



Name \_\_\_\_\_

Date \_\_\_\_\_

consistency taking supplements \_\_\_\_\_ %

**7 PILLARS OF HEALTH - SURVEY OF YOUR BODY'S SYSTEMS v3.1**

**For FIRST VISIT- Rate severity of symptoms below you have experienced in last 6 MONTHS from 0-10 (10 worst) or circle where appropriate**

**For RE-EXAMS- Rate severity symptoms below you are CURRENTLY experiencing from 0-10 (10 worst) or circle where appropriate**

**Neuro-hormonal/ Endocrine Pillar #1**

**Adrenals**

- 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 Quality (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 (mid/ mod/ severe) \_\_\_\_\_
- Clotting/ Spotting \_\_\_\_\_
- Headache 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 \_\_\_\_\_
- 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 only)**

- Sex Drive Flat/ Low/ Normal/ High \_\_\_\_\_
- 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 \_\_\_\_\_
- Other \_\_\_\_\_

**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 \_\_\_\_\_
- Inability to concentrate \_\_\_\_\_
- 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 \_\_\_\_\_
- 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: clear/white/yellow/green/brown \_\_\_\_\_
- Other \_\_\_\_\_

**Lungs**

- Chest Congestion \_\_\_\_\_
- Pain on Breastbone \_\_\_\_\_
- Shortness of Breath upon 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 per day-awake \_\_\_\_\_
- Awake from sleep to urinate \_\_\_\_\_ times \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 legs 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-Skip/Flutter \_\_\_\_\_
- Heart Racing \_\_\_\_\_
- Heart Slowing down \_\_\_\_\_
- Constant Shortness of Breath \_\_\_\_\_
- Sleep Apnea \_\_\_\_\_
- Mitral Valve Prolapse \_\_\_\_\_
- Murmur \_\_\_\_\_
- Bruise easily \_\_\_\_\_
- 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 \_\_\_\_\_
- Difficulty Swallowing \_\_\_\_\_
- Wake up between 11pm - 3am \_\_\_\_\_
- Other \_\_\_\_\_

**Hemorrhoids**

- Swollen/ Distended / Bloody Anus \_\_\_\_\_
- Burning Anus \_\_\_\_\_
- Itchy/ Stinging Anus \_\_\_\_\_
- Achy Anus \_\_\_\_\_
- Other \_\_\_\_\_

**List Your Primary Concerns**

**in order of importance to you:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**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 achieve 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 \_\_\_\_\_

**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 \_\_\_\_\_
- Frenulum 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(+/- \_\_\_\_\_) Desired Wt \_\_\_\_\_
- Pulse \_\_\_\_\_ BP: (\_\_\_\_\_/\_\_\_\_\_) \_\_\_\_\_
- saliva pH \_\_\_\_\_ Urine pH \_\_\_\_\_
- Allergies \_\_\_\_\_
- Current Meds: \_\_\_\_\_