

Client's Name: \_\_\_\_\_

# Andromeda Assessment and Wellness Plan Data Collection Form

Allocca Biotechnology, LLC

Fax (888) 878-4199

Practitioner's Name: \_\_\_\_\_

## Pre-Test Instructions

1. No alcohol consumption within 24 hours prior to the test.
2. No exercise, caffeine, or food within 4 hours prior to the test.
3. Drink 2 glasses of water 2 hours before the test.
4. Wear a short sleeved shirt and pants that can be rolled up.

**This section to be completed by Patient**

Client's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Email: \_\_\_\_\_

Sex:  Male  Female

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

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

Medications \_\_\_\_\_

Number of Bowel Movements per Week \_\_\_\_\_

## Required Tests/Information (Urinalysis and Symptoms are also required):

Height (feet, inches): \_\_\_\_\_

Weight (pounds): \_\_\_\_\_ (do not enter here if you are using the BIA scale on page 2)

Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Daytime Ear Core Temperature (97.8° - 99.6°F) (36.6° - 37.6° C): \_\_\_\_\_

## Optional Tests:

Zinc Taste Test:  No Taste  Taste

Pulse Oximetry, PSO2: \_\_\_\_\_ HR \_\_\_\_\_

Comments \_\_\_\_\_

Client's Name: \_\_\_\_\_

## Blood Glucose

Blood Glucose (mg/dl) \_\_\_\_\_

## Bioelectric Impedance Analysis

Weight (pounds) \_\_\_\_\_

Fat Mass - percent \_\_\_\_\_

Skeletal Muscle Mass - percent \_\_\_\_\_

Visceral Fat Mass - percent \_\_\_\_\_

## Other Tests

- Diabetic Type 1 or Type 2
- Dysbiosis Test Positive
- Bacterial Test Positive
- Yeast/Fungal Test Positive
- Oxidation Test Positive
- Roundworms Test Positive
- High L-Forms Test Positive
- Weak Immune Function Test Positive
- Low Iron Test Positive
- Low B12/Folic Acid Test Positive
- Poor Kidney Function Test

Basal Metabolic Test:  
(women: average of days 2 and 3, men: average 5 days) (degrees F) \_\_\_\_\_ (degrees C) \_\_\_\_\_

BrainicityTM \_\_\_\_\_

www.allocca.com

Client's Name: \_\_\_\_\_

**Lower Extremity Physiologic Study, Single Level (Ankle Brachial Index Assessment Form)**

<input type="checkbox"/> Risk Factors	<input type="checkbox"/> Age over 50
<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hyperlipemia
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Previous Vascular Surgery
<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Impotence
<input type="checkbox"/> Overweight	<input type="checkbox"/> Family History Heart

**Current Symptoms**

Intermittent Claudication

Numbness, tingling in feet

Ulcerations

Other: \_\_\_\_\_

**ABI / Severity of Disease**

> 1.40 = Noncompressible

1.00 - 1.40 = Normal

0.91 - 0.99 = Borderline

0.00 - 0.90 = Abnormal

2011 ACCF/AHA Guidelines

ICD: \_\_\_\_\_

**Right Arm**

Systolic Pressure \_\_\_\_\_ mmHg

**Left Arm**

Systolic Pressure \_\_\_\_\_ mmHg

**Right ABI at Posterior Tibial**

Right PT Pressure \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_

Higher Arm Pressure \_\_\_\_\_

**Left ABI at Posterior Tibial**

Right PT Pressure \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_

Higher Arm Pressure \_\_\_\_\_

**Right Posterior Tibial**

Systolic Pressure \_\_\_\_\_ mmHg

Triphasic (Normal)

Biphasic (Diminished)

Monophasic (Poor)

**Left Posterior Tibial**

Systolic Pressure \_\_\_\_\_ mmHg

Triphasic (Normal)

Biphasic (Diminished)

Monophasic (Poor)

**Right ABI at Dorsalis Pedis**

Right DP Pressure \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_

Higher Arm Pressure \_\_\_\_\_

**Right Dorsalis Pedis**

Systolic Pressure \_\_\_\_\_ mmHg

Triphasic (Normal)

