**The following symptoms are used as guidance and not viewed as “something wrong.” If you experience any of the symptoms presently (or in the recent past), please mark by indicating past or present, frequently or infrequently:**

**Digestion**

Acid foods upset

Bad breath

Burning stomach relieved by eating (excess)

Stomach bloating

Lower bowel gas after eating

Foul smelling gas

Indigestion soon after eating

Frequent sour stomach

Loss of taste for meat

Frequent vomiting (excess)

Greasy Foods upset

Nervous stomach

Queasy with headache over eyes

**Elimination**

Burning/itching anus (parasites/food sensitivity)

Alternating constipation/diarrhea

Stools soft and/or watery

Irritable bowel

Use of laxatives

Painful bowel movements

GI ulcers

Stools light colored

Boils

Fungus

Acne

Psoriasis

Itching

Respiratory disorders

**Viscera**

Painful breasts

Skin peels on foot soles

Difficulty swallowing

Bitter, metallic taste in mouth in mornings

Pain between shoulder blades

Gall stones

**Blood Sugar**

Excessive appetite

Lightheaded & feeling of hunger

Get shaky if hungry

Eat when nervous

Irritable before meals

Fatigue relieved by eating

Afternoon headaches

Wake in night and can’t get back to sleep (adrenal)

Moods of depression

Crave sweets

Headaches upon rising; wear off during day

Diabetes

**Cardiac/Circulation**

Swollen ankles worse at night

Bruise easily

Ringing in ears

Tension/tightness under sternum

Dizziness

High Blood Pressure

Low Blood Pressure

Varicose Veins : Location\_\_\_\_\_\_\_\_\_\_

Headaches: Cluster/migraines/tension

**Muscles/Joints/Skeletal**

Painful joints

Low back ache

Upper back ache

Fibromyalgia

Sciatica

Spinal problems

Artificial limbs

Arthritic

**Endocrine**

Get chilled often

Cold hands/feet

Flush easily

Irritated by strong light

Slow to wake and get started

Perspire easily

Sigh frequently

Get drowsy often

Mental sluggishness

Chronic fatigue

Salt craving

Unable to relax

Startle easily

Tendency to asthma/allergies

Decreased sugar tolerance

Weight gain around hips and waist

**Food/environmental sensitivity**

Eyes/Nose Watery

Eyelids Swollen/puffy

Sneezing attacks

Nightmares (histamine reaction)

Pulse speeds after meals

**Mineral/Vitamin/EFA deficiencies**

Dry skin/ mouth/eyes/nose

Burning/itching skin and/or feet

Excessive hair loss/course hair

Frequent skin rashes

Reduced appetite

Sensitive to hot weather

Constipation

Tendency to hives

PMS

Painful Menses

Neuralgia-like pains

Depression before menses Hands & feet go to sleep easily; numb

Worrier

Heart pounds after retiring

Failing Memory

Pulse below 65

Heart palpitations

Irritable and restless

Can’t work under pressure

Insomnia

Nervousness

Highly emotional

Eyelids/face twitch

Hair loss

Nails weak/ridged

Cuts heal slowly

Joint stiffness after rising

Muscle/leg/toe cramps at night

Muscle cramps worse during exercise

Anemia

Night sweats

Leg Nervousness at Night

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**Do you experience any of the following symptoms of digestive deficiency? (circle)**

**Dry mouth, gum and teeth problems, coated tongue, skipping breakfast, eat to calm down, indigestion or fullness after eating, difficulty swallowing, bloating, smelly burps, food sensitivities?**

**Do you experience any of the following symptoms of digestive excess? (circle)**

**Moist mouth, over-secretion of juices in the presence of food, pointy-tipped tongue, sore tongue, chronic nausea in the morning or when meal is delayed, irritation when taking vinegar**

**Do you experience symptoms of ulcers: gnawing pain, burning stomach relieved by eating, breath worse in morning, can only eat small amounts of food?**

**Have you had any teeth removed? If so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How is your peridontal health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Elimination:**

**How often are your bowel movements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do your stools sink or float?\_\_\_\_\_**

**Are they soft & wet or dry & hard? \_\_\_\_\_Color of feces?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have frequent diarrhea, constipation, alternate between diarrhea and constipation, blood or mucus in**

**stool, pain when stooling, hard and small pellet stools, smelly gas?**

**Any other symptoms of digestion, assimilation, or elimination?**