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Complete Nutritional Assessment

Name: _____ Date: _____ Birthdate: _____

Gender: Male or Female Bloodtype: A AB B O Negative or Positive

Blood pressure: / Weight: _____ Temperature: _____ ° F

Diet

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Coffee | <input type="checkbox"/> Refined flour/baked goods |
| <input type="checkbox"/> Artificial sweeteners | <input type="checkbox"/> Eat fast food regularly | <input type="checkbox"/> Refined sugar |
| <input type="checkbox"/> Candy or other sweets | <input type="checkbox"/> Fried foods regularly | <input type="checkbox"/> Vitamins & minerals |
| <input type="checkbox"/> Carbonated beverages | <input type="checkbox"/> Luncheon meats/hot dogs | <input type="checkbox"/> Water, distilled |
| <input type="checkbox"/> Chewing tobacco | <input type="checkbox"/> Margarine | <input type="checkbox"/> Water, tap |
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Milk products | <input type="checkbox"/> Water, well |
| <input type="checkbox"/> Cigars/pipes | <input type="checkbox"/> Non-herbal tea | <input type="checkbox"/> Diet often |

Lifestyle

- | | | |
|--|--|--|
| <input type="checkbox"/> Times you exercise per week | <input type="checkbox"/> Work more than 60 hours | <input type="checkbox"/> Changed jobs recently |
| <input type="checkbox"/> Recently married | <input type="checkbox"/> Recently divorced | |

Medications

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Asthma inhalers | <input type="checkbox"/> Estrogen/Progesterone | <input type="checkbox"/> Oral contraceptives |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Beta blockers | <input type="checkbox"/> Heart Medications | <input type="checkbox"/> Radiation exposure |
| <input type="checkbox"/> Anticonvulsants | <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Recreational drugs |
| <input type="checkbox"/> Antidepressants | <input type="checkbox"/> Cortisone | <input type="checkbox"/> Hormone therapy | <input type="checkbox"/> Relaxants/Sleep pills |
| <input type="checkbox"/> Antifungals | <input type="checkbox"/> Diabetic meds | <input type="checkbox"/> Laxatives | <input type="checkbox"/> Thyroid medication |
| <input type="checkbox"/> Aspirin/Ibuprofen | <input type="checkbox"/> Diuretics | <input type="checkbox"/> Insulin | <input type="checkbox"/> Tylenol/acetaminophen |
| | | | <input type="checkbox"/> Ulcer medications |

Other Medications and dosages: _____

Upper Gastrointestinal System

- Belching or gas within 1 hr of a meal
- Heartburn or acid reflux
- Bloating shortly after eating
- Are you a vegan (no dairy, meat, fish or eggs)
- Bad breath (halitosis)
- Loss of taste for meat
- Sweat has strong odor
- Stomach upset by taking vitamins
- Sense of fullness after meals
- Undigested food in stool
- Do you feel like skipping breakfast?
- Do you feel better if you don't eat?
- Sleepy after meals
- Fingernails chip, break, or peel easily
- Anemia unresponsive to iron
- Stomach pains or cramps
- Diarrhea, chronic
- Diarrhea shortly after meals
- Black or tarry stools

Liver and Gallbladder

- Pain between shoulder blade
- Stomach upset by greasy foods
- Greasy or shiny foods
- Nausea
- Sea, car, or airplane sickness, motion sickness
- History of morning sickness
- Light or clay colored stools
- Dry skin, itchy feet and/or skin peels on feet
- Headache over eye
- Gallbladder attacks (past or present)
- Gallbladder removed
- Bitter taste in mouth, especially after meals
- Become sick if drinking wine
- If drinking alcohol, easily intoxicated
- Alcoholic beverages per week
- Recovering alcoholic
- Hangovers after drinking alcohol
- History of drug or alcohol abuse
- History of hepatitis
- Long-term use of prescription medications
- Sensitive to chemicals (perfume, cleaning solvents, insecticides, exhaust, etc.)
- Sensitive to tobacco smoke
- Exposure to diesel fumes
- Pain under right side or rib cage
- Hemorrhoids or varicose veins
- NutraSweet (aspartame) consumption
- Chronic fatigue or Fibromyalgia