Biphasic (Diminished)

Monophasic (Poor)

**Left Dorsalis Pedis**

Systolic Pressure \_\_\_\_\_ mmHg

Triphasic (Normal)

Biphasic (Diminished)

Monophasic (Poor)

**Left ABI at Dorsalis Pedis**

Right DP Pressure \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_

Higher Arm Pressure \_\_\_\_\_

	<b>Right</b>
	<input type="checkbox"/> PT
	<input type="checkbox"/> DP

	<b>Left</b>
	<input type="checkbox"/> PT
	<input type="checkbox"/> DP

Client's Name: \_\_\_\_\_

## Urinalysis - Fresh Collection

Reference: Bayer Multistix 10 SG urine reagent strips

### Appearance:

- Cloudy (Infection or too alkaline)
- Clear (Normal)

### Color:

- Colorless (High water intake or anemia or bile deficiency)
- Yellow (Normal)
- Dark Yellow (Dehydration or antibiotics or Vitamin A, B supplements or fasting & high fever)
- Yellow-brown or Yellow-green (Bile pigments present or drugs)
- Red or Red-brown (Eating beets or hemoglobin present or medications)
- Orange-red or Orange-brown (Urobilinogen present or drugs)
- Dark-brown or Black (Malanins or tumors or iron/hemoglobin present)

### Glucose (Positive indicates diabetes) mg/dl

- Negative
- 100
- 250
- 500
- 1000
- 2000 or more

### Bilirubin (Positive indicates liver dysfunction or biliary obstruction)

- Negative
- +
- ++
- +++

### Ketones (Positive indicates fasting or carbohydrate starvation or vomiting or diabetes or diarrhea or diabetes or excessive alcohol use) mg/dl

- Negative
- 5
- 15
- 40
- 80
- 160

### Specific Gravity (Above 1.022 indicates renal dysfunction or dehydration)

- 1.000
- 1.005
- 1.010
- 1.015
- 1.020
- 1.025
- 1.030

### Blood (Positive indicates menstruation or infection or strenuous exercise or renal dysfunction or exposure to excessive cold or drugs. Follow up with microscopic exam)

- Negative
- Trace
- Moderate
- Hemolyzed
- +
- ++
- +++

### pH (Above 7 indicates metabolic alkalosis or infection or high alkaline ash diet. Below 5 indicates metabolic acidosis or high stress or excessive stimulants (caffeine, alcohol, drugs))

- 5.0
- 6.0
- 6.5
- 7.0
- 7.5
- 8.0
- 8.5

### Protein (Above trace indicates renal dysfunction or excess protein in diet or strenuous exercise or emotional stress or high fever or exposure excessive to heat or cold) mg/dl

- Negative
- Trace
- 30
- 100
- 300
- 2000 or more

### Urobilinogen (Above 1 indicates hemolytic anemia or pernicious anemia or sickle cell anemia) mg/dl

- 0.2
- 1
- 2
- 4
- 8

### Nitrite (Positive indicates bacterial infection)

- Negative
- Positive

### Leukocytes (Positive indicates infection or high Vitamin C intake)

- Negative
- Trace
- +
- ++
- +++

Reference: Bayer Multistix 10 SG urine reagent strips

# Microscopy

## SPHERE

Present indicates adequate protein

- Absent
- Present (Normal)

## ROULEAU

> 1 indicates oxidation, dehydration, poor slide preparation.

- No Rouleau (Normal)
- Protein Linkage of RBC's
- 3 Red Blood Cells long
- 4 Red Blood Cells long
- 5 Red Blood Cells or more long

## ERYTHROCYTE AGGREGATION

> 1 indicates oxidation

- No Erythrocyte Aggregation (Normal)
- 4 Red Blood Cells together
- 5 Red Blood Cells or more together

## TUBULES (Siphonispora Polymorpha)

> 1 indicates poor immune function

- No Tubules
- 1-4 Tubules per slide (Normal)
- 5-10 Tubules per slide
- 11 or more Tubules per slide

