

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? _____

Bioterrain/ 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
- ___ Floaters
- ___ 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 / Aching / 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 faces 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 (Rt/ Lt) mild/mod/severe
- ___ Cherry Hemangiomas
- ___ Frenular 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: _____