

MINERAL ANALYSIS RETEST FORM

Date _____

Name _____ Age _____ Postal Zip Code _____

International clients: City _____ State/Prov. _____ Nation _____ **WEIGHT:** _____

Please answer the questions below to help us set up your new program:

1. On a scale of 0-5, how closely have you been following your program? 0=not at all 5=perfectly

Diet _____ Supplements _____ Water _____ Lifestyle _____ Rest _____ Saunas or heat lamp _____

Pushing Down Exercise _____ Reflexology _____ Coffee Enemas _____ Spinal Twist _____

2. What is your current diet? (Please don't fudge on this – I know it can be embarrassing):

Breakfast: _____ **Beverages:** _____

Lunch: _____ **Beverages:** _____

Dinner: _____ **Beverages:** _____

3. Describe changes you have noticed in your symptoms over the past several months.

4. Do you have any questions about your supplements, diet program, sauna therapy or coffee enemas?

5. Do you have any questions about emotional aspects, meditation or lifestyle challenges?

6. Are there other concerns you would like us to address when updating your healing program?

Disclaimer: Nutritional balancing is a means to reduce stress and is not intended as diagnosis, treatment or prescription for any condition or disease. (Rosemary Slade is certified in Nutritional Balancing and is an occupational therapist.)

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Name _____ SYMPTOM SHEET

Directions: CIRCLE any conditions that presently describe you. Put a STAR next to the most important symptoms

<p>Joint Pain Joint Stiffness Arthritis, Osteo Arthritis, Rheumatoid Muscle Pain Muscle Weakness Muscle Cramps Bursitis Fractures Osteoporosis Gout</p> <p>Sweet Cravings Sugar Reactions Irritable before meals Can't Skip Meals Hypoglycemia Crave Starches Fat Cravings Other Food Cravings Food Allergies Excessive hunger No hunger</p> <p>Diabetes Rapid Heart Rate Skipped Heart Beats Heart Palpitations Heart Attack Poor Circulation Dizziness Low Blood Pressure High Blood Pressure Angina Arteriosclerosis High Cholesterol _____ High Triglycerides _____</p> <p>Cough Bronchitis Asthma Post-nasal Drip Sinus Congestion Allergies Emphysema</p> <p>Fatigue Hypothyroidism Low Body Temperature Cold in Winter/Dry Skin Tend to Gain Weight Hyperthyroidism</p> <p>Eye conditions _____</p>	<p>Acne Eczema Fungal Infections/Candida Psoriasis Hives Hair Loss Slow Wound Healing Cataracts Glaucoma Meniere's Disease Tooth Decay Excessive Plaque on Teeth Gum Disease</p> <p>Get Infections Easily Epstein-Barr Virus Tumors/Cancer Multiple Sclerosis Parkinson's Disease Scleroderma Anger Anxiety Bipolar Disorder Brain Fog Confusion</p> <p>Depression Irritability Mind Races Mood Swings Obsessive/Compulsive Panic Attacks Poor Memory Suicidal thoughts Schizophrenia Trouble Sleeping Autism Attention Deficit Hyperkinesis Dyslexia Seizures Learning Disability Mental Retardation Delayed Development</p> <p>Bladder Infections Kidney Infections Trouble Urinating Frequent Urination Painful Urination Kidney Stones Water Retention Painful Urination Kidney Stones Water Retention</p>	<p>Sinus Headaches Tension Headaches Migraine Headaches Neuritis</p> <p>Constipation Diarrhea Intestinal Gas Bloating Heartburn Ulcer Stomach Pain Colitis Gall Stones Fissures Hemorrhoids Cirrhosis Diverticulitis Tend to Gain Weight Tend to Lose Weight</p> <p>Anemia Easy Bruising</p> <p>Abuse Drug Addiction Alcoholism Smoking</p> <p>WOMEN: Premenstrual Syndrome Water Retention Cramps No Menstruation Heavy periods Light Periods Irregular Periods Ovarian Cysts Fibroid Tumors Abnormal Pap Smear Menopause Fibrocystic Breasts Breast Tumors Yeast Infections Hot Flashes</p> <p>MEN: Prostate Problems Impotence Infertility</p> <p>Other Symptoms or Comments:</p>
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