

HEALTH SURVEY

This is a health survey designed to help you assess where you are; recognition is well on the way to healing.

PLEASE BRING THIS FORM BACK WITH YOU EACH TIME.

I do not diagnose or treat any kind of condition of disease.

Please note: Always consult your doctor and *do not* go off any prescription drug without consulting him or her.

If you have any short questions between consultations, please feel free to call me at the store between 12:00 pm and 12:45 pm mountain time. Please realize that your phone call will be limited to five minutes or less.

Homeopathics, essential oils and flower essences are essentially non-toxic and can be used with prescription medications; they do not conflict with drugs.

Herbs can be foods, tonics, or strong medicines and may conflict with medications (over-the-counter or prescriptions). Always ask about complications. I generally recommend the non-conflicting food or tonic herbs.

Cancellations: 24-hour notice is required for cancelling appointments.

To make your next appointment, please call:

Salt Lake Store	West Jordan Store
Monday, Tuesday Phone: 801.483.9024	Wednesday, Thursday Phone: 801.446.0499

FOR ALL HEALTH OR DISEASE CONDITIONS USE COMMON SENSE
AND CONSULT YOUR DOCTOR OR HEALTH CARE PROFESSIONAL.

Name: _____ Age: _____

Birth date: _____ Time of day born: _____ am pm
(You can lie about your age, but give the correct birthday)

Occupation: _____

Sex: (you must be male or female)

- Male**
 Female

If female, check all that apply

- Pre-puberty** (not menstruating)
 Menstruating

If not, why? _____

How many days between menstrual periods? _____

Menstrual period is:

- Regular Heavy bleeding
 Irregular Heavy cramping

- PMS**
 Miscarriage – how long ago? _____
 Infertility
 Chemical birth control – what type? _____
 Pregnant – how far along are you? _____
 Nursing – how old is your baby? _____
 MOM – how many babies have you had? _____
– how long ago did you have a baby? _____

- Menopause**
- Hormone replacement – what type? _____
 - Partial hysterectomy
 - Full hysterectomy
 - Dryness
 - Hot flashes - how often? _____

Describe them along with the time of day they happen:

Note: Hormonal imbalances of all kinds include emotional symptoms such as irritability, mood swings, anxiety, memory problems, concentration, libido changes, crying, etc... Hormonal changes are often ignored by western medicine (post-partum blues, etc.) and erroneously treated with anti-depressants, etc.

PRESCRIPTION MEDICATIONS

Drug name	Year Started (how long used it?)	Reason
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		

Note: Antacids (acid blockers) stop stomach acid needed for proper digestion and are often a cause or contributor of anemia, mineral mal-absorption, and OSTEOPOROSIS. GERD or heartburn may be a sign of stomach irritation, not too much stomach acid. It just feels that way.

NON PRESCRIPTION MEDICATIONS (Over-the-counter)

Drug name	Year Started (how long used it?)	Reason
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

NATURAL SUPPLEMENTS (Herbs, etc)

Supplement name	Reason
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____

(Additional supplements may be written on the back of this page.)

Social circumstances:

I am...

- | | |
|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced, how long? _____ |
| <input type="checkbox"/> Partner, how long? _____ | <input type="checkbox"/> Widowed, how long? _____ |
| <input type="checkbox"/> Married, how long? _____ | |

Conflicts with spouse or relatives? _____

If you have a partner, do you go out on regular dates?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, how often?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Infrequent |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Almost never |

Do you like your partner? _____

Sometimes people love their partners, but don't particularly like them. A wise man once determined how much you like someone by how much time, energy, and money you spend on them. Are you fooling yourself? Relationships can make or break your health.

Make a commitment to your partnership to go out at least once a week.**Intimacy:**

My *sex drive is:

- | | | |
|------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High |
|------------------------------|---------------------------------|-------------------------------|

Has there been a change in habits or desires over the last few weeks or months?

- | | | |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Less interested in sex | <input type="checkbox"/> More interested in sex |
| <input type="checkbox"/> No | | |

*If you have lost your sex drive, it is often the use of anti-depressant drugs or chemical birth control methods or hormonal shifts due to onset of sex, pregnancy, miscarriage, or other emotional traumas. High blood pressure medications can cause impotence in men.

