimal
- moderate
- heavy
- severe
- family stress
- job stress

**Dental work:**

- silver fillings
- composites
  
- extractions: wisdom, bicuspid, ect.
- bridgework
- partial or full dentures
- gold crowns or inlays
- stainless steel crowns or inlays
- porcelain crowns or inlays
- veneers
- root canals
- implants
- temporaries
- braces
- bleeding gums
- sensitive teeth
- bad bite
- new cavities
- dental surgery.
- Describe \_\_\_\_\_
- need for further work.
- Describe \_\_\_\_\_

- feeling wired at times

**Bowels:**

How are your bowels elimination?

**How often?**

- 3 times daily
- once per day
- skip days

**Amount**

- normal
- too little
- too large

**Color**

- brown
- black
- whitish
- other
- lots of mucus
- lots of gas
- foul smell
- intestinal cramping
- international travel

**Consistency**

- normal
- too hard
- very soft
- diarrhea
- alternation diarrhea / constipation

**Urination:**

How are your daily urinations?

- every 2 to 3 hours
- too frequent
- sense of urgency
- too small amount
- too large amount
- burning
- dribbling
- up at night several times

**Women only:**

- pregnant
- breast feeding
- date of last period: \_\_\_\_\_
- menopause
- hysterectomy
- monthly periods regular (28 days)
- have taken birth control medications
- bone loss / osteoporosis

**Symptoms associated with your period:**

- cramping
- bloating
- feeling weak
- mood swings
- cravings
- heavy bleeding
- back pain
- headaches
- bright red blood
- dark clotty blood
- painful breast
- painful menses

**Men only:**

- decreased libido
- tire easily
- prostate trouble
- complications with heart
- high blood pressure
- irritability
- decrease in muscular strength
- depressive mood
- feeling burned out

