

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**  
**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 (mild/ 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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 Styte \_\_\_\_\_  
 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/ Stingy 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: \_\_\_\_\_