St Fin		
CLIENT	INFORMATION SH	EET
Name:		Date:
Address:	City:	St:Zip:
E-mail:	Phone: (H)	(W)
Current Occupation:	(Cell)
Emergency Contact Name	AND Pl	none:
Referral Source:		
Age: Birthday: If Child	, Patient, Parent or Gua	rdian Name:
1. Please list any medications you are on:		
n		·
2. Vitamins or supplements:		
3. Blood Type (A, B, AB or O): Physicia		
4. FOODS/LIFESTYLE		
How many alcohol beverages do you consume per w	veek?	
How many sodas per week?	How many caffeinat	ed beverages do you consume per day?
How many times do you eat out per week?	How many times a	week do you eat raw nuts or seeds?
How many times a week do you eat fish?	How many times a	veek do you exercise?
List the three worst foods you eat during the average	ge week:	;;
List the three healthiest foods you eat during the av	erage week:	;;
Do you smoke? If yes, how many times a	day?; a week?	

6. Have you used Complimentary Healing Methods? (please circle) Herbs, Massage, Homeopathy, Chiropractic, Colonics, Vitamins & Minerals, Reiki, Feldenkrais, Rolfing, Nutrition, Color Therapy, Electromagnetic Testing/Therapies, Acupuncture, Chinese Herbs or Auravedic Herbs.

Rate your stress levels on a scale of 1-10 during the average week (10 being most stressed).

- 7. Do you feel the illness you currently have is curable? Yes _____ No ____
- 8. Do you see a future free from this illness? Yes ______ No _____

5. List all surgical removals and/or alterations:

Metabolic Assessment Form

Name:		_ Age:	_ Sex:	_ Date:	4/3
PART I					
Please list the 5 major health conc	ern in your order of im	portance:			
1.					
2.				14 	*****
3.					
4.		VALUE 12 12 12 12 12 12 12 1			
5.					

Please circle the appropriate number "0 - 3" on all questions below. <u>0 as the least/never</u> to <u>3 as the most/always</u>.

Category I				
Feeling that bowels do not empty completely	0	1	2	3
Lower abdominal pain relief by passing stool or gas	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3
Diarrhea	0	1	2	3
Constipation	0	1	2	3
Hard dry or small stool	0	1	2	3
Coated tongue of "fuzzy" debris on tongue	0	1	2	3
Pass large amount of foul smelling gas	0	1	2	3
	0	1	2	3
More than 3 bowel movements daily	-	0.00		3
use laxatives frequently	0	1	2	3
Category II				
Excessive belching burping or bloating	0	1	2	3
Gas immediately following a meal	0	1	2	3
Offensive breath	0	1	2	3
Difficult bowel movements	0	1	2	3
Sense of fullness during and after meals	0	1	2	3
	U	1	2	3
Difficulty digesting fruits and vegetables;	0	1	2	3
undigested foods found in stools	0	1	2	3
Category III				
Stomach pain, burning or aching 1-4 hours after eating	0	1	2	3
Do you frequently use antacids	0	1	2	3
Feeling hungry an hour or two after eating	0	1		3
Heartburn when lying down or bending forward	0	1	2	3
Temporary relief from antacids, food,	U	1	-	5
milk, carbonated beverages	0	1	2	3
	1000	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3
Heartburn due to spicy foods, chocolate, citrus,			72	_
peppers, alcohol and caffeine	0	1	2	3
Category IV				
Roughage and fiber cause constipation	0	1	2	3
Indigestion and fullness lasts 2-4				
hours after eating	0	1	2	3
Pain, tenderness, soreness on left side	U	1	_	-
	0	1	2	3
under rib cage	~			3
Excessive passage of gas	0	1	2	
Nausea and/or vomiting	0	1	2	3
Excessive passage of gas	0	1	2	3
Stool undigested, foul smelling,				
mucous-like, greasy or poorly formed	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite	0	1	2	3
Difficulty losing weight	0	1	2	3
Zamenty tooling weight			-	_

Category V					
Greasy or high fat foods cause distress	0	1	2	3	
Lower bowel gas and or bloating					
several hours after eating	0	1	2	3	
Bitter metallic taste in mouth,					
especially in the morning	0	1	2	3	
Unexplained itchy skin	0	1	2	3	
Yellowish cast to eyes	0	1	2	3	
Stool color alternates from clay colored	•	-	_		
to normal brown	0	1	2	3	
Reddened skin, especially palms	0	1	2	3	
Dry or flaky skin and/or hair	0	1	2	3	
Dry of flaky skill allow etterler on stones	0		2	3	
History of gallbladder attacks or stones	-	1			
Have you had your gallbladder removed	Ye	25	Γ	V 0	
Category VI					
Crave sweets during the day	0	1	2	3	
Irritable if meals are missed	0	1	2	3	
Depend on coffee to keep yourself going or started	0	1	2	3 3	
Get lightheaded if meals are missed	0	1	2	3	
Eating relieves fatigue	0	1	2	3	
Feel shaky, jittery, tremors	0	1	2	3	
Agitated, easily upset, nervous	0	1	2	3	
Poor memory, forgetful	0	î	2	3	
Blurred vision	0	1	2	3	
Bluffed vision	U	1	-	J	
C. (
Category VII	0		•	2	
Fatigue after meals	0	1	2	3	
Crave sweets during the day	0	1	2	3 3 3 3 3	
Eating sweets does not relieve cravings for sugar	0	1	2	3	
Must have sweets after meals	0	1	2	3	
Waist girth is equal or larger than hip girth	0	1	2	3	
Frequent urination	0	1	2	3	
Increased thirst & appetite	0	1	2	3	
Difficulty losing weight	0	1	2	3	
Category VIII					
Cannot stay asleep	0	1	2	3	
Crave salt	0	1	2	3	
Slow starter in the morning	0	1	2	3	
Afternoon fatigue	0	1	2	3 3 3 3 3	
Dizziness when standing up quickly	0	1	2	3	
Afternoon headaches	0	1	2	3	
Headaches with exertion or stress	0	1	2	3	
Weak nails	0	1	2	3	
YY CAN HALIS	U	1	-	J	

						-
	Category IX					
	Cannot fall asleep	0	1	2	3	
	Perspire easily	0	1	2	3	
	Under high amounts of stress	0	1	2	3	
	Weight gain when under stress	0	1	2	3	
	Wake up tired even after 6 or more hours of sleep	0	1	2	3	
	Excessive perspiration or perspiration with	U	^	~		
	little or no activity	0	1	2	3	
	fittle of no activity	U	1	-	5	
	Category X					
	Tired, sluggish	0	1	2	3	
	Feel cold – hands, feet, all over.	0	1	2	3	
	Require excessive amounts of sleep to	U		~	J	
	function properly	0	1	2	3	
		0	1	2	3	
	Increase in weight gain even with low-calorie diet	0	1	2	3	
	Gain weight easily		_			
	Difficult, infrequent bowel movements	0	1	2	3	
	Depression, lack of motivation	0	1	2	3	
	Morning headaches that wear off					
	as the day progresses	0	1	2	3	
	Outer third of eyebrow thins	0	1	2	3	
	Thinning of hair on scalp, face or genitals or					
١	excessive falling hair	0	1	2	3	
	Dryness of skin and/or scalp	0	1	2	3	
	Mental sluggishness	0	1	2	3	
	Category XI			_	•	
	Heart palpations	0	1	2	3	
١	Inward trembling	0	1	2	3	
l	Increased pulse even at rest	0	1	2	3	
١	Nervous and emotional	0	1	2	3	
l	Insomnia	0	1	2	3	
ı	Night sweats	0	1	2	3	
	Difficulty gaining weight	0	1	2	3	
-						
l	Category XII					
١	Diminished sex drive	0	1	2	3	
١	Menstrual disorders or lack of menstruation	0	1	2	3	
l	Increased ability to eat sugars without symptoms	0	1	2	3	
	,					
	Category XIII					
	Increased sex drive	0	1	2	3	
-	Tolerance to sugars reduced	0	1	2	3	
-	"Splitting" type headaches	0	1	2	3	
-						

