

# HEALTH SURVEY

This is a health survey designed to help you assess where you are; recognition is well on the way to healing.

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**PLEASE BRING THIS FORM BACK WITH YOU EACH TIME.**

I do not diagnose or treat any kind of condition of disease.

Please note: Always consult your doctor and *do not* go off any prescription medication without consulting them.

Homeopathic medicine, essential oils and flower essences are generally non-toxic and can be used with prescription medications; they do not conflict with drugs.

Herbs are food, tonics, or strong medicines and may conflict with medications (over-the-counter or prescriptions). Always ask about complications. I generally recommend non-conflicting food or tonic herbs.

Cancellations: 24-hour notice is required for cancelling appointments.

To make your next appointment, please call:

Salt Lake Store	West Jordan Store
Monday, Tuesday Phone: 801.268.3000	Wednesday, Thursday Phone: 801.446.0499

If you have any short questions between consultations, please feel free to call me at the store between 12:00 pm and 12:45 pm mountain time. Please realize that your phone call will be limited to five minutes or less.

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FOR ALL HEALTH OR DISEASE CONDITIONS USE COMMON SENSE  
AND CONSULT YOUR DOCTOR OR HEALTH CARE PROFESSIONAL.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date: \_\_\_\_\_ Time of day born: \_\_\_\_\_ am pm  
(You can lie about your age, but give the correct birthday)

Occupation: \_\_\_\_\_

Sex: (you must be male or female)

- Male**
- Female**

If female, check all that apply

- Pre-puberty** (not menstruating)
- Menstruating**

If not, why? \_\_\_\_\_

How many days between menstrual periods? \_\_\_\_\_

Menstrual period is:

- Regular
- Irregular
- Heavy bleeding
- Heavy cramping

- PMS**
- Miscarriage** – how long ago? \_\_\_\_\_
- Infertility**
- Chemical birth control** – what type? \_\_\_\_\_
- Pregnant** – how far along are you? \_\_\_\_\_
- Nursing** – how old is your baby? \_\_\_\_\_
- MOM** – how many babies have you had? \_\_\_\_\_  
– how long ago did you have a baby? \_\_\_\_\_

- Menopause**
  - Hormone replacement – what type? \_\_\_\_\_
  - Partial hysterectomy
  - Full hysterectomy
  - Dryness
  - Hot flashes - how often? \_\_\_\_\_

Describe them along with the time of day they happen:

\_\_\_\_\_

Note: Hormonal imbalances of all kinds include emotional symptoms such as irritability, mood swings, anxiety, memory problems, concentration, libido changes, crying, etc... Hormonal changes are often ignored by western medicine (post-partum blues, etc.) and erroneously treated with anti-depressants, etc.

**PRESCRIPTION MEDICATIONS**

Drug name	Year Started (how long used it?)	Reason
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		

Note: Antacids (acid blockers) stop stomach acid needed for proper digestion and are often a cause or contributor of anemia, mineral mal-absorption, and OSTEOPOROSIS. GERD or heartburn may be a sign of stomach irritation, not too much stomach acid. It just feels that way.

**NON PRESCRIPTION MEDICATIONS (Over-the-counter)**

Drug name	Year Started (how long used it?)	Reason
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**NATURAL SUPPLEMENTS (Herbs, etc)**

Supplement name	Reason
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____

(Additional supplements may be written on the back of this page.)



**Social circumstances:**

I am...

- Single  Divorced, how long? \_\_\_\_\_
- Partner, how long? \_\_\_\_\_  Widowed, how long? \_\_\_\_\_
- Married, how long? \_\_\_\_\_

Conflicts with spouse or relatives? \_\_\_\_\_

If you have a partner, do you go out on regular dates?

- Yes  No

If yes, how often?

- More than once a week  Infrequent
- Once a week  Almost never

Do you like your partner? \_\_\_\_\_

Sometimes people love their partners, but don't particularly like them. A wise man once determined how much you like someone by how much time, energy, and money you spend on them. Are you fooling yourself? Relationships can make or break your health.

**Make a commitment to your partnership to go out at least once a week.**

**Intimacy:**

My \*sex drive is:

- Low  Medium  High

Has there been a change in habits or desires over the last few weeks or months?

- Yes  Less interested in  More interested in
- No sex sex

\*If you have lost your sex drive, it is often the use of anti-depressant drugs or chemical birth control methods or hormonal shifts due to onset of sex, pregnancy, miscarriage, or other emotional traumas. High blood pressure medications can cause impotence in men.

A hint to MALES – women often feel sexier about partners that can express their feelings rather than that “cold grope in the middle of the night.”

**Bowel habits:**

How many bowel movements are you having daily? \_\_\_\_\_ weekly? \_\_\_\_\_

Less often

Using laxatives

Do you have...

Hemorrhoids?

Diarrhea?