## CHYLOUS MATERIAL (Chylomicrons)

> 1 indicates poor fat clearance

- No Chylous Material (Normal)
- 10% Chylous material per field
- 20% Chylous material per field
- 30% Chylous material per field

## L-FORMS

> 1 indicates infection, weak immune function

- No L-Forms (Normal)
- 10% L-Forms per field (Normal)
- 20% L-Forms per field
- 30% L-Forms per field

## SPICULES (Strands)

> 1 indicates liver/bowel toxicity or medications last 24 hours

- No Spicules
- 10% Spicules per field (Normal)
- 20% Spicules per field
- 30% Spicules per field

## RED CRYSTALS

> 0 indicates liver/bowel toxicity or medications last 24 hours

- No Red Crystals (Normal)
- 1-10 Red Crystals per field
- 11 or more Red Crystals per field

## YELLOW CRYSTALS

> 0 indicates uric acid or medications last 24 hours

- No Yellow Crystals (Normal)
- 1-10 Yellow Crystals per field
- 11 or more Yellow Crystals per field

## MICROCYTES (Erythrocytes <7 microns)

> 0 indicates low iron

- 0 = No Microcytes (Normal)
- 1 = 10% Microcytes per field
- 2 = 20% Microcytes per field
- 3 = 30% or more Microcytes per field

## MACROCYTES (Erythrocytes >9 microns)

> 0 indicates low B12/folic acid

- No Macrocytes (Normal)
- 10% Macrocytes per field
- 20% Macrocytes per field
- 30% or more Macrocytes per field

## OVALOCYTES (Oval Shaped Erythrocytes)

> 0 indicates low B12/folic acid

- No Ovalocytes (Normal)
- 10% Ovalocytes per field
- 20% Ovalocytes per field
- 30% or more Ovalocytes per field

## POIKILOCYTES (Irregular Shaped Erythrocytes)

> 0 indicates oxidation, possible toxic metals

- No Poikilocytes (Normal)
- 10% Poikilocytes per field
- 20% Poikilocytes per field
- 30% or more Poikilocytes per field

## ECHINOCYTES (BURR CELLS (Deteriorating Erythrocytes))

> 0 indicates oxidation, possible toxic metals

- No Echinocytes (Burr cells (Normal)
- 10% Echinocytes (Burr cells per field )
- 20% Echinocytes (Burr cells per field )
- 30% or more Echinocytes (Burr cells per field)

Client's Name: \_\_\_\_\_

### NEUTROPHILS (White Blood Cells)

> 1 indicates infection

- 0-1 (Normal Neutrophil field (1/1000 RBC's)
- 2 Neutrophils per field (2/1000 RBC's)
- 3 Neutrophils per field (3/1000 RBC's)
- 4 Neutrophils ore more per field (4/1000 RBC's)

### MACROCYTIC NEUTROPHILS (Neutrophils >2X RBC Diameter)

> 0 indicates low B12/folic acid

- No Macrocytic Neutrophils (Normal)
- 10% Macrocytic Neutrophils per field
- 20% Macrocytic Neutrophils per field
- 30% or more Macrocytic Neutrophils per field

### HYPERSEGMENTED NEUTROPHILS (>5 Segments)

> 0 indicates low B12/folic acid

- No Hypersegmented Neutrophils (Normal)
- 10% Hypersegmented Neutrophils per field
- 20% Hypersegmented Neutrophils per field
- 30% or more Hyperseg. Neutrophils pr field

### NEUTROPHIL VIABILITY ESTIMATE (By Ameboid Motion)

- Good (Normal) Ameboid Motion
- Fair Ameboid Motion
- Poor Ameboid Motion
- Round and Static Neutrophils

### LYMPHOCYTES

> 1 indicates infection, inflammation

- 60% or less than Neutrophil count (Normal)
- Greater than 60% of Neutrophil count

### EOSINOPHILS

> 1 indicates allergic response or parasites

- 4% or less than Neutrophil count (Normal)
- Greater than 4% of Neutrophil count

### MONOCYTES

> 1 indicates infection, inflammation

- 12% or less than Neutrophil count (Normal)
- Greater than 12% of Neutrophil count

### BASOPHILS

> 1 indicates allergic response

- 1% or less than Neutrophil count (Normal)
- Greater than 1% of Neutrophil count

### PLATELET AGGREGATION ESTIMATE

> 0 indicates stress, high fat, drugs, food allergy

- No Platelet Aggregation (Normal)
- 10% Platelet Aggregation per field
- 20% Platelet Aggregation per field
- 30% Platelet Aggregation per field

### HEMOLYTIC RBC'S (Disintegrated Membranes)

> 0 indicates oxidation, toxins, antibodies, parasites

- No Hemolytic RBC's (Normal)
- 10% Hemolytic RBC's per field
- 20% Hemolytic RBC's per field
- 30% or more Hemolytic RBC's per field

### TARGET CELLS (Double Ring, Target Shaped RBC's)

> 0 indicates increased cholesterol, low LCAT, spenectomy, anemia, liver disorder

- No Target Cells (Normal)
- 10% Target Cells per field
- 20% Target Cells per field
- 30% or more Target Cells per field

### CANDIDA ALBICANS (Yeast-Like Fungus)

> 0 indicates intestinal yeast overgrowth, weakened immune function

- No Candida Albicans (Normal)
- 10% Candida Albicans per field
- 20% Candida Albicans per field
- 30% Candida Albicans per field

### ROUNDWORMS

- No Roundworms seen (Normal)
- Roundworms seen

### SPIROCHETE

- No Spirochetes seen (Normal)
- Spirochetes seen

**Check all symptoms below that repeat regularly (daily, weekly, monthly)**

**Daily Exercise Level:**

- Little to no exercise
- Light exercise (1–3 days per week)
- Moderate exercise (3–5 days per week)
- Heavy exercise (6–7 days per week)
- Very heavy exercise (twice per day, extra heavy workouts)

**Symptoms that Repeat:**

- 11. Get boils or sty's more than once per year
- 12. Throat infections more than once per year (sore throat)
- 13. Cold sores, fever blisters more than once per year
- 14. Any infection with fever more than once per year
- 15. Swollen lymph glands more than once per year
- 16. Ear infections more than once per year
- 17. Slow to recover from cold or flu
- 18. Catch colds or flu easily
- 19. Lacerations (cuts become infected easily)
- 20. Itchy nose
- 21. Itchy eyes
- 22. Itchy roof of mouth or throat

- 23. Clear watery nasal discharge
- 24. Headaches
- 25. Mucous in the throat
- 26. Post nasal drip
- 27. Discharge from the eyes
- 28. Puffiness under the eyes
- 29. Ear discharge or stuffed up
- 30. Nasal congestion
- 31. Running nose
- 32. Wheezing
- 33. Sneezing
- 34. Fatigue
- 35. Exposed to cigarette smoke
- 36. Exposed to mold
- 37. Sinus congestion
- 38. Food allergies or sensitivities
- 39. Skin rashes
- 40. Entire body aches, painful to touch
- 41. Swollen joints
- 42. Certain foods make you sick, nauseous, depressed, jittery
- 43. Painful stomach or intestine
- 44. Alternating constipation and diarrhea
- 45. Swollen or itchy tongue or mouth

- 46. Difficulty in swallowing
- 47. Hyperactivity
- 48. Fatigue increases after eating
- 49. Exposed to chemicals or radiation at work
- 50. Eat luncheon meats containing nitrates or nitrites
- 51. Eat fruits and vegetables that contain pesticides
- 52. Eat foods that contain monosodium glutamate (MSG)
- 53. Use artificial sweeteners regularly
- 54. Milk makes allergy symptoms worse
- 55. Pain in chest and left arm
- 56. Calf muscles cramp while walking
- 57. Heart palpitations
- 58. Feel jittery
- 59. Irregular heart beats
- 60. Swelling of feet and ankles
- 61. Fast heart beat
- 62. Exhaust with minor exertion
- 63. Light-headedness
- 64. General weakness
- 65. Smoke cigarettes/tobacco
- 66. Chew tobacco

Client's Name: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 67. More than 3 cups of coffee daily                 | <input type="checkbox"/> 91. Stomach pains after meals                               | <input type="checkbox"/> 114. Pain in left side of rib cage                             |
| <input type="checkbox"/> 68. High daily stress level                          | <input type="checkbox"/> 92. Nausea  | <input type="checkbox"/> 115. Acne  |
| <input type="checkbox"/> 69. Cold hands and feet                              | <input type="checkbox"/> 93. Dependency on antacids                                  | <input type="checkbox"/> 116. Difficulty gaining weight                                 |
| <input type="checkbox"/> 70. Tingling or burning in hands and feet            | <input type="checkbox"/> 94. Butterfly sensations in stomach                         | <input type="checkbox"/> 117. Dizziness when standing suddenly                          |
| <input type="checkbox"/> 71. Numbness in extremities                          | <input type="checkbox"/> 95. Difficulty in belching                                  | <input type="checkbox"/> 118. Loss of vision when standing suddenly                     |
| <input type="checkbox"/> 72. Skin sores of the legs or feet                   | <input type="checkbox"/> 96. Stomach pain when emotionally upset                     | <input type="checkbox"/> 119. Crave sweets  |
| <input type="checkbox"/> 73. Spider veins on nose or face                     | <input type="checkbox"/> 97. Sudden, acute indigestion                               | <input type="checkbox"/> 120. Crave carbohydrates                                       |
| <input type="checkbox"/> 74. Ringing in ears                                  | <input type="checkbox"/> 98. Relief of stomach pain by drinking carbonated beverages | <input type="checkbox"/> 121. Headaches relieved by eating sweets or alcohol            |
| <input type="checkbox"/> 75. Poor concentration                               | <input type="checkbox"/> 99. Relief of stomach pain by drinking cream or milk        | <input type="checkbox"/> 122. Impatient   |
| <input type="checkbox"/> 76. Slurred speech                                   | <input type="checkbox"/> 100. History of ulcer or gastritis                          | <input type="checkbox"/> 123. Moody   |
| <input type="checkbox"/> 77. Salt foods without tasting                       | <input type="checkbox"/> 101. Current ulcer or gastritis                             | <input type="checkbox"/> 124. Irritable if a meal is missed                             |
| <input type="checkbox"/> 78. Exercise regularly with low to moderate exertion | <input type="checkbox"/> 102. Black stool while not taking iron supplements          | <input type="checkbox"/> 125. Wake up in middle of the night craving sweets             |
| <input type="checkbox"/> 79. Exercise regularly with high exertion (Aerobics) | <input type="checkbox"/> 103. Nervousness  | <input type="checkbox"/> 126. Poor memory   |
| <input type="checkbox"/> 80. Vascular surgery                                 | <input type="checkbox"/> 104. White spots or lines on finger nails                   | <input type="checkbox"/> 127. Feel faint  |
| <input type="checkbox"/> 81. Chest pain without left arm pain                 | <input type="checkbox"/> 105. Indigestion 1-3 hours after eating                     | <input type="checkbox"/> 128. Calmer after eating                                       |
| <input type="checkbox"/> 82. Tightness or pressure in the chest               | <input type="checkbox"/> 106. Diarrhea   | <input type="checkbox"/> 129. Frequent urination  |
| <input type="checkbox"/> 83. Upper chest or neck itch                         | <input type="checkbox"/> 107. Roughage and fiber causes constipation                 | <input type="checkbox"/> 130. Night sweats  |
| <input type="checkbox"/> 84. Chronic cough                                    | <input type="checkbox"/> 108. Mucous in the stools                                   | <input type="checkbox"/> 131. Increased thirst  |
| <input type="checkbox"/> 85. Difficulty in breathing                          | <input type="checkbox"/> 109. Stool poorly formed                                    | <input type="checkbox"/> 132. Lowered resistance to wound infection                     |
| <input type="checkbox"/> 86. Shortness of breath                              | <input type="checkbox"/> 110. Shiny stool  | <input type="checkbox"/> 133. Leg sores   |
| <input type="checkbox"/> 87. Sensitive to smog / air pollution                | <input type="checkbox"/> 111. Three or more large bowel movements daily              | <input type="checkbox"/> 134. Poor wound healing  |
| <input type="checkbox"/> 88. Infections settle in lungs                       | <input type="checkbox"/> 112. Foul smelling stool                                    | <input type="checkbox"/> 135. Feel energized from exercise                              |
| <input type="checkbox"/> 89. Respiratory attacks that last hours to days      | <input type="checkbox"/> 113. Dry skin or dry hair                                   | <input type="checkbox"/> 136. Failing eyesight  |
| <input type="checkbox"/> 90. Bleeding gums or periodontal disease             |  | <input type="checkbox"/> 137. Crave sweets, but eating sweets does not relieve symptoms |



