

# BALANCING BODY CHEMISTRY HEALTH ASSESSMENT

Balancing Body  
Chemistry



Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_  
Patient's Health Professional: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## 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                      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 |
| 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 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
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