

Doctor Name: _____

Patient Name: _____ Appointment Date: _____/_____/_____

Telephone #: (_____) _____ - _____ Time: _____: _____ am / pm

Patient Health Survey

CHECK off the conditions that you have now, or have had in the past. Please consider completing the form for your spouse and children as they may have the same food sensitivities or infections as you do.

(BioHealth Diagnostic's Laboratory Test Numbers)

1 PHYSICAL

- headaches
- low back pain
- mid back pain
- migraines
- neck pain
- neurological symptoms
- wellness care
- other pain:

2 RULE OUT PARASITES

- 398 (blood),
401H (stool)
- bloating
 - constipation
 - diarrhea
 - various GI symptoms
 - rectal itching
 - no symptoms

3 RULE OUT H. PYLORI

401H, 418 (stool), 383 (blood)

- acid reflux
- acne
- bad breath
- belching
- burping
- cancer
- constipation
- depression
- fatigue
- gastritis
- headaches
- heartburn
- indigestion or nausea
- intense hunger
- malabsorption
- migraines
- morning, painful, or foul smelling gas
- overweight/cannot lose weight
- poor sleep
- rosacea
- ulcers
- upper abdominal pain

4 RULE OUT GLUTEN INTOLERANCE

230 (blood & saliva), 296 (blood)

- ADD/ADHD
- Addison's Disease
- Alternating diarrhea/constipation
- asthma
- autism
- autoimmune growth retardation
- bone diseases
- celiac disease
- Crohn's Disease
- colitis
- dark circles under eyes
- dental enamel lesions
- depression
- diarrhea
- Down's Syndrome
- dyslexia
- epilepsy
- esophageal symptoms
- failure to thrive
- fatigue
- fibromyalgia
- food sensitivity (ex: soymilk, cows milk)
- gynecological disorders
- headaches
- IBS
- infertility
- learning disabilities
- liver disorders
- malabsorption
- nausea
- otitis media
- pernicious anemia
- postpartum depression
- psychiatric & brain disorders
- RA
- skin diseases
- sleep & behavior disorders
- suicidal thoughts (or attempts)
- thyroid & eating disorders
- undigested food in stool
- vitamin & mineral deficiencies
- vomiting
- weight loss

5 LOW ADRENAL FUNCTION

201, 205 (saliva)

- allergies
- bacterial, fungus or mold infection
- blood sugar imbalance
- chronic illness
- depression
- digestive disorder
- dizziness upon standing
- dry or thin skin
- excessive hunger
- hair loss
- headaches
- heart palpitations
- immune deficiency
- inflammation
- liver disorders
- low blood pressure
- low body temperature
- low sex drive
- mood swings
- parasite infection
- PMS
- poor concentration
- poor memory
- shoulder pain
- sleep disorder
- sweet craving
- thyroid disorder
- weakness
- weight gain/loss

Patient Health Survey

(continued)

Doctor Name: _____

Patient Name: _____

6 HIGH ESTROGENS

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- blood sugar imbalance
- bone repair-interference
- depression
- endometriosis
- excessive blood clotting
- headaches
- increased risk for breast cancer
- increased body fat
- infertility
- interference with thyroid hormone
- loss of zinc retention of copper
- low sex drive
- reduced vascular tone
- reduced oxygen in all cells
- risk for endometrial cancer
- salt & fluid retention
- uterine cramping

9 TOXIC LIVER

280, 290 (blood)

- abdominal pain
- altered smell or taste
- ascites (fluid that fills and distends the abdomen)
- autoimmune disorders
- aversion to certain foods
- dark circles under eyes
- fatigue
- fever
- hemochromatosis (too much iron)
- infections (especially viral)
- itching of the skin
- jaundice (yellowness of skin and whites of eyes)
- loss of appetite
- muscle aches
- nausea
- progressive weight loss
- weakness headache
- Wilson's Disease

10 HIGH PROGESTERONE

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- bloating
- breast tenderness
- decreasing insulin sensitivity
- depression
- raising insulin levels
- reducing libido
- weight gain

11 LOW PROGESTERONE

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- anxiety, can't shut down
- endometriosis and uterine fibroids
- heavy menstrual bleeding
- irregular menstrual cycles
- irritability and mood swings
- poor sleep
- tender breasts
- unable to get pregnant
- unable to maintain a pregnancy

7 LOW ESTROGENS

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- accelerated aging
- depression
- dry hair, skin, and nails
- fear
- headaches
- heart palpitations
- hot flashes
- mental fogginess
- migraines
- poor sleep
- vaginal dryness
- worry

12 HYPOTHYROID 282, 290 (blood)

- abnormal menstrual cycles
- depression
- dry & coarse skin and hair
- fatigue
- forgetfulness
- high cholesterol
- iodine deficiency
- iodine increase
- weight gain

13 HYPERTHYROID 282, 290 (blood)

- breathlessness
- bulging eyes, "spacy" gaze
- chest pain
- diarrhea or GI upset
- feeling of being too warm all the time
- hair loss
- heart palpitations/ accelerated heart rate
- heightened anxiety, irritability, moodiness or depression
- increased appetite
- light or absent menstrual periods, infertility
- muscle deterioration
- nervousness or trembling
- poor sleep, yet exhausted
- vision problems or eye irritation
- warm or moist skin
- weight loss

8 IMMUNITY

205S, 302, 310 (saliva)

- _____
- _____

Patient Health Survey (continued)

Dr. Name: _____

Patient Name: _____

14 BIOTOXINS, MOLD AND LUPUS

- | | | |
|---|--|--|
| <input type="checkbox"/> persistent swollen glands | <input type="checkbox"/> mood swings, irritability, depression | <input type="checkbox"/> unexplained weight gain |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> anxiety, panic attacks | <input type="checkbox"/> unexplained weight loss |
| <input type="checkbox"/> fevers | <input type="checkbox"/> psychosis: hallucinations, delusions, paranoia, bipolar | <input type="checkbox"/> unexplained hair loss |
| <input type="checkbox"/> sore soles, esp. in the a.m. | <input type="checkbox"/> tremor | <input type="checkbox"/> pain in genital area |
| <input type="checkbox"/> joint pain | <input type="checkbox"/> seizures | <input type="checkbox"/> unexplained menstrual irregularity |
| <input type="checkbox"/> fingers, toes | <input type="checkbox"/> headache | <input type="checkbox"/> unexplained milk production; breast pain |
| <input type="checkbox"/> ankles, wrists | <input type="checkbox"/> light sensitivity | <input type="checkbox"/> irritable bladder or bladder dysfunction |
| <input type="checkbox"/> knees, elbows | <input type="checkbox"/> sound sensitivity | <input type="checkbox"/> erectile dysfunction |
| <input type="checkbox"/> hips, shoulders | <input type="checkbox"/> vision: double, blurry, floaters | <input type="checkbox"/> loss of libido |
| <input type="checkbox"/> joint swelling | <input type="checkbox"/> ear pain | <input type="checkbox"/> queasy stomach or nausea |
| <input type="checkbox"/> fingers, toes | <input type="checkbox"/> hearing: buzzing, ringing, decreased hearing | <input type="checkbox"/> heartburn, stomach pain |
| <input type="checkbox"/> ankles, wrists | <input type="checkbox"/> increased motion sickness, vertigo, spinning | <input type="checkbox"/> constipation |
| <input type="checkbox"/> knees, elbows | <input type="checkbox"/> off balance, "tippy" feeling | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> hips, shoulders | <input type="checkbox"/> lightheadedness, wooziness, unavoidable need to sit or lie | <input type="checkbox"/> low abdominal pain, cramps |
| <input type="checkbox"/> unexplained back pain | <input type="checkbox"/> Tingling, numbness, burning or stabbing sensations, shooting pains, skin hypersensitivity | <input type="checkbox"/> heart murmur or valve prolapse |
| <input type="checkbox"/> stiffness of the joints or back | <input type="checkbox"/> facial paralysis - Bell's Palsy | <input type="checkbox"/> heart palpitations or skips |
| <input type="checkbox"/> muscle pains or cramps | <input type="checkbox"/> dental pain | <input type="checkbox"/> "heart block" on EKG |
| <input type="checkbox"/> obvious muscle weakness | <input type="checkbox"/> neck creaks and cracks, stiffness, neck pain | <input type="checkbox"/> chest wall pain or ribs sore |
| <input type="checkbox"/> twitching of the face or other muscles | <input type="checkbox"/> fatigue, tired, poor stamina | <input type="checkbox"/> head congestion |
| <input type="checkbox"/> confusion, difficulty thinking | <input type="checkbox"/> Insomnia, fractionated sleep, early awakening | <input type="checkbox"/> breathlessness, "air hunger," unexplained chronic cough |
| <input type="checkbox"/> difficult with concentration, reading, problem absorbing new information | <input type="checkbox"/> excessive night-time sleep | <input type="checkbox"/> night sweats |
| <input type="checkbox"/> word search, name block | <input type="checkbox"/> napping during the day | <input type="checkbox"/> exaggerated symptoms or worse hangover from alcohol |
| <input type="checkbox"/> forgetfulness, poor short-term memory, poor attention | | <input type="checkbox"/> symptom flares every 4 wks. |
| <input type="checkbox"/> disorientation: getting lost, going to wrong places | | <input type="checkbox"/> degree of disability |
| <input type="checkbox"/> speech errors: wrong word, misspeaking | | |

Patients: please list any other health concerns here and on back of form, if needed:
