

Name _____

Date _____

consistency taking supplements _____ %

7 PILLARS OF HEALTH - SURVEY OF YOUR BODY'S SYSTEMS v3.2

For FIRST VISIT- Rate severity of symptoms below you have experienced in last 6 MONTHS from 0-10 (10 worst) or circle where appropriate

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 12oz bags of chips /per week
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
Sad
Eye Film/ Crust in morning
Floaters
Stye
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
Chron's
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: