



Nutritional Self/Evaluation

Previously Diagnosed Conditions: Please check all items that have affected your health!

- | | |
|---|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Hashimoto's disease |
| <input type="checkbox"/> Allergies - airborne | <input type="checkbox"/> Headaches/migraines |
| <input type="checkbox"/> Allergies - food | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hiatal hernia |
| <input type="checkbox"/> Arthritis - osteo | <input type="checkbox"/> Hyperactivity - ADD |
| <input type="checkbox"/> Arthritis - rheumatoid | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Allergies - food | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lyme |
| <input type="checkbox"/> Autoimmune disease | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Cholesterol - need to lower | <input type="checkbox"/> MS |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Pain Identification - chronic |
| <input type="checkbox"/> Crohn's syndrome | <input type="checkbox"/> Pain Identification - trauma - accident |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Post War Syndrome |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Gastritis | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Grave's disease | <input type="checkbox"/> Thyroid condition |
| <input type="checkbox"/> Hair loss - Alopecia | <input type="checkbox"/> Urinary tract inflammation |
| <input type="checkbox"/> Hair loss - Crown | <input type="checkbox"/> Vasculitis |
| <input type="checkbox"/> Hair loss - Overall thinning | <input type="checkbox"/> Vitiligo |

Please list foods and fluids consumed in the last 24 hours.



Acidosis – Chemical/Heavy Metal Toxicity Self Evaluation/Assessment

Neurological (Brain function)

- Chronic or frequent headaches
- Numbness and tingling anywhere
- Dizziness
- Ringing or noises in the ear
- Tremors in hands, feet, lips, eyelids

Psychological (Liver, Kidneys, Bladder)

- Irritability
- Nervousness
- Shyness or timidity
- Loss of memory
- Inability to concentrate
- Mood changes
- Attention Deficit Syndrome
- Decline of intellect
- Loss of self-confidence
- Anger and loss of self control
- Depression
- Crying spells
- Anxiety
- Drowsiness
- Insomnia

Oral Cavity

- Bleeding gums
- Bone loss and loosening of teeth
- Foul breath
- Excessive salivation
- Metallic taste
- Chronic inflammation of gums

Digestive/Immune & Gut Dysfunction

- Abdominal cramps
- Constipation or diarrhea
- Irritable bowel syndrome
- Colitis
- Nausea
- Loss of appetite
- Voracious appetite and obesity
- Excessive thirst

Cardiovascular

- Irregular heartbeat
- Alterations in blood pressure

Inflammatory and Immunological (Lungs, Large Intestine)

- Chronic Fatigue Syndrome
- Fibromyalgia
- Rheumatoid arthritis
- Allergies
- Sinusitis
- Asthma
- Muscle weakness and joint pain

Other problems

- Excessive perspiration without fever
- Low body temperature/clamminess
- Skin rashes, especially around the face/neck
- Dim or double vision
- Hypoxia (lack of oxygen)
- Optic nerve degeneration