

7 PILLARS OF HEALTH - SURVEY OF YOUR BODY'S SYSTEMS
For **FIRST** visit - Rate severity of symptoms below you have experienced in last **6 MONTHS** from 0-10 (10 worst)
For **RE-EXAMS** - Rate severity symptoms below you are **CURRENTLY** experiencing from 0-10 (10 worst)

Neuro-hormonal/Endocrine Pillar #1

Adrenal

- 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 Qualify (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 / moderate / severe)
- Clotting/spotting
- Headaches, 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
- Breasts 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 to belly button
- Skin crawling
- Breast discharge
- Breasts shrinking
- Breast feeding
- Breast surgery
- Other _____

Vagina (women only)

- burn
- itch
- Dry
- Discharge-clr/white/yellow/grn/brn
- Pain with Intercourse
- Other: _____

Testes (men only)

- Sex drive Flat / low / normal / high
- Decreased morning erections
- Decreased full 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 | Anxiety |
| Sad | Panic |
| Grief | Cry |
| Depression | Fear |
| Moodiness | Shame |
| Frustration | Guilt |
| Irritable | Angry |
| Worrisome | Nervous |
- Other: _____

Brain

- Forget names
- Forget numbers
- Forget words
- Forget actions
- Difficulty focusing / concentrating
- Other _____

Exercise

- Cardiovascular ___times per week
- Weight Train ___times per week
- Other: _____

Glycemic Management Pillar #2

Pancreas

- Crave sweets
- Irritable when skip meals
- Light headed when skip meals
- Eating relieves fatigue
- Bouts of blurred vision
- Fatigue after meals
- Frequent urination
- Increased thirst
- Difficulty losing weight
- Other _____

Appetite / Diet

- Appetite Low / Normal / High
- Eat animal protein ___times day
- Eat Starch-pasta/bread/potato/rice
- Eat sweets-cakes/cookies/candy
- Eat chocolate ___times week
- Eat spicy foods ___times week
- Eat Ice Cream ___times week

Appetite/Diet cont.

- Coffee ___cups per week
- Caffeinated Tea ___cups/week
- Juice ___week
- Soda ___week
- Beer ___week
- Wine ___week
- Liquor ___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 & 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
- Eyes 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: clr/white/yellow/grn/brown
- Other: _____

Lungs

___ Chest Congestion
___ Pain on breastbone
___ Breath short on 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 day when awake
___ Urinate ___ times per night
___ Urination urgency
___ burning/pain urination
___ Cloudy urine
___ Odor urine
___ Spasm urinate
___ Urinary tract infection
___ Kidney pain/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 leg 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/-kip/flutter
___ Heart racing
___ Heart slowing down
___ Constant shortness of breath
___ Sleep Apnea
___ Mitral Valve Prolapse
___ Murmur
Other: _____

Digestion Pillar #6

Stomach

___ Heartburn
___ Indigestion
___ Stomach aches
___ Stomach cramps
___ Nausea/Queasy
___ Bloat after eat
___ Gas / Flatulence
___ Belching
___ Ulcer
___ Hiatal Hernia
Other: _____

Liver/Gall Bladder

___ Headaches at base of skull
___ Greasy/high fat food cause distress
___ Difficulty losing weight
___ Dry or itchy skin
___ Patches skin look different
___ Yellow cast to eyes
___ Stool color is clay colored
___ History of Gall Bladder 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: _____

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 obtain 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: _____

**List your primary concerns
in order of importance
to you**

1. _____
2. _____
3. _____
4. _____

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
Frenular 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 (+/- ___)
Pulse _____ BP(_____/_____)
Saliva pH _____ Urine pH _____
Allergies _____

Current Meds _____