



## Client Subjective Health Evaluation Profile

### Part 1: General Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Do you currently take vitamins or other supplements?  Yes  No  
If Yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Did you have anything to eat during the last 3 hours? :  Yes  No  
If Yes, what did you eat? \_\_\_\_\_  
\_\_\_\_\_

Reason for seeking help: \_\_\_\_\_  
\_\_\_\_\_

### Part 2: Medications:

Check any of the following medications you are taking:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Antacids                       | <input type="checkbox"/> Antidepressants   | <input type="checkbox"/> Antibiotics     |
| <input type="checkbox"/> High Blood Pressure Medication | <input type="checkbox"/> Pain Medications  | <input type="checkbox"/> Water Retention |
| <input type="checkbox"/> Anti Inflammatory Medications  | <input type="checkbox"/> Heart Medications | <input type="checkbox"/> Hormones        |
| <input type="checkbox"/> Oral Contraceptives            | <input type="checkbox"/> Ulcer Medications | <input type="checkbox"/> Laxatives       |
| <input type="checkbox"/> Radiation and/or Chemotherapy  | <input type="checkbox"/> Thyroid           | <input type="checkbox"/> Steroids        |

**Please List Medications By Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information is provided for nutritional information. The information being sought is of a nutritional nature and not a medical diagnosis, treatment, disease prevention or health assessment . I hereby certify that I am not an employee, agent, or otherwise affiliated with the Federal Drug Administration or related agency.. I understand: According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g)(1), the term "Drug" is defined to mean: Articles intended for the use in the DIAGNOSIS, CURE, MITIGATION, TREATMENT or PREVENTION of disease. In other words, to claim that a vitamin, mineral, trace element or amino acid will have any effect on disease or symptoms thereof, that particular nutrient then becomes a DRUG under the law as written. Therefore, any suggested nutrition is not intended as primary therapy for any disease or symptom, but is provided solely to upgrade the quality of foods delivered through the diet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

The following section contains questions regarding your evaluation of conditions that may be affecting your health and personal well being. Circle the number in each column that best describes your situation. Leave questions blank that you are not sure of. By scoring yourself, you can make specific and positive changes to enhance your overall health.

<b>1. Overall Health and Wellness:</b>	<b>Never</b>	<b>At Times</b>	<b>Often</b>
Do you have trouble sleeping?	0	1	2
Do your muscles feel weak after performing usual activities?	0	1	2
Do you consume fast foods and/or use synthetic additives?*	0	1	2
Do you feel nervous?	0	1	2
Do you have difficulty concentrating and/or remembering important items?	0	1	2
*Double score for additives such as aspartame (NutraSweet™). <b>Total of Columns =</b>			
<b>2. Digestion and Assimilation of Foods:</b>	<b>Never</b>	<b>At Times</b>	<b>Often</b>
Do you experience bloating?	0	1	2
Do you feel too full after eating?	0	1	2
Do you feel sleepy or have low energy after eating?	0	1	2
Does your diet consist of highly processed and cooked foods?	0	1	2
Do you feel a need to eliminate too soon after eating?	0	1	2
Do you get indigestion or heartburn after eating?	0	1	2
<b>Total of Columns =</b>			
<b>3. Weight Control and Fitness:</b>	<b>Never</b>	<b>At Times</b>	<b>Often</b>
Do you crave <input type="checkbox"/> sweets <input type="checkbox"/> fats?*	0	1	2
Do you experience weakness or faintness between meals?	0	1	2
Do you have an inability to <input type="checkbox"/> lose <input type="checkbox"/> gain weight?*	0	1	2
*Double this score if you checked both <b>Total of Columns =</b>			
<b>4. Resistance to Disease and Infection:</b>	<b>Never</b>	<b>At times</b>	<b>Often</b>
Do you have varicose veins or bruise easily?	0	1	2
Do you experience hyperactivity or excessive nervousness?	0	1	2
Do you have stiff joints?	0	1	2
Do you smoke or are you exposed to second hand smoke or smog?	0	1	2
Are you constantly around computers or high electrical fields?	0	1	2
Do you have amalgam fillings or root canals?*	0	1	2
*Triple this score if you checked both <b>Total of Columns =</b>			
<b>5. Absorption and Utilization of Nutrients:</b>	<b>No</b>		<b>Yes</b>
Are you taking or have you taken antibiotics within the last 90 days?	0		2
Have you taken any other medication in the last 90 days?	0		2
Do you consume alcohol or carbonated beverages?	0		2
Do you consume dairy products?	0		2
Have you eaten any kind of meat within the last 30 days?	0		2
<b>Total of Columns =</b>			

**Score:** Naturally, nothing replaces specific examinations to determine precise cause. The following chart is a basic guide only. The information is not intended to diagnose or treat conditions. As always, consult your physician first.

