

HEALTH ASSESSMENT FORM

Name:	Age	Sex	Date of Birth
Address			
Telephone #	Fax	Email	

PART I

In order of importance, Please list five of your major health concerns

1	
2	
3	
4	
5	

PART II

Circle any of the following medications you are currently taking:

Antacids	Antibiotic/Antifungal	Antidepressants	Antidiabetic/Insulin
Aspirin	Chemotherapy	Anti-Inflammatories	Diuretics
Heart Medications	Hormones	High Blood Pressure	Laxatives
Lithium	Oral Contraceptives	Radiation	Thyroid
Ulcer Medications	Relaxants/Sleeping Pills		

Other

Circle if you eat, drink, or use and of the following:

Alcohol	Candy	Cigarettes	Coffee
Distilled Water	Fried Foods	Luncheon Meats	Margarine
Refined Sugars	Milk Products	Artificial Sweeteners	Non-Herbal Teas
Chew Tobacco	Refined White Flour Products		Soda-Carbonated Drinks

At Fast Food Restaurants regularly

Vitamins & Minerals-Specify:

Circle if you:

Salt food without tasting	Exercise less than 3 times weekly
Are under excessive stress	Are exposed to chemicals at work
Are exposed to cigarette smoke	Diet often

PART III

Please read each description and circle the number which best describes the frequency of your symptoms within the last year.

0=Never 1=Mild (Occurs once a month or less)
2=Moderate (Occurs several times monthly) 3=Severe (Aware of it almost constantly)

