

0 = No discomfort 10 = Maximum discomfort												
Symptom	0	1	2	3	4	5	6	7	8	9	10	
Abdominal Bloating/Pain												
Acne												
ADD/ADHD												
Addiction to: Smoking												
Alcohol												
Carbohydrate												
Coffee												
Drugs												
Food												
Anxiety/Anxiety Attacks												
Arthritis (specify type)												
Asthma												
Autism												
Backache												
Bad Breath												
Bed Wetting/Incontinence												
Behavioral Problems/Easily Angered												
Bipolar Disorders												
Blood Pressure Problems												
Bronchitis												
Cancer (specify type)												
Candida/Yeast												
Chicken Pox												
Chronic Fatigue												
Colitis												
Constipation												
Cough												
Crohn's Disease												
Depression												
Diarrhea												
Dry Eyes												
Ear Infections/Problems												
Eating Disorders												
Eczema												
Emotional Problems/Imbalance												
Excessive Appetite												
Eye Problems (specify type)												
Falling Out Hair												
Fibromyalgia												
Flatulence/Gas												
Food Cravings												
Frequent Colds												
Frequent Infections												
Symptom	0	1	2	3	4	5	6	7	8	9	10	

Frequent Urination												
Gallstones												
General Itching												
Hay Fever												
Headaches												
Heart Irregularities/Disease												
Hemorrhoids												
Herpes												
Hives												
Hormone Imbalances												
Hyperactivity												
Hypoglycemia												
Immunization After-effects												
Indigestion												
Insomnia												
Irritable Bowel Syndrome (IBS)												
Kidney Disease												
Knee Pains												
Leaky Gut Syndrome												
Learning Disabilities/Dyslexia												
Liver Disease												
Lock Jaw												
Lupus												
Menopausal Syndrome												
Migraines												
Mood Swings												
Multiple Sclerosis												
Nervous Stomach												
Night Sweats												
Obsessive Compulsive Disorders												
Overeating												
Pain anywhere in the body												
Parasitic Infestation												
Phobias												
Poor Appetite												
Poor Memory												
Post Nasal Drip												
Premenstrual Syndrome (PMS)												
Psoriasis												
Psychological Disorders												
Rashes												
Restless Leg Syndrome												
Rheumatoid Arthritis												
Ringworm												
Schizophrenia												
Sciatica Pains												
Symptom	0	1	2	3	4	5	6	7	8	9	10	

Sea Sickness															
Shingles															
Sinusitis															
Stiff Neck															
Thyroid Problems															
Varicose Veins															
Vertigo/Dizziness															
Weight Problems															
Others (please list):															

I understand that the above information is complete and is correct to the best of my knowledge.

Signature: _____ Adult patient Parent/guardian Spouse