

Name _____

Date _____

consistency taking supplements _____ %

7 PILLARS OF HEALTH - SURVEY OF YOUR BODY'S SYSTEMS v3.1

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 (mid/ 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 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 _____
- Inability to concentrate _____
- 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 _____
- Tears _____
- 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/ Stinging 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 _____
- Chrons _____
- 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: _____