Category I Section A				Category III Section A				Page 2			
1. Bad breath, halitosis	0	1	2	3	37. Crave sweets or coffee in afternoon or mid-morning	0	1	2	3		
2. Loss of taste for protein foods	0	1	2	3	38. Hungry between meals or excessive appetite	0	1	2	3		
3. Burning(acid) or nervous stomach, eating relieves	0	1	2	3	39. Overeating sweets upsets	0	1	2	3		
4. Gas shortly after eating	0	1	2	3	40. Eat when nervous	0	1	2	3		
5. Indigestion 1/2 to 1 hour after eating, may last 3-4 hours	0	1	2	3	41. Irritable before meals	0	1	2	3		
6. Difficulty digesting fruits or vegetables, undigested food found in stools	0	1	2	3	42. Get "shaky" or light-headed if meals delay	0	1	2	3		
7. Acid or spicy food upset stomach	0	1	2	3	43. Fatigue, eating relieves	0	1	2	3		
Section B				Section B							
8. Lower bowel gas and/or bloating several hours after eating	0	1	2	3	44. Heart palpitates if meals missed or delayed	0	1	2	3		
9. Feet burn	0	1	2	3	45. Awaken a few hours after sleep, hard to get back to sleep	0	1	2	3		
10. "Whites" of eyes yellow	0	1	2	3	Section B						
11. Dry skin, itchy feet and/or skin peels	0	1	2	3	46. Muscle soreness after moderate exercise	0	1	2	3		
12. Brown spots or bronzing skin	0	1	2	3	47. Vulnerability to insect bites (especially fleas and mosquitoes)	0	1	2	3		
13. Bitter metallic taste in mouth	0	1	2	3	48. Loss of muscle tone or "heaviness" in arms or legs	0	1	2	3		
14. Blurred vision	0	1	2	3	49. Enlarged heart and/or heart failure	0	1	2	3		
15. Headache over eyes	0	1	2	3	50. Worrier, feel insecure and/or highly emotional	0	1	2	3		
16. Feel nauseous, queasy or gagging	0	1	2	3	51. Pulse slow/below 65 or irregular pulse	0	1	2	3		
17. Color of stools light brown/yellow	0	1	2	3	Category IV Section A						
18. Greasy or high fat foods cause distress	0	1	2	3	52. Sex drive increased	0	1	2	3		
19. Pain between shoulder blades	0	1	2	3	53. "Splitting" type headaches	0	1	2	3		
20. Dark circles under eyes	0	1	2	3	54. Memory's failing	0	1	2	3		
21. "Acid" breath	0	1	2	3	55. Tolerance for sugar reduced	0	1	2	3		
22. History of gallbladder attacks, gallstones or gallbladder removed	0	1	2	3	Section B						
23. Appetite reduced	0	1	2	3	56. Sex drive reduced or absent	0	1	2	3		
Section C				Section B							
24. Coated tongue or "fuzzy" debris on tongue	0	1	2	3	57. Abnormal thirst	0	1	2	3		
25. Pass large amounts of foul smelling gas	0	1	2	3	58. Weight gain	0	1	2	3		
26. Irritable bowel or mucous colitis	0	1	2	3	59. Tendency to ulcers or colitis	0	1	2	3		
27. Constipation, diarrhea alternating or stools alternate from soft to watery	0	1	2	3	60. Increased ability to eat sugar without symptoms	0	1	2	3		
28. Bowel movements painful or difficult constipation and/or laxative use	0	1	2	3	61. Menstrual disorders (women)	0	1	2	3		
29. Burning or itching anus	0	1	2	3	62. Lack of menstruation (women)	0	1	2	3		
Category II				Section C							
30. Head congestion/"sinus fullness"	0	1	2	3	63. Difficulty gaining weight, large appetite	0	1	2	3		
31. Sneezing attacks	0	1	2	3	64. Heart Palpitations	0	1	2	3		
32. Dreaming, nightmare-like bad dreams	0	1	2	3	65. Nervous, emotional, and/or can't work under pressure	0	1	2	3		
33. Milk products and/or wheat products cause distress	0	1	2	3	66. Insomnia	0	1	2	3		
34. Eyes and nose watery	0	1	2	3	67. Inward Trembling	0	1	2	3		
35. Eyes swollen and puffy	0	1	2	3	68. Night Sweats	0	1	2	3		
36. Pulse speeds after meals and/or heart pounds after retiring	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				Section A Continued				Page 3			
72. Difficulty losing weight	0	1	2	3	114. "Lump" in throat	0	1	2	3		
73. Reduced initiative and/or mental sluggishness	0	1	2	3	115. Dry mouth-eyes-nose	0	1	2	3		
74. Easily fatigued, sleepy during the day	0	1	2	3	116. White spots on finger nails	0	1	2	3		
75. Sensitive to cold, poor circulation (cold hands and feet)	0	1	2	3	117. Cuts heal slowly and/or scar easily	0	1	2	3		
76. Dry and scaly skin	0	1	2	3	118. Reduced or "lost" sense of taste and/or smell	0	1	2	3		
77. "Ringing" in ears/noises in head	0	1	2	3	119. Susceptible to colds, fevers, and/or infections	0	1	2	3		
78. Hearing impaired	0	1	2	3	120. Strong light irritates eyes	0	1	2	3		
79. Constipation	0	1	2	3	121. Noises in head or ringing in ears	0	1	2	3		