Client's Name: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 138. Family history of diabetes                  | <input type="checkbox"/> 160. Yellowish conjunctiva (white part of the eyes) | <input type="checkbox"/> 184. Use very large-doses of vitamins and/or minerals regularly |
| <input type="checkbox"/> 139. Glucose (sugar in urine)                    | <input type="checkbox"/> 161. Pain radiates along outside of leg             | <input type="checkbox"/> 185. Neurological disorders                                     |
| <input type="checkbox"/> 140. Elevated blood glucose (sugar)              | <input type="checkbox"/> 162. Intolerance to greasy foods                    | <input type="checkbox"/> 186. Sore or burning tongue                                     |
| <input type="checkbox"/> 141. Toe and fingernail fungus                   | <input type="checkbox"/> 163. Headaches after eating                         | <input type="checkbox"/> 187. Lower back pains   |
| <input type="checkbox"/> 142. History of antibiotic use                   | <input type="checkbox"/> 164. Dark urine                                     | <input type="checkbox"/> 188. Poor night vision  |
| <input type="checkbox"/> 143. Anemic or recent history of anemia          | <input type="checkbox"/> 165. Light colored stool                            | <input type="checkbox"/> 189. Confusion  |
| <input type="checkbox"/> 144. Itchy skin                                  | <input type="checkbox"/> 166. Hard stool                                     | <input type="checkbox"/> 190. Sore or sensitive gums                                     |
| <input type="checkbox"/> 145. Itchy between toes and fingers              | <input type="checkbox"/> 167. Gray colored skin                              | <input type="checkbox"/> 191. Leg pain or cramps   |
| <input type="checkbox"/> 146. Abdominal bloating                          | <input type="checkbox"/> 168. Pain in right side under rib cage              | <input type="checkbox"/> 192. Pain in feet   |
| <input type="checkbox"/> 147. Intestinal gas                              | <input type="checkbox"/> 169. Big toe painful                                | <input type="checkbox"/> 193. Some alcohol use regularly                                 |
| <input type="checkbox"/> 148. Chemical sensitivities                      | <input type="checkbox"/> 170. Don't eat regular balanced meals               | <input type="checkbox"/> 194. High stress levels effect stomach                          |
| <input type="checkbox"/> 149. Depression                                  | <input type="checkbox"/> 171. Don't get enough to eat                        | <input type="checkbox"/> 195. Lack of appetite   |
| <input type="checkbox"/> 150. Crave sweets and yeast containing foods     | <input type="checkbox"/> 172. More than 10 beers/ week                       | <input type="checkbox"/> 196. Dizziness  |
| <input type="checkbox"/> 151. Bladder and kidney infections               | <input type="checkbox"/> 173. More than 10 ounces of alcohol/week            | <input type="checkbox"/> 197. Inflamed corners of the mouth                              |
| <input type="checkbox"/> 152. Dark colored stool                          | <input type="checkbox"/> 174. Eat candy regularly                            | <input type="checkbox"/> 198. Steeply curved nails                                       |
| <input type="checkbox"/> 153. Do not eat high fiber foods daily           | <input type="checkbox"/> 175. Drink soda pop regularly                       | <input type="checkbox"/> 199. Exposed to lead in the air or water                        |
| <input type="checkbox"/> 154. Less than 7 bowel movements per week        | <input type="checkbox"/> 176. Eat at fast food restaurants regularly         | <input type="checkbox"/> 200. Sensitivity to light                                       |
| <input type="checkbox"/> 155. More than 2 bowel movements per day         | <input type="checkbox"/> 177. Eat fried foods regularly                      | <input type="checkbox"/> 201. Sensitive to the cold                                      |
| <input type="checkbox"/> 156. Bowel movements are irregular               | <input type="checkbox"/> 178. Use refined sugars regularly                   | <input type="checkbox"/> 202. Weight gain  |
| <input type="checkbox"/> 157. Abdominal pain on right or left side        | <input type="checkbox"/> 179. Diet often                                     | <input type="checkbox"/> 203. Change in personality                                      |
| <input type="checkbox"/> 158. Abdominal pain relieved by a bowel movement | <input type="checkbox"/> 180. Hair loss                                      | <input type="checkbox"/> 204. Loss of temper or irritable                                |
| <input type="checkbox"/> 159. Abdominal pain is triggered by eating       | <input type="checkbox"/> 181. Dry skin                                       | <input type="checkbox"/> 205. Enlarged neck  |
|   | <input type="checkbox"/> 182. Bones protrude                                 | <input type="checkbox"/> 206. Trouble waking up in the morning                           |
|   | <input type="checkbox"/> 183. Don't use vitamins and minerals regularly      | <input type="checkbox"/> 207. Low sex drive  |
|   |  | <input type="checkbox"/> 208. Swollen (bulging eyes)                                     |