Small Intestine

- Food allergies
- Abdominal bloating
- Specific foods make you tired or bloated
- Pulse speeds after eating
- Airborne allergies
- Experience hives
- Sinus congestion, "stuffy head"
- Crave bread or noodles
- Alternating constipation and diarrhea
- Crohn's disease
- Wheat or grain sensitivity
- Dairy sensitivity
- Are there foods you could not give up?
- Asthma, sinus infections, stuffy nose
- Bizarre vivid or nightmarish dreams
- Use over-the-counter medications
- Feel spacey or unreal

Large Intestine

- Anus itches
- Coated tongue
- Stools have corners or edges are flat or ribbon shaped
- History of chronic antibiotic use
- Fungus or yeast infections
- Ring worm, "jock itch", "athletes foot", nail fungus
- Eating sugar, starch, or drinking alcohol increases yeast
- Stools hard or difficult to pass
- History of parasites
- Less than one bowel movement per day
- Feel worse in moldy or dusty environments
- Stool are not well formed
- Irritable bowel or mucous colitis
- Mucous in stool
- Excessive foul smelling lower bowel gas
- Bad breath or strong body odors
- Cramping in lower abdominal region
- Dark circles under the eye

Mineral Deficiency

- History of Carpal Tunnel Syndrome
- History of lower right abdominal pain
- History of stress fractures
- Bone loss (reduced density on bone scan)
- Are you shorter than you used to be?
- Calf, foot, or toe cramps at rest
- Cold sores, fever blisters, or herpes lesions
- Frequent fevers
- Frequent skin rashes and/or hives
- Have you ever had a herniated disk?
- Excessively flexible joints, "double jointed"
- Joints pop or click
- Pain or swelling in joints
- Bursitis or tendonitis
- History of bone spurs
- Morning stiffness
- Vomiting or nausea
- Crave chocolate
- Feet have strong odor
- Tendency to anemia
- Whites of eyes (sclera) tinted blue
- Hoarseness
- Difficulty swallowing
- Sensation of lump in throat
- Dry mouth, eyes, and/or nose
- Gag easily
- White spots on fingernails
- Cuts heal slowly and/or scar easy
- Decreased sensation of taste or smell

Essential Fatty Acids Deficiency

- Aspirin is an effective pain reliever
- Crave fatty or greasy foods
- Low or reduced fat diet
- Tension headaches at base of skull
- Headaches when out in the hot sun
- Sunburn easily or suffer sun poisoning
- Muscles easily fatigued
- Dry, flaky skin and/or dandruff

Sugar Handling

- Awaken a few hours into sleep, hard to get back to sleep
- Crave sweets
- Eat desserts or sugary snacks
- Binge or uncontrolled eating
- Fatigue that is relieved by eating
- Headache if meals are skipped or delayed
- Irritable before meals
- Shaky if meals are delayed

- ____ Excessive appetite
- ____ Crave coffee or sugar in the afternoon
- ____ Sleepy in afternoon

- ____ Family member with diabetes
- ____ Frequent thirst
- ____ Frequent urination

Vitamin Deficiency

- ____ Muscles become easily fatigued
- ____ Feel worse, sore after exercising
- ____ Vulnerable to insect bites
- ____ Loss of muscle tone, heaviness in arms/legs
- ____ Enlarged heart or heart failure
- ____ Pulse slow/below 65
- ____ Ringing in the ears/Tinnitus
- ____ Numbness, tingling, or itching in extremities
- ____ Depressed
- ____ Fear of impending doom
- ____ Worrier, apprehensive, anxious
- ____ Nervous or agitated
- ____ Feelings of insecurity
- ____ Heart races

- ____ Can hear heart beat on pillow at night
- ____ Whole body or limb jerk as falling asleep
- ____ Night sweats
- ____ Restless leg syndrome
- ____ Cheilosis (cracks at corner of mouth)
- ____ Fragile skin, easily chaffed, as in shaving
- ____ Polyps or warts
- ____ MSG (monosodium glutamate) sensitivity
- ____ Wake up without remembering dreams
- ____ Take birth control pills
- ____ Small bumps on back of arms
- ____ Strong light at night irritates eyes
- ____ Nose bleeds and/or tend to bruise easy
- ____ Bleeding gums especially while brushing

Adrenal

- ____ Tend to be a “night person”
- ____ Difficulty falling asleep
- ____ Slow starter in the morning
- ____ Keyed up, trouble calming down
- ____ High blood pressure (normal 120/80)
- ____ Headache after exercising
- ____ Feeling wired or jittery if drinking coffee
- ____ Clench or grind teeth
- ____ Calm on the outside, troubled on the inside
- ____ Chronic low back pain, worse with fatigue
- ____ Become dizzy when standing up suddenly
- ____ Difficult maintaining manipulative correction
- ____ Pain after manipulative correction

- ____ Arthritic tendencies
- ____ Crave salty foods
- ____ Salt foods before tasting
- ____ Perspire easily
- ____ Chronic fatigue or get drowsy often
- ____ Afternoon yawning
- ____ Afternoon headache
- ____ Asthma, wheezing, or difficulty breathing
- ____ Pain on the medial or inner side of the knee
- ____ Tendency to sprain ankles or “shin splints”
- ____ Tendency to need to wear sunglasses
- ____ Allergies and/or hives
- ____ Weakness or dizziness

Pituitary

- ____ Over 6’6”
- ____ Early sexual development (< 10)
- ____ Decreased libido

- ____ Under 4’10”
- ____ Delayed sexual development (>13)
- ____ Increased libido

- ____ Splitting type headache
- ____ Memory failing
- ____ Difficulty tolerating sugar
- ____ Tendency to ulcers or colitis

- ____ Weight gain around hips or waist
- ____ Menstrual disorders
- ____ Abnormal thirst

Thyroid

- ____ Allergic to iodine
- ____ Difficulty gaining weight, even with large appetite
- ____ Easily fatigued, sleepy during the day
- ____ Inward trembling
- ____ Flush easily
- ____ Fast pulse at rest
- ____ Intolerance to high temperatures

- ____ Mentally sluggish, reduced initiative
- ____ Difficulty losing weight
- ____ Seasonal sadness
- ____ Constipation, chronic
- ____ Excessive hair loss and/or coarse hair
- ____ Morning headaches, wear off during day
- ____ Loss of lateral 1/3 of eyebrow

Male

- ____ Prostate problems
- ____ Urination difficult or dribbling
- ____ Difficult to start and stop urine stream
- ____ Pain or burning with urination
- ____ Decreased sexual function

- ____ Waking to urinate at night
- ____ Interruption of stream during urination
- ____ Pain on inside of legs or heels
- ____ Feeling of incomplete bowel evacuation

Female

- ____ Depression during periods
- ____ Mood swings associated with periods
- ____ Crave chocolate around periods
- ____ Breast tenderness associated with cycle
- ____ Excessive menstrual flow
- ____ Scanty blood flow during periods
- ____ Gain weight around hips, thighs, and buttocks
- ____ Variations in menstrual cycle
- ____ Endometriosis
- ____ Uterine fibroids

- ____ Breast fibroids, benign masses
- ____ Painful intercourse (dyspareunia)
- ____ Vaginal discharge
- ____ Vaginal dryness
- ____ Vaginal itchiness
- ____ Occasional skipped periods
- ____ Excess facial or body hair
- ____ Hot flashes
- ____ Night sweats (in menopausal females)
- ____ Thinning skin

Cardiovascular

- ____ Aware of heavy and/or irregular breathing
- ____ Discomfort at high altitudes
- ____ "Air hunger" and/or yawn frequently
- ____ Compelled to open windows in a closed room
- ____ Shortness of breath with moderate exertion

- ____ Ankles swell, especially at night
- ____ Cough at night
- ____ Blush or face turns red for no reason
- ____ Dull pain or tightness in chest on exertion
- ____ Muscle cramps with exertion

Kidney and Bladder

- Pain in mid-back region
- Dark circles under eyes and/or puffy eyes
- History of kidney stones
- Cloudy, bloody, or darkened urine
- Urine has a strong odor

Immune System

- Runny or drippy nose
- Catch colds at the beginning of winter
- Mucous producing cough
- Frequent infections (ear, sinus, lung, skin, bladder, kidney)
- History of Epstein Bar, Mono, Herpes, Shingles, Chronic Fatigue, Hepatitis, etc.
- Acne (adult)
- Itchy skin/dermatitis
- Cysts, boils, or rashes
- Never get sick
- Frequent colds or flu