Category XIV (Male Only)				- 1
Urination difficulty or dribbling	0	1	2	3
Urination frequent	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feeling of incomplete bowel evacuation	0	1	2	3
Leg nervousness at night	0	1	2	3
beg norvousness at mg	1			
Category XV (Males Only)				
Decrease in libido	0	1	2	3
Decrease in spontaneous morning erections	0	1	2	3
Decrease in fullness of erections	0	1	2	3
Difficulty in maintain morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decrease in physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increase in fat distribution around chest and hips	0	1		3
Sweating attacks	0	1	2	3
More emotional then in the past	0	1	2	3
Wore emotional their in the past	U	1	-	5
Category XVI (Menstruating Females Only)	37		D.T.	
Are you perimenopausal	Yes		No	
Alternating menstrual cycle lengths	Yes		No No	100
Extended menstrual cycle, greater than 32 days	Yes	9	144	,
	Man		TAT.	. 1
Shortened menses, less than every 24 days	Yes		No	- N
Shortened menses, less than every 24 days Pain and cramping during periods	0	1	2	3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow	0	1	2	3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow	0 0 0	1 1 1	2 2 2	3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses	0 0 0	1 1 1	2 2 2 2	3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses	0 0 0 0	1 1 1 1	2 2 2 2 2	3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses	0 0 0 0	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth	0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs	0 0 0 0 0	1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning	0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only)	0 0 0 0 0 0	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal?	0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause?	0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 N	3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess	0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex	0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex Mood swings	0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex Mood swings Depression	0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex Mood swings Depression Painful intercourse	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex Mood swings Depression Painful intercourse Shrinking breasts	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex Mood swings Depression Painful intercourse Shrinking breasts Facial hair growth	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex Mood swings Depression Painful intercourse Shrinking breasts Facial hair growth Acne	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Shortened menses, less than every 24 days Pain and cramping during periods Scanty blood flow Heavy blood flow Breast pain and swelling during menses Pelvic pain during menses Irritable and depressed during menses Acne break outs Facial hair growth Hair loss/thinning Category XVII (Menopausal Females Only) How many years have you been menopausal? Do you ever have uterine bleeding since menopause? Hot flashes Mental fogginess Disinterest in sex Mood swings Depression Painful intercourse Shrinking breasts Facial hair growth	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