Client's Name: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 209. Warm, moist skin  | <input type="checkbox"/> 230. Early afternoon sleepiness   | <input type="checkbox"/> 248. Sensitive to light, especially during headache             |
| <input type="checkbox"/> 210. Tremors   | <input type="checkbox"/> 231. Skin nodules   | <input type="checkbox"/> 249. Sensitive to noise, especially during headache             |
| <input type="checkbox"/> 211. Increased activity  | <input type="checkbox"/> 232. Deep aching pain in bones, particularly the back                                 | <input type="checkbox"/> 250. Extremities are cold before and during headache            |
| <input type="checkbox"/> 212. Increased appetite  | <input type="checkbox"/> 233. Pain increases when weight is applied  | <input type="checkbox"/> 251. Family history of migraine                                 |
| <input type="checkbox"/> 213. Weight loss   | <input type="checkbox"/> 234. Vertebrae crush fractures  | <input type="checkbox"/> 252. Difficulty with speech before headache                     |
| <input type="checkbox"/> 214. Insomnia  | <input type="checkbox"/> 235. Bone fractures   | <input type="checkbox"/> 253. Intensity of headache increases when lying down            |
| <input type="checkbox"/> 215. Diffuse tanning on exposed and unexposed portions of the body   | <input type="checkbox"/> 236. Bones fracture easily  | <input type="checkbox"/> 254. Often prefer seclusion                                     |
| <input type="checkbox"/> 216. Black freckles over the forehead, face, neck, and shoulders     | <input type="checkbox"/> 237. Pain in the extremities  | <input type="checkbox"/> 255. Frequent urinary infections                                |
| <input type="checkbox"/> 217. Mood swings   | <input type="checkbox"/> 238. Burning sensation in the extremities   | <input type="checkbox"/> 256. Rarely need to urinate                                     |
| <input type="checkbox"/> 218. Dark circles under the eyes                                     | <input type="checkbox"/> 239. Weakness in the extremities  | <input type="checkbox"/> 257. Urinate when you cough or sneeze                           |
| <input type="checkbox"/> 219. Slender fingers and extremities                                 | <input type="checkbox"/> 240. Frequent tooth decay   | <input type="checkbox"/> 258. Painful or burning urination                               |
| <input type="checkbox"/> 220. Purple streak or line on the abdomen                            | <input type="checkbox"/> 242. Throbbing pain on one side or front and rear of head                             | <input type="checkbox"/> 259. Difficult urination's                                      |
| <input type="checkbox"/> 221. Kidney stones   | <input type="checkbox"/> 243. Pain on one side or front and rear of head                                       | <input type="checkbox"/> 260. Dripping after urination                                   |
| <input type="checkbox"/> 222. Osteoporosis  | <input type="checkbox"/> 319 Pain in the forehead only   | <input type="checkbox"/> 261. Cannot hold urine  |
| <input type="checkbox"/> 223. Emotional disturbances  | <input type="checkbox"/> 243. Headache preceded by a short period of depression, irritability, or restlessness | <input type="checkbox"/> 262. Rose colored (bloody urine)                                |
| <input type="checkbox"/> 224. Simultaneous inflammation in multiple joints                    | <input type="checkbox"/> 244. Headache preceded by visual flashing zig-zag lines                               | <input type="checkbox"/> 263. Cloudy urine   |
| <input type="checkbox"/> 225. Simultaneous pain in multiple joints                            | <input type="checkbox"/> 245. Headache preceded by other visual disturbances                                   | <input type="checkbox"/> 264. Strong smelling urine                                      |
| <input type="checkbox"/> 226. Stiffness lasting more than 30 minutes on arising in mornings   | <input type="checkbox"/> 246. Visual disturbances disappear shortly after headache begins                      | <input type="checkbox"/> 265. Back or leg pains associated with dripping after urination |
| <input type="checkbox"/> 227. Stiffness lasting more than 30 minutes after prolonged activity | <input type="checkbox"/> 247. Nausea associated with headache  | <input type="checkbox"/> 266. History of kidney or bladder infections                    |
| <input type="checkbox"/> 228. Deformation of joints   |  | <input type="checkbox"/> 267. Back pain in the kidney area                               |
| <input type="checkbox"/> 229. Joints lock with movement                                       |  |  |

