

7 PILLARS OF HEALTH - SURVEY OF YOUR BODY'S SYSTEMS
 For **FIRST** visit - Rate severity of symptoms below you have experienced in last **6 MONTHS** from 0-10 (10 worst)
 For **RE-EXAMS** - Rate severity symptoms below you are **CURRENTLY** experiencing from 0-10 (10 worst)

Neuro-hormonal/Endocrine Pillar #1

Adrenal

- Energy Low/Variable/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 Qualify (poor/fair/good/great)
- Other _____

Pituitary

- Sex drive flat/low/normal/high
- Menstrual Disorders
- Splitting Headaches
- Other _____

Thyroid

- Tired/sluggish throughout day
- 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 / moderate / severe)
- Clotting/spotting
- Headaches, side of head
- Other _____

Ovaries (women only)

- Sex drive Flat / Low / Normal / High
- Low abdominal puffiness
- Fluid retention Face / Hands / Feet
- mood swings / irritable / depression
- Tired during cycle
- Ovarian pain
- Breasts 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 to belly button
- Skin crawling
- Breast discharge
- Breasts shrinking
- Breast feeding
- Breast surgery
- Other _____

Vagina (women only)

- burn
- itch
- Dry
- Discharge-clr/white/yellow/grn/brn
- Pain with Intercourse
- Other: _____

Testes (men only)

- Sex drive Flat / low / normal / high
- Decreased morning erections
- Decreased full 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 | Anxiety |
| Sad | Panic |
| Grief | Cry |
| Depression | Fear |
| Moodiness | Shame |
| Frustration | Guilt |
| Irritable | Angry |
| Worrisome | Nervous |
- Other: _____

Brain

- Forget names
- Forget numbers
- Forget words
- Forget actions
- Difficulty focusing / concentrating
- Other _____

Exercise

- Cardiovascular ___times per week
- Weight Train ___times per week
- Other: _____

Glycemic Management Pillar #2

Pancreas

- Crave sweets
- Irritable when skip meals
- Light headed when skip meals
- Eating relieves fatigue
- Bouts of blurred vision
- Fatigue after meals
- Frequent urination
- Increased thirst
- Difficulty losing weight
- Other _____

Appetite / Diet

- Appetite Low / Normal / High
- Eat animal protein ___times day
- Eat Starch-pasta/bread/potato/rice
- Eat sweets-cakes/cookies/candy
- Eat chocolate ___times week
- Eat spicy foods ___times week
- Eat Ice Cream ___times week

Appetite/Diet cont.

- Coffee ___cups per week
- Caffeinated Tea ___cups/week
- Juice ___week
- Soda ___week
- Beer ___week
- Wine ___week
- Liquor ___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 & 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
- Eyes ache
- Vision blurry
- Tired
- Spots
- Puffy
- Dark Circles
- Other: _____

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
- Other: _____

Sinus

- Frontal headache
- Sinus dry
- Sinus drain
- Sinus stuffy or pressure
- Sneeze frequent
- Smell / taste loss
- Post nasal drip
- Mucous: clr/white/yellow/grn/brown
- Other: _____

Lungs

Chest Congestion
 Pain on breastbone
 Breath short on exertion
 Frequent Sighs
 Wheezing
 Asthma
 Emphysema
 Bronchitis
Other: _____

Mouth/Throat/Immune

Blisters
 Canker Sore
 Bad breath
 Dry mouth
 Bleeding gums
 Receding gums
 Teeth Health problems
 Swelling of glands
 Cough (Dry / productive)
 Sore Throat
 Hoarseness
 Fever
 Frequent colds / flu
 Environmental allergies
 Nail fungus (mild/mod/severe)
 Nightmares
Other: _____

Bladder

Urinate ___ times day when awake
 Urinate ___ times per night
 Urination urgency
 burning/pain urination
 Cloudy urine
 Odor urine
 Spasm urinate
 Urinary tract infection
 Kidney pain/infections
Other: _____

Skin

Skin rash
 Acne
 Itchy Skin
 Cellulite
Other: _____

Breasts (Women only)

Breast fibrosis
 Breast lumps
Other: _____

Prostate (Men only)

Urination difficulty
 Frequent urination
 Urination burn/achiness/pain
 Urination dribbling/emission/swelling
 Pain inside of leg or heels
 Leg twitching at night
 Headache side of head
Other: _____

Cardiovascular Pillar #5

Chest/tension/tight/pressure
 Chest heaviness
 Chest Heart pain
 Heart Palpitations/-kip/flutter
 Heart racing
 Heart slowing down
 Constant shortness of breath
 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/Gall Bladder

Headaches at base of skull
 Greasy/high fat food cause distress
 Difficulty losing weight
 Dry or itchy skin
 Patches skin look different
 Yellow cast to eyes
 Stool color is clay colored
 History of Gall Bladder attacks
 Excessively foul smelling sweat
 Hormonal imbalances
 Difficulty swallowing
 Wake up between 11pm & 3am
Other: _____

Hemorrhoids

Swollen / distended / bloody anus
 Burning anus
 Itchy / Stingy anus
 Achy anus
Other: _____

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 feces 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 obtain lean body
Other: _____

**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: _____

**List your primary concerns
in order of importance
to you**

1. _____
2. _____
3. _____
4. _____

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 Hemangioma
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 _____

