

**The Neurotransmitter Solution for Migraine, Depression, and more**  
**Data Collection Form**  
**www.allocca.com Fax (888) 878-4199**

This section to be completed by Patient

Name \_\_\_\_\_

Email \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_

Sex:  Male  Female  Transgender male to female  Transgender female to male.

Age \_\_\_\_\_

Height: (feet) (inches) \_\_\_\_\_. Weight (pounds) \_\_\_\_\_

Number Bowel Movements / Week \_\_\_\_\_

Medications \_\_\_\_\_

Occupation \_\_\_\_\_

Complaint(s) \_\_\_\_\_

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

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

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

Comments: \_\_\_\_\_

# Urinalysis - Fresh Collection - 4 Hour Fast

Name \_\_\_\_\_ Date \_\_\_\_\_

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 (Melanins 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
- +
- ++
- +++

## 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)

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

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

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|---|--|--|
| <input type="checkbox"/> 207. Low sex drive   | <input type="checkbox"/> 229. Joints lock with movement  | <input type="checkbox"/> 247. Nausea associated with headache                            |
| <input type="checkbox"/> 208. Swollen (bulging eyes)  | <input type="checkbox"/> 230. Early afternoon sleepiness   | <input type="checkbox"/> 248. Sensitive to light, especially during headache             |
| <input type="checkbox"/> 209. Warm, moist skin  | <input type="checkbox"/> 231. Skin nodules   | <input type="checkbox"/> 249. Sensitive to noise, especially during headache             |
| <input type="checkbox"/> 210. Tremors   | <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"/> 211. Increased activity  | <input type="checkbox"/> 233. Pain increases when weight is applied  | <input type="checkbox"/> 251. Family history of migraine                                 |
| <input type="checkbox"/> 212. Increased appetite  | <input type="checkbox"/> 234. Vertebrae crush fractures  | <input type="checkbox"/> 252. Difficulty with speech before headache                     |
| <input type="checkbox"/> 213. Weight loss   | <input type="checkbox"/> 235. Bone fractures   | <input type="checkbox"/> 253. Intensity of headache increases when lying down            |
| <input type="checkbox"/> 214. Insomnia  | <input type="checkbox"/> 236. Bones fracture easily  | <input type="checkbox"/> 254. Often prefer seclusion                                     |
| <input type="checkbox"/> 215. Diffuse tanning on exposed and unexposed portions of the body   | <input type="checkbox"/> 237. Pain in the extremities  | <input type="checkbox"/> 255. Frequent urinary infections                                |
| <input type="checkbox"/> 216. Black freckles over the forehead, face, neck, and shoulders     | <input type="checkbox"/> 238. Burning sensation in the extremities   | <input type="checkbox"/> 256. Rarely need to urinate                                     |
| <input type="checkbox"/> 217. Mood swings   | <input type="checkbox"/> 239. Weakness in the extremities  | <input type="checkbox"/> 257. Urinate when you cough or sneeze                           |
| <input type="checkbox"/> 218. Dark circles under the eyes                                     | <input type="checkbox"/> 240. Frequent tooth decay   | <input type="checkbox"/> 258. Painful or burning urination                               |
| <input type="checkbox"/> 219. Slender fingers and extremities                                 | <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"/> 220. Purple streak or line on the abdomen                            | <input type="checkbox"/> 243. Headache preceded by a short period of depression, irritability, or restlessness | <input type="checkbox"/> 260. Dripping after urination                                   |
| <input type="checkbox"/> 221. Kidney stones   | <input type="checkbox"/> 244. Headache preceded by visual flashing zig-zag lines                               | <input type="checkbox"/> 261. Cannot hold urine  |
| <input type="checkbox"/> 222. Osteoporosis  | <input type="checkbox"/> 245. Headache preceded by other visual disturbances                                   | <input type="checkbox"/> 262. Rose colored (bloody) urine                                |
| <input type="checkbox"/> 223. Emotional disturbances  | <input type="checkbox"/> 246. Visual disturbances disappear shortly after headache begins                      | <input type="checkbox"/> 263. Cloudy urine   |
| <input type="checkbox"/> 224. Simultaneous inflammation in multiple joints                    |  | <input type="checkbox"/> 264. Strong smelling urine                                      |
| <input type="checkbox"/> 225. Simultaneous pain in multiple joints                            |  | <input type="checkbox"/> 265. Back or leg pains associated with dripping after urination |
| <input type="checkbox"/> 226. Stiffness lasting more than 30 minutes on arising in mornings   |  | <input type="checkbox"/> 266. History of kidney or bladder infections                    |
| <input type="checkbox"/> 227. Stiffness lasting more than 30 minutes after prolonged activity |  |  |
| <input type="checkbox"/> 228. Deformation of joints   |  |  |

- 267. Back pain in the kidney area
- 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

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**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

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**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