Health Questionnaire (NTAF) ____Age: _____ Sex: _____ Date: ____

rease circle the appropriate number "0 - 3" on all quest	ion	s be	low	. 0	as the least/never to 3 as the most/always.				
SECTION A									
Is your memory noticeably declining?	Ω	-	2	2	 How often do you feel you lack artistic appreciation? 	,,	7	•	
Are you having a hard time remembering names	0	1	4	3	How often do you feel depressed in overcast weather?	0	1		1
and phone numbers?	Ω	1	2	3	How much are you losing your enthusiasm for your	U	1	2	
 Is your ability to focus noticeably declining? 	0	1	2	3	favorite activities?	Ω	1	2	3
 Has it become harder for you to learn things? 	0	1	2	3	 How much are you losing enjoyment for 	U	1	-	•
 How often do you have a hard time remembering 	U	1	-	2	your favorite foods?	0	1	2	3
your appointments?	0	1	2	3	 How much are you losing your enjoyment of 		_		~
 Is your temperament getting worse in general? 	0	1	2	3	friendships and relationships?	0	1	2	3
Are you losing your attention span endurance?	0	1	2	3	 How often do you have difficulty falling into 				
How often do you find yourself down or sad?	0	1	2	3	deep restful sleep?	0	1	2	3
 How often do you fatigue when driving compared to the past? 	100				How often do you have feelings of dependency				
How often do you fatigue when reading compared	0	1	2	3	on others?	0	1	2	
to the past?	0	4	•	_	How often do you feel more susceptible to pain? How often do you have feelings of more all the second sec	0	1	2	
 How often do you walk into rooms and forget why? 	0	1	2	3	 How often do you have feelings of unprovoked anger? How much are you losing interest in life? 	0	1	2	
 How often do you pick up your cell phone and forget why? 	0	1	2	3	120 Window are John fosting interest in the?	0	1	2	3
y a pass of phono and lorger why:	U	1	2	3	SECTION 2 - D				
SECTION B					How often do you have feelings of hopelessness?	0	1	2	2
 How high is your stress level? 	n	1	2	3	 How often do you have self-destructive thoughts? 	0	1	2	
 How often do you feel that you have something that 	•	_	~	J	 How often do you have an inability to handle stress? 	0	ī	2	3
must be done?	0	1	2	3.	 How often do you have anger and aggression while 		^	~	٥
 Do you feel you never have time for yourself? 	0	1	2	3	under stress?	0	1	2	3
 How often do you feel you are not getting enough 					 How often do you feel you are not rested even after 				
sleep or rest?	0	1	2	3	long hours of sleep?	0	1	2	3
Do you find it difficult to get regular exercise?	0	1	2	3	 How often do you prefer to isolate yourself from others? 	0	1	2	3
• Do you feel uncared for by the people in your life?	0	1	2	3	How often do you have unexplained lack of concern for				
 Do you feel you are not accomplishing your life's purpose? 					family and friends?		1	2	
Is sharing your problems with someone difficult for you?	0	1	2	3	- TT		1	2	
20 smalling your problems with someone difficult for you?	0	1	2	3	How often do you feel the need to consume caffeine to	0	1	2	3
SECTION C					1 ctox clost?	0	7	2	2
					77 5	100		2	
SECTION C1							1	2	3
· How often do you get irritable, shaky, or have								2	
lightheadedness between meals?	0	1	2	3		U	1	4	J
 How often do you feel energized after eating? 	0	1	2	3	SECTION 3 - G				
 How often do you have difficulty eating large 	100	_	_	_	 How often do you feel anxious or panic for no reason? 	0	1	2	3
meals in the morning?	0	1	2	3	 How often do you have feelings of dread or 				
How often does your energy level drop in the afternoon?	0			3	impending doom?		1	2	3
How often do you crave sugar and sweets in the afternoon?	0	1		3		0	1	2	3
How often do you wake up in the middle of the night? How often do you have difficulty.	0	1	2	3	 How often do you have feelings of being overwhelmed for no reason? 		g i		10
 How often do you have difficulty concentrating before eating? 					How often do you have feelings of the land	0	1	2	3
How often do you depend on coffee to keep yourself going?	0	1	2	3	 How often do you have feelings of guilt about everyday decisions? 	n	7	2	2
How often do you feel agitated, easily upset, and nervous	0	1	2	3			1	2	3
between meals?	n	1	2	2	How difficult is it to turn your mind off when you	U	1	ند	5
	U	1	1	J	1 mont to release	0	1	2	3
SECTION C2					How often do you have disorganized attention?			2	
 Do you get fatigued after meals? 	Ω	1	2	3	 How often do you worry about things you were 	-	_	-	_
 Do you crave sugar and sweets after meals? 	0	1	2	3	not worried about before?)	1	2	3
 Do you feel you need stimulants such as coffee after meals? 		1		3	 How often do you have feelings of inner tension and 				
Do you have difficulty losing weight?	0	1		3)	1	2	3
 How much larger is your waist girth compared to 					CHICKETONI 4 1 CYY				
your hip girth?	0	1	2	3	SECTION 4 - ACH				
How often do you urinate? How your thirt and a series are a series as a series are a series as a series are a series	0			3	• Do you feel your visual memory (shapes & images)				
Have your thirst and appetite been increased?	0	1	2	3	is decreased?		1		3
• Do you have weight gain when under stress?	0			3	• Do you feel your verbal memory is decreased?			2	
 Do you have difficulty falling asleep? 	0	1	2	3	Do you have memory lapses? Has your creativity been decreased?			2	
SECTION 1 - S					Has your creativity been decreased? Has your comprehension been diminished?			2 :	
Are you losing your pleasure in hobbies and interests?	O	7	3	2	• Do you have difficulty calculating numbers?			2 :	
a How often do you feel and 1 1 1 11 11	υ 0			3 3	Do you have difficulty recognizing objects & faces?			2	
e How often do you have fasting of the					Do you feel like your opinion about yourself				_
How often do you have feelings of paranoia?				3	has changed?)	1 1	2 :	3
• How often do you feel sad or down for no reason?				3	Are you experiencing excessive urination?)]	1 :	2 :	3
a How often do you feel like you are not and a U.S. O.	5500			3	 Are you experiencing slower mental response?]		2 :	3

Medication History

Please circle any of the following medication you have been or are currently taking.