Do you have other bowel challenges?

IBS

Crohn's

Other (specify) \_\_\_\_\_

Polyps

**Emotional/Spiritual:**

How much time do you spend each day to commune with your inner self or God? (These activities can include prayer, meditation, scripture study, etc.) This is a part of your physical health, just as surely as any other part.

Every day

Occasionally

Once a week

Almost Never

**Sleep schedule:**

In general, what time do you go to sleep? \_\_\_\_\_ pm am

In general, what time do you wake up? \_\_\_\_\_ am pm

How many hours of sleep do you get per night? \_\_\_\_\_

Quality of sleep is \_\_\_\_\_ (Restful or restless?)

Check all that apply:

I have trouble with waking during the night – what time? \_\_\_\_\_

I have trouble getting to sleep

I have to urinate during the night – how many times? \_\_\_\_\_

**Exercise:**

How often do you exercise?

Daily

Occasionally

2 – 4 times a week

Not at all, sedentary

1 time a week

How long do you exercise each time? \_\_\_\_\_

Exercise, as well as deep breathing, massages your inner organs. **If you are not exercising, begin walking 20 minutes a day.**

**Weight:**

Any weight changes in the last couple of years? \_\_\_\_\_

\_\_\_\_\_

How much change? \_\_\_\_\_

Weight goals \_\_\_\_\_

\_\_\_\_\_

**Diseases:** What are they and how are they being treated? (medications, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Injuries:** What type of injury and when did it happen?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Surgeries:** What type of surgery and when did you have it?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**TRAUMA:** Old traumas that changed your life...

I haven't been well since \_\_\_\_\_ happened to me.

I was a certain way and am now \_\_\_\_\_

\_\_\_\_\_

**Dietary habits:** Foods affect all aspects of health; physical, mental, emotional, and spiritual.

Building foods-Concentrate your diet with these foods to heal from serious diseases or for more energy. If raw foods give you gas, either steam them or cook them. Use these foods as your main staple. Check all the ones you usually eat.

- |  |  |
|--|--|
| <input type="checkbox"/> Organic foods | <input type="checkbox"/> Fresh, ripe fruits  |
| <input type="checkbox"/> Vegetables    | <input type="checkbox"/> Green foods         |
| <input type="checkbox"/> Raw foods     | <input type="checkbox"/> Raw seeds, raw nuts |

Maintaining foods -These generally don't particularly improve your health. Use them in moderation. Check all the ones you usually eat.

- |   |   |
|---|---|
| <input type="checkbox"/> Breads (use whole grains)          | <input type="checkbox"/> Dairy (poorly absorbed, mucus forming, lactose problems) |
| <input type="checkbox"/> Cooked foods (few or no enzymes)   | <input type="checkbox"/> Some frozen foods (few or no enzymes)                    |
| <input type="checkbox"/> Spicy foods (may affect digestion) |   |
| <input type="checkbox"/> Meats (use sparingly)              |   |
| <input type="checkbox"/> Legumes (can produce gas)          |   |

Foods to eliminate for allergies are wheat, dairy, sweets, and soda pop. Destructive foods - These can contribute to disease!!! Check all the ones you usually eat.

- Tobacco (very hard on your health and pocket book)
- Alcohol (emotional escape, source of sugar)
- Fast foods (very little nutrition and high cost)
- Over the counter drugs (more drugs, less health)
- Prescription drugs (improve your health with the building foods)
- Recreational drugs (is this your emotional escape?)
- Peanut butter (most brands are rancid)
- Processed foods (lots of preservatives)
- Stimulants (the more you use, the less energy you have)
- Pork (poorly digested, lots of uric acid)
- Sugar (may be a hormonal problem, contributes to osteoporosis)
- Soda pop (contributes to osteoporosis)
- Margarine (it is a trans fatty acid, use butter instead)
- Canned foods (very little food value and no enzymes)
- Coffee (very acidic and may contribute to gout or kidney problems)
- Fried foods (toxic and may impair memory and concentration)

Food cravings \_\_\_\_\_

\_\_\_\_\_

Food sensitivities \_\_\_\_\_

\_\_\_\_\_

Foods you avoid \_\_\_\_\_

OFFICE USE ONLY – LEAVE BLANK

Natural Supplements for support:

Multivitamins \_\_\_\_\_

Vitamin D \_\_\_\_\_

Minerals \_\_\_\_\_

Fish Oil or Vegetarian EFA \_\_\_\_\_

Greens \_\_\_\_\_

Antioxidants:    Resveratrol        Grape Seed Extract        Pycnogenol        Vitamin C

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Probiotics \_\_\_\_\_

Fiber \_\_\_\_\_

Protein \_\_\_\_\_

OFFICE USE ONLY – LEAVE BLANK

Date: \_\_\_\_\_

**GENERAL HEALTH STRATEGIES:**