Client's Name: \_\_\_\_\_

- 268. General water retention
- 312. Drug / Medication addiction
- 313. Must repeat actions constantly
- 314. Making decisions is difficult
- 315. Constant flow of speech
- 316. Obsessed fear of danger
- 317. Previously Diagnosed Diabetic Type 1
- 323. Previously Diagnosed Diabetic Type 2
- 323. Previously Diagnosed Diabetic Type 2
- 321. Previously Diagnosed Migraine
- 322. Previously Diagnosed Hypothyroidism
- 320. Previously Diagnosed with high Cholesterol
- 324. I'm an Athlete

---

**For Males Only:**

- 269. A sense of bladder fullness
- 270. Increased straining with smaller and smaller amounts of urine
- 271. Wake up at night to urinate
- 272. Pain or fatigue in the legs or back
- 273. Ejaculation causes pain
- 274. Difficulty attaining and/or maintaining an erection

- 275. Premature ejaculation
- 276. Pain/coldness in genital area
- 277. Infertile
- 278. Varicose veins on scrotum
- 279. Low sperm count
- 280. History of venereal disease

---

**For Females Only:**

- 281. Vaginal yeast infections
- 282. History of oral birth control
- 283. Heavy menstrual flow
- 284. Prolonged menstruation
- 285. Short menstruation
- 286. Menstrual irregularities
- 287. Monthly weight gain
- 288. Moodiness and irritability before menstruation
- 289. Change in appetite before menstruation
- 290. Suicidal feeling before menstruation
- 291. Anxiety or anger before menstruation
- 292. Breast fullness and pain before menstruation
- 293. Leg cramps and tenderness before menstruation
- 294. Asthma attacks before menstruation

- 295. Bruise easily before menstruation
- 296. Respiratory allergies worsen before menstruation
- 297. Visual disturbances worsen before menstruation
- 298. Dull ache radiating to low back or legs
- 299. Abdominal pains subsides after several days
- 300. Pelvic soreness
- 301. Have to lie down on first or second days of period
- 302. Clots are expelled during menstruation
- 303. Hot flashes
- 305. Hysterectomy or Menopause
- 306. Heavy bleeding two weeks/month
- 307. Sweating throughout the day
- 308. Dryness of skin, hair, and vagina
- 309. Painful intercourse
- 310. Vaginal pain
- 311. Vaginal itching