80. Excessive falling hair or coarse hair	0	1	2	3	122. Burning sensations in mouth	0	1	2	3		
81. Headaches when awoken/wear off during the day	0	1	2	3	123. Numbness in hands and feet (extremities "go to sleep")	0	1	2	3		
Section E				Category VI							
82. Blood pressure increased	0	1	2	3	124. Intolerant to MSG(monosodium gluta.)	0	1	2	3		
83. Headaches	0	1	2	3	125. Cannot recall dreams	0	1	2	3		
84. Hot flashes	0	1	2	3	126. Nose bleeds frequent	0	1	2	3		
85. Hair growth on face or body (female)	0	1	2	3	127. Bruise easily, "black and blue" spots	0	1	2	3		
86. Masculine tendencies (female)	0	1	2	3	128. Muscle cramps, worse with exercise ("charley horses")	0	1	2	3		
Section F				Category VII-Female Only							
87. Blood pressure low	0	1	2	3	129. Aware of heavy or irregular breathing	0	1	2	3		
88. Crave salt	0	1	2	3	130. Discomfort in high altitudes	0	1	2	3		
89. Chronic fatigue/get drowsy	0	1	2	3	131. "Air hunger"/ sigh frequently	0	1	2	3		
90. Afternoon yawning	0	1	2	3	132. Swollen ankles/worse at night	0	1	2	3		
91. Weakness/dizziness	0	1	2	3	133. Shortness of breath with exertion	0	1	2	3		
92. Weakness after colds/slow recovery	0	1	2	3	134. Dull pain in chest and/or pain radiating into left arm, worse on exertion	0	1	2	3		
93. Circulation poor	0	1	2	3	Category VIII Male Only						
94. Muscular and nervous exhaustion	0	1	2	3	135. Premenstrual tension	0	1	2	3		
95. Subject to colds, asthma, bronchitis (respiratory disorders)	0	1	2	3	136. Painful menses (cramping, etc.)	0	1	2	3		
96. Allergies and/or hives	0	1	2	3	137. Menstruation excessive or prolonged	0	1	2	3		
97. Difficulty maintaining manipulative correction	0	1	2	3	138. Painful/tender breasts	0	1	2	3		
98. Arthritic tendencies	0	1	2	3	140. Acne, worse at menses	0	1	2	3		
99. Nails weak, ridged	0	1	2	3	141. Depressed feelings before period	0	1	2	3		
100. Perspire easily	0	1	2	3	142. Vaginal discharge	0	1	2	3		
101. Slow starter in morning	0	1	2	3	143. Menses scanty or missed	0	1	2	3		
102. Afternoon headaches	0	1	2	3	144. Hysterectomy/ovaries removed	0	1	2	3		
Category V Section A				Category VIII Male Only							
103. Frequent skin rashes and/or hives	0	1	2	3	145. Menopausal hot flashes	0	1	2	3		
104. Muscle -leg-toe cramping at rest and/or sleeping	0	1	2	3	146. Depression	0	1	2	3		
105. Fever easily raised/fevers common	0	1	2	3	147. Prostate trouble	0	1	2	3		
106. Crave chocolate	0	1	2	3	148. Urination difficult or dribbling	0	1	2	3		
107. Feet have bad odor	0	1	2	3	149. Night urination frequent	0	1	2	3		
108. Hoarseness frequent	0	1	2	3	150. Pain on inside of legs or heels	0	1	2	3		
109. Difficulty swallowing	0	1	2	3	151. Feeling of incomplete bowel evacuation	0	1	2	3		
110. Joint stiffness after rising	0	1	2	3	152. Leg nervousness at night	0	1	2	3		
111. Vomiting frequent	0	1	2	3	153. Tire easily/avoid activity	0	1	2	3		
112. Tendency to anemia	0	1	2	3	154. Reduced sex drive	0	1	2	3		
113. "Whites" of eyes blue	0	1	2	3	155. Depression	0	1	2	3		
					156. Migrating aches and pains	0	1	2	3		

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Disclaimer: The information in this assessment form should not be construed as a claim or representation that any procedure or product mentioned constitutes either a specific cure, palliative, or ameliorative for any condition noted. This Health Assessment form is not intended to diagnose, treat, cure or prevent disease. This Health Assessment form is not to be treated as a medical diagnosis or prescription. It is designed as a general Health Assessment to help evaluate the nutritional imbalances and indicate those foods and supplemental food factors that are either excessive or insufficient in his/her diet.

All statements, products, and information on this website and Health Assessment form and results from this form have not been evaluated by the US Food and Drug Administration.

Always consult a Physician or other Healthcare Professional for all health concerns and before taking any products.

I understand that by sending this form in, I am not being treated or diagnosed for any disease by S & J Pharmacy. By signing this form, I am confirming that I have read and understand the terms to this disclaimer and Health Assessment form.

Sign Below

Name

Date