<b>1. Overall Health</b>	
<b>0-1</b>	Your overall health is probably fairly good. However, if there are other situations (such as chronic conditions such as asthma, arthritis, atherosclerosis, etc...), you must address these individually with your healthcare provider.
<b>1-4</b>	You need to make changes in certain areas of your diet. You may be experiencing enzyme deficiencies, candidiasis, fungal forms, parasitic activity, calcium deficiency, etc... You may wish to consider an enzyme formula, Cal/mag supplement and probiotics.
<b>4-6</b>	You may be experiencing the beginning of degenerative and/or chronic condition(s) that should be addressed immediately before they become more severe. Strongly recommend enzymatically driven multi-vitamin, probiotics and antioxidants. Seek professional help.
<b>6-10</b>	Changes are definitely occurring that are affecting your overall health. If you do not take action now, the possibility of future reversal is highly unlikely. Highly recommend complete program including enzyme based multi-vitamin, probiotics, OPC's and amino acids. Also check for calcium deficiency, metal toxicity, and use of synthetic additives such as aspartame (NutraSweet™). Etc. Seek professional help.
<b>2. Digestion and Assimilation of Foods</b>	
<b>0-1</b>	Your overall ability to digest and assimilate foods indicates a healthy internal environment and/or diet.
<b>1-4</b>	Your ability to digest foods is hampered and may be early signs of enzyme deficiencies and/or poor dietary choices. Consider making changes in your diet now and adding enzymes to your supplement program.
<b>4-6</b>	Serious considerations should be made in reversing conditions that may become larger problems later. Strong recommendation for enzymes, probiotics. Make positive changes in your diet now. See Nutritionist for help.
<b>6-10</b>	Definite digestive problems that must be addressed now and may indicate serious complications that should be addressed by a healthcare professional. Full program of enzymes, OPC's and probiotics highly recommended. Seek professional advice.
<b>3. Weight Control and Fitness</b>	
<b>0-1</b>	Your lifestyle and/or body type indicates overall fitness.
<b>1-4</b>	Definite changes indicated. You may be suffering from signs of candidiasis and enzyme deficiency. These conditions will only worsen if not addressed soon.
<b>4-6</b>	Increased signs of abnormal conditions. Faintness, for example, may indicate systemic candidiasis and/or parasitic activity. Definite recommendations of enzymes, probiotics, OPC's and amino acids. Also, recommend a regimen of colloidal silver to help eliminate unfriendly activity in system.
<b>6-10</b>	Definite signs of enzyme deficiency, candidiasis, and/or parasites or other conditions that should be addressed. Meanwhile, please consider a full regimen of colloidal silver, enzymes, OPC's and probiotics. Also, consider adding live culture yogurt (with cinnamon) to your dietary intake. Seek professional help.
<b>4. Resistance To Disease and Infection</b>	
<b>0-1</b>	Immune system shows good integrity.
<b>1-4</b>	Take action now in boosting your immune system by adding enzymes, probiotics and OPC's to your daily regimen. If immune response is suffering due to EMF (electromagnetic fields) consider moving or protecting your environment with specific devices designed to reduce or eliminate EMF.
<b>4-6</b>	Immune system is seriously compromised and you should make every effort to see a physician. Naturally, any supplemental support such as OPC's and enzymes will be helpful. Seek a healthcare provider and seek specific tests.
<b>5. Absorption And Utilization of Nutrients</b>	
<b>0-1</b>	System shows good integrity.
<b>1-4</b>	System may be compromised from antibiotic use, alcohol or food allergies. Almost all processed foods contain antibiotics and hormones. If recent onset, supplement now with probiotics and remove the offending addition from your diet.
<b>4-6</b>	System is compromised and full regimen beginning with probiotics, OPC's and good multi-vitamin with enzymes. May be exhibiting signs of food intolerance. This may be due to lectin intolerance from certain foods and/or use of additives such as aspartame (NutraSweet™) or Olean™. Consider dietary changes now! Seek professional help with emphasis on nutritional expertise.