Acetylcholine Receptor Antagonist - Antimuscarinic Agents

Atropine, Ipratopium, Scopolamine, Tiotropium

Acetylcholine Receptor Antagonist - Ganlionic Blockers

Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan

Acetylcholinesterase Reactivators

Pralidoxime

Acetylcholine Receptor Antagonist - Neuromuscular Blockers

Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, Uccinylcholine, Tubocurarine, Vecuronium, Hemicholine

Agonist Modulator of GABA Receptor (benzodiazpines)

Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSon, Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion

Agonist Modulator of GABA Receptors (nonbenzodiazpines)

Ambien, Sonata, Lunesta, Imovane

Cholinesterase Inhibitors (irreversible)

Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-containing nerve agents

Cholinesterase Inhibitors (reversible)

Donepezil, Galatamine, Rivastigmine, Tacrine, THC, Erophonium, Neostigmine, Phystigimine, Pyridostigmine, Carbamate Insecticidses

Dopamine Reuptake Inhibitors

Wellbutrin (Bupropion)

Dopamine Receptor Agonists

Mirapex, Sifrol, Requip

D2 Dopamine Receptor Blockers (antipsychotics)

Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, luanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydis, Seroquel, Geodon, Solian, Invega, Abilify

GABA Antagonist Competitive binder

Flumazenil

Monoamine Oxidase Inhibitor (MAOI)

Marplan, Aurorix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

Noradrenergic and Specific Sertonergic Antidepressants (NaSSaa)

Remeron, Zispin, Avanza, Norset, Remergil, Axit

Selective Serotonin Reuptake Inhibitor

Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Serpam, Seropram, Cipralex, Esteria, Fontex, Seromex, Seronil, Sarafem, Fluctin, Faverin, Seroxat, Aropax, Deroxat, Rexetin, Xentor, Paroxat, Lustral, Serlain, Dapoxetine

Selective Serotonin Reuptake Enhancers

Stablon, Coaxil, Tatinol

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despramine, Duloxetine

Tricylic Antidepresseants (TCAs)

Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiadin, Thanden, Adapin, Sinequan, Trofranil, Janamine, Gamanil, Aventyl, Pamelor, Opipramol, Vivactil, Rhotrimine, Surmontil

PATIENT RELEASE FORM

Monica O'Sullivan, N.D., of Community Health & Healing and Janine Romaner, N.D., of Naturally Healthy, LLC, 3221 S. Cherokee Lane, Suite 1830, Woodstock, GA 30188 do not recommend or dispense prescription drugs, utilize surgery, X-rays or radiation therapy. We do not engage in the practice of medicine or represent ourselves as being licensed by the state of Georgia or any branch of the healing arts. If you are seeking allopathic medical services, you are urged to seek them from a qualified allopathic medical practitioner.

Dr. O'Sullivan, N.D. and Dr. Romaner, N.D. provides naturopathic and healing arts services to private persons by contract. Article 1 of the Constitution of the United States of America guarantees the right to contract. Additionally, we provide non-prescription health products for sale to private persons with whom we contract. Naturopathy is defined in Georgia Code, Chapter 43-34-2 as follows:

"Naturopathy is hereby defined as that philosophy and system of the healing arts embracing prevention, diagnosis and treatment of human ills and functions by the use of several properties of air, light, heat, cold, water, manipulation, with the use of such substances, nutritional as are naturally found in and required by the body excluding drugs, surgery, x-ray and radium therapy and the use of x-ray equipment."

I have read the above and understand what I read. I choose freely to have Dr. O'Sullivan, N.D. and/or Dr. Romaner, N.D. provide me with naturopathic services.

Furthermore, I understand that naturopathy is a system of health care that supports the body's ability to heal and regenerate itself. I understand that there are no promises regarding a "cure" for any disease whatsoever.

CANCELLATION POLICY

Because we see each client as important and offer a generous amount of time per session with each individual, we ask for your cooperation in return by showing up for appointments on time. For any appointment missed without a minimum of 24 hours advance notice (more is appreciated), you will be charged half the appointment fee.

My N	ame or	Parent,	Guard	ian's N	ame
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Child	or Dep	endents	Name		