A hint to MALES – women often feel sexier about partners that can express their feelings rather than that “cold grope in the middle of the night.”

Bowel habits:

How many bowel movements are you having daily? _____ weekly? _____

Less often

Using laxatives

Do you have...

Hemorrhoids?

Diarrhea?

Do you have other bowel challenges?

IBS

Crohn's

Other (specify) _____

Polyps

Emotional/Spiritual:

How much time do you spend each day to commune with your inner self or God? (These activities can include prayer, meditation, scripture study, etc.) This is a part of your physical health, just as surely as any other part.

Every day

Occasionally

Once a week

Almost Never

Sleep schedule:

In general, what time do you go to sleep? _____ pm am

In general, what time do you wake up? _____ am pm

How many hours of sleep do you get per night? _____

Quality of sleep is _____ (Restful or restless?)

Check all that apply:

I have trouble with waking during the night – what time? _____

I have trouble getting to sleep

I have to urinate during the night – how many times? _____

Exercise:

How often do you exercise?

Daily

Occasionally

2 – 4 times a week

Not at all, sedentary

1 time a week

How long do you exercise each time? _____

Exercise, as well as deep breathing, massages your inner organs. **If you are not exercising, begin walking 20 minutes a day.**

Weight:

Any weight changes in the last couple of years? _____

How much change? _____

Weight goals _____

Diseases: What are they and how are they being treated? (medications, etc.)

1. _____

2. _____

3. _____

Injuries: What type of injury and when did it happen?

1. _____

2. _____

3. _____

Surgeries: What type of surgery and when did you have it?

1. _____

2. _____

3. _____

TRAUMA: Old traumas that changed your life...

I haven't been well since _____ happened to me.

I was a certain way and am now _____

Dietary habits: Foods affect all aspects of health; physical, mental, emotional, and spiritual.

Building foods-Concentrate your diet with these foods to heal from serious diseases or for more energy. If raw foods give you gas, either steam them or cook them. Use these foods as your main staple. Check all the ones you usually eat.

- | | |
|--|--|
| <input type="checkbox"/> Organic foods | <input type="checkbox"/> Fresh, ripe fruits |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Green foods |
| <input type="checkbox"/> Raw foods | <input type="checkbox"/> Raw seeds, raw nuts |

Maintaining foods -These generally don't particularly improve your health. Use them in moderation. Check all the ones you usually eat.

- | | |
|---|---|
| <input type="checkbox"/> Breads (use whole grains) | <input type="checkbox"/> Dairy (poorly absorbed, mucus forming, lactose problems) |
| <input type="checkbox"/> Cooked foods (few or no enzymes) | <input type="checkbox"/> Some frozen foods (few or no enzymes) |
| <input type="checkbox"/> Spicy foods (may affect digestion) | |
| <input type="checkbox"/> Meats (use sparingly) | |
| <input type="checkbox"/> Legumes (can produce gas) | |

Foods to eliminate for allergies are wheat, dairy, sweets, and soda pop. Destructive foods - These can contribute to disease!!! Check all the ones you usually eat.

- Tobacco (very hard on your health and pocket book)
- Alcohol (emotional escape, source of sugar)
- Fast foods (very little nutrition and high cost)
- Over the counter drugs (more drugs, less health)
- Prescription drugs (improve your health with the building foods)
- Recreational drugs (is this your emotional escape?)
- Peanut butter (most brands are rancid)
- Processed foods (lots of preservatives)
- Stimulants (the more you use, the less energy you have)
- Pork (poorly digested, lots of uric acid)
- Sugar (may be a hormonal problem, contributes to osteoporosis)
- Soda pop (contributes to osteoporosis)
- Margarine (it is a trans fatty acid, use butter instead)
- Canned foods (very little food value and no enzymes)
- Coffee (very acidic and may contribute to gout or kidney problems)
- Fried foods (toxic and may impair memory and concentration)

Food cravings _____

Food sensitivities _____

Foods you avoid _____

OFFICE USE ONLY – LEAVE BLANK

Date: _____

GENERAL HEALTH STRATEGIES: