



	A	B	C	D		A	B	C	D		
12. Low Immune	Ear infections/ stuffed up ears	0	3	7	10	19. Fertility	Irregular/ delayed periods	0	3	7	10
	Long or frequent colds or/ flu	0	3	7	10		Miscarriages	NO	YES	(10)	
	Swollen glands	0	3	7	10		Venereal diseases	NO	YES	(10)	
	Cold sores	0	3	7	10		Endometriosis	NO	YES	(10)	
	Mucous in throat	0	3	7	10		Polycystic ovaries	NO	YES	(10)	
	Throat infections	0	3	7	10		<b>Total.....</b>				
	<b>Total.....</b>										
13. Allergy	Hay fever / sinusitis	0	5	10	15	20. Periods	Fatigue with periods	0	3	7	10
	Eczema/ Psoriasis	0	3	7	10		Heavy blood flow/ clots	0	3	7	10
	Asthma/ bronchitis	0	3	7	10		Nausea with periods	0	3	7	10
	Headaches	0	3	7	10		Abdominal pain or cramping	0	3	7	10
	Food sensitivity/ allergy	0	3	7	10		Headache/ migraine with period	0	3	7	10
	Runny nose	0	3	7	10	<b>Total.....</b>					
<b>Total.....</b>											
14. Adrenals	Fatigue	0	2	5	7	21. Oestrogen/progest	Ovarian cysts. Fibroids	NO	YES	(10)	
	Poor tolerance to stress	0	2	5	7		Breast lumps/ congestion	0	3	7	10
	Salt cravings	0	2	5	7		Heavy blood flow	0	3	7	10
	Low exercise energy	0	2	5	7		Period of more than 5days	NO	YES	(10)	
	Drink coffee to feel up	0	3	7	10		Long total cycle (over 30 days)	0	3	7	10
	Dizzy upon standing	0	2	5	7		Scanty blood flow	0	3	7	10
	Rapid mood swings	0	2	5	7		Irritable /irrational/mood swings	0	3	7	10
<b>Total.....</b>					Hirsutiness (E.g. facial hair)	0	3	7	10		
					<b>Total.....</b>						
15. Thyroid	Feel cold often	0	3	7	10	23. Males	Difficulty urinating/post drip	0	3	7	10
	Irregular menstruation	0	1	3	5		Venereal diseases (STD'S)	NO	YES	(10)	
	Fertility problems	NO	YES	(8)			Pain in testicular area	0	3	7	10
	Depression / apathetic	0	1	3	5		Erectile difficulties	0	3	7	10
	Bulging eyes	0	2	5	10	<b>Total.....</b>					
	Low sex drive	0	1	3	5						
Thick peeling nails	0	3	5	8	24. Nerves	Trembling hands	0	3	7	10	
Puffy wrinkly skin	0	3	5	8		Uncoordinated	0	3	7	10	
<b>Total.....</b>						Stressed	0	3	7	10	
						Tummy knots	0	3	7	10	
						Nervous/ anxiety	0	3	7	10	
16. Blood sugars	Crave sweets	0	3	5	8	<b>Total.....</b>					
	Leg ulcers	0	3	5	8						
	Headache relieved by food	0	3	5	8	25. N.E	Stroke	NO	YES	(15)	
	Tired or sleepy after lunch	0	3	7	10		Alzheimer's disease	NO	YES	(15)	
	Morning dull headaches	0	3	5	8		Nerve/ motor disorders	NO	YES	(15)	
<b>Total.....</b>					<b>Total.....</b>						
17. Kidneys	Strong body odour	0	3	7	10	26. Pain	Chronic pain	0	8	12	18
	Difficulty holding urine	0	3	7	10		Headaches/ migraine	0	8	12	18
	Poor urine stream	0	3	7	10		Back pain	0	8	12	18
	Cloudy urine	0	3	7	10		Medication dependant for pain	0	5	10	15
	Urinary infections	0	3	7	10	<b>Total.....</b>					
<b>Total.....</b>											
18. Pre Menstrual	Anxiety/ irritable before period	0	3	7	10	27. Emotions	Medications for depression etc	NO	YES	(15)	
	Pain/ cramping	0	3	7	10		Depressive	0	3	7	10
	Cravings for sugar/ chocolate/ salt	0	3	7	10		Panic attacks	0	3	7	10
	Dizziness/ fatigue	0	3	7	10		Mood swings	0	3	7	10
	Depression/ crying	0	3	7	10		Irritable/ irrational/ vague	0	3	7	10
	Breast tenderness	0	3	7	10	<b>Total.....</b>					
	Fluid retention	0	3	7	10						
<b>Total.....</b>					28. Sleep	Can't fall asleep	0	1	5	7	
						Restless uneasy sleep	0	1	5	7	
						Intense dreams	0	1	3	5	
						Exhausted after sleep	0	1	3	5	
					<b>Total.....</b>						

**OFFICE POLICY** - In the interests of all patients, if you are unable to attend this office at the time of your appointment, 24 hours notice is required so that others may utilise this time, otherwise a **non cancellation fee will be applied**. Consultation and supplement fees are required to be paid at the time of your appointment. Prior arrangements may be accepted however outstanding fees will incur an accounting fee. I also agree to receive newsletters sent at the discretion of the clinic...

**I declare that the above information I have given is true and correct and I agree to abide by the Office Policy.**

Signed.....