



CONFIDENTIAL PATIENT QUESTIONNAIRE for

(patient name)

Please answer the following questions with one of these five responses:

1=Never 2=Rarely 3=Sometimes 4=Frequently 5=Daily.

Please mark one space per visit. For example, for the first visit, enter the appropriate number in the first space for each question.

		VISIT DATE					
LY	Do you experience recurrent infections, sinusitis, postnasal drip, or swollen lymph nodes, etc?						
LU	Do you experience recurrent respiratory infections, coughs, bronchitis, pneumonia, asthma, etc?						
LI	Do you experience bouts of diarrhea or constipation, gas bloating, etc?						
NE	Do you experience irritability, nervousness, trembling, anxiety, memory problems, etc?						
CI	Do you have cold fingers or toes, blood pressure problems, varicose veins, arteriosclerosis, etc?						
AL	Do you react to pollens, molds, foods, seasonal irritants, perfumes, animal dander, etc?						
OR	Do you have slow metabolism, are you always hungry, have low energy at specific times of day?						
TW	Do you have mood swings, sleep problems, are you always cold, have chemical imbalances, etc?						
HE	Do you experience palpitation, arrhythmia, impairments from prior infections, weak valves, etc?						
SI	Do you have recurrent yeast infections, frequent antibiotic use, poor diet, gas bloating, etc?						
GV	Do you experience spinal stiffness or pain, headaches, mental confusion, depression, etc?						
PA	Do you have diabetes, hypoglycemia, irritability, shaking if you skip a meal, etc?						
SP	Do you experience chronic fatigue, recurring infections, lowered immune response, etc?						
LV	Do you experience jaundice, high cholesterol, discomfort in liver region, blood disorders, etc?						
JO	Do you have arthritis, back pain, discomfort when moving, weather triggered ailments, etc?						
ST	Do you experience digestive disturbances, high acidity, bloating or gas after meals, etc?						
FI	Do you have fibromyalgia, rheumatism, carpal tunnel, slow recovery after exercise, etc?						
SK	Do you have rashes, dryness or cracking, scaly patches, eczema, acne, psoriasis, etc?						
FA	Do you have lipomas, degenerative liver disease, breast tumors, problems burning fat, etc?						
GB	Do you have a history of gallstones, discomfort after eating rich foods, low fat metabolism, etc?						
CV	Do you experience impotence, miscarriages, sterility, gynecologic or genital disorders, etc?						
KI	Do you experience edema, gout, pain in the lower back, burning urination, kidney stones, etc?						
UB	Do you have recurring infections, itching or yeast problems, painful urination, "leaking", etc?						
Ovary & Uterus	Do you have PMS, menstrual pains or discomfort, irregular periods, mood swings, etc?						
Prostrate	Do you experience urinary discomfort, frequency of urination, etc?						
Teeth	Do you have sensitive teeth or experience pain or discomfort in the teeth, gums or jaw region?						
Ability to Withstand Stress	Do you experience ailments from stress such as work, finances, society, relatives, etc?						
Energy & Endurance	Do you lack motivation, drive, perseverance, stamina, strength, durability, endurance, etc?						
Feeling of Well Being	Do you lack a sense of happiness, joy, feelings of fulfillment, a positive outlook on life, etc?						
Immune System	Are you susceptible to infections, allergies, environmental pollution, wrok environment, etc?						
State of Health	Do you experience symptoms affecting your emotions, mental focus and all or part of your body?						
		VISIT TOTAL					