GENERAL INFORMATION SHEET

Name	Age	Sex: M F	Date	
Address				
	City			
State/Prov	Postal Code	_Country_		
Home Phone	Business Phone			
E-Mail Address	Heig	ght	_ Weight	
Occupation	How were you referred?			
What are your main health	n concerns or conditions?			
Please list any medications	or food supplements you are curr	ently takin	g:	
Please list any recent medic	cal tests results you have, such as	blood tests	:	
Please list illnesses in your arthritis.	family such as heart disease, canc	er, TB, dia	betes or	
<u>DIET</u> : What are examples	s of typical breakfasts for you?		Beverages	
Mid-morning Snacks				
What are typical lunches fo	or you?] 	Beverages	
Mid-afternoon Snacks				
What are typical dinners fo	or you?		Beverages	
Evening Snacks				
How often and what kind o	of exercise do you do?			
About how many hours of	sleep do you get per day?			
chemistry. It is not intended	ritional balancing is a means to redulas diagnosis, treatment or prescription. Nutritional Balancing and is an o	ion for any	condition or disease	
Signed		Date		
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Name	SYMPTOMS SHEET	
CIRCLE any conditions or sym	— ptoms that presently describe you.	
PLACE A STAR next to the syn	= = = = = = = = = = = = = = = = = = = =	
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Joint Pain	Eczema	Sinus Headaches
Joint Stiffness	Fungal Infections/Candida	Tension Headaches
Arthritis, Osteo	Psoriasis	Migraine Headaches
Arthritis, Rheumatoid	Hives	Neuritis
Muscle Pain	Hair Loss	Eye diseases
Muscle Weakness	Slow Wound Healing	Constipation
Muscle Cramps	Cataracts	Diarrhea
Bursitis	Glaucoma	Intestinal Gas
Fractures	Meniere's Disease	Bloating
Osteoporosis	Tooth Decay	Heartburn
Gout	Excessive Plaque on Teeth	Ulcer
	Gum Disease	Stomach Pain
Sweet Cravings		Colitis
Sugar Reactions	Infections/Viruses	Gall Stones
Irritable before meals	Tumors/Cancer	Fissures
Can't Skip Meals	Multiple Sclerosis	Hemorrhoids
Hypoglycemia	Parkinson's Disease	Cirrhosis
Crave Starches	Scleroderma	Diverticulitis
Fat Cravings	Fear	Tend to Gain Weight
Other Food Cravings	Anger	Tend to Lose Weight
Food Allergies	Anxiety	
Excessive hunger	Bipolar Disorder	Anemia
No hunger	Brain Fog	Easy Bruising
Diabetes	Confusion	
	Depression	Dental Amalgams
Rapid Heart Rate	Irritability	Drug Addiction
Skipped Heart Beats	Mind Races	Alcoholism
Heart Palpitations	Mood Swings	Smoking
Heart Attack	Obsessive/Compulsive	
Poor Circulation	Panic Attacks	WOMEN:
Dizziness	Poor Memory	Premenstrual Syndrome
Low or High Blood Pressure	Schizophrenia	Water Retention
Angina	Trouble Sleeping	Cramps
Arteriosclerosis	Suicidal thoughts	No Menstruation
High Cholesterol	Autism	Heavy periods