



| Name of medication or natural substance? | Reason for taking it? | Amount? | How long? |
|------------------------------------------|-----------------------|---------|-----------|
| 1                                        |                       |         |           |
| 2                                        |                       |         |           |
| 3                                        |                       |         |           |
| 4                                        |                       |         |           |
| 5                                        |                       |         |           |
| 6                                        |                       |         |           |
| 7                                        |                       |         |           |
| 8                                        |                       |         |           |
| 9                                        |                       |         |           |
| 10                                       |                       |         |           |
| 11.                                      |                       |         |           |
| 12.                                      |                       |         |           |

|                      |  |                         |  |
|----------------------|--|-------------------------|--|
| Known food allergies |  | Sugar intake - times/wk |  |
| Glasses of water/day |  | Blood type              |  |
| Bowel movements/week |  | Are you sleeping well?  |  |

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| <p><b>PARA</b></p> <p><input type="checkbox"/> Alternating consistency of stools and bowel habits</p> <p><input type="checkbox"/> itching around the anus, especially at night</p> <p><input type="checkbox"/> Stomach aches or bowel cramping</p> <p><input type="checkbox"/> Grinding teeth at night</p> <p><b>CANA</b></p> <p><input type="checkbox"/> Chronic fungous infections of the skin or nails?</p> <p><input type="checkbox"/> Crave sugar/sweets/breads?</p> <p><input type="checkbox"/> (female) Had vaginal yeast infections?</p> <p><b>LOWGA</b></p> <p><input type="checkbox"/> Gas, belching, or burping immediately after meals</p> <p><input type="checkbox"/> Abdominal bloating or distension</p> <p><b>LIVGAL</b></p> <p><input type="checkbox"/> Fats / greasy foods cause nausea</p> <p><input type="checkbox"/> Skin rashes</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Dandruff or itchy scalp</p> | <p><b>ADR</b></p> <p><input type="checkbox"/> Eyes overly sensitive to sunshine or bright light</p> <p><input type="checkbox"/> Episodes of dizziness upon standing</p> <p><input type="checkbox"/> Wake too early in the morning, such as 3 or 4 am</p> <p><input type="checkbox"/> Low blood pressure</p> <p><b>THY</b></p> <p><input type="checkbox"/> Cold hands and feet</p> <p><input type="checkbox"/> Depressed</p> <p><input type="checkbox"/> Gain weight easily or hard time losing it</p> <p><b>O-3</b></p> <p><input type="checkbox"/> Dandruff or dry flaky skin or eczema or psoriasis?</p> <p><input type="checkbox"/> Depression?</p> <p><input type="checkbox"/> Dry eyes or chapped lips?</p> <p><b>O-6</b></p> <p><input type="checkbox"/> Family history of alcoholism, depression, suicide, schizophrenia, or other mental illness?</p> <p><input type="checkbox"/> Winter depression that lifts or lightens in the sunny springtime?</p> |
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| Men's Hormonal - Testosterone and / or DHEA Deficiency |  |                                              |  |
|--------------------------------------------------------|--|----------------------------------------------|--|
| Low sex drive                                          |  | Loss of muscular build / Fatigue             |  |
| Softer erections / ED                                  |  | Sleep disturbances / Mood problems           |  |
| Women's Hormonal – check all that apply                |  |                                              |  |
| <u>Progesterone Deficiency</u>                         |  | <u>Estrogen Deficiency</u>                   |  |
| Miscarriage (s)                                        |  | Night sweats                                 |  |
| PMS                                                    |  | Vaginal dryness                              |  |
| Painful or lumpy breasts                               |  | Hot flashes                                  |  |
| Infertility                                            |  | <u>Testosterone Excess</u>                   |  |
| <u>Estrogen Excess and Progesterone Deficiency</u>     |  | Loss of scalp hair                           |  |
| Mood swings or crying spells                           |  | Oily skin, acne                              |  |
| Heavy Menstruation                                     |  | Increased facial hair                        |  |
| Decreased desire for sex                               |  | <u>Testosterone and / or DHEA Deficiency</u> |  |
| Tender breasts                                         |  | Low sex drive                                |  |
| Water retention or puffiness                           |  | Vaginal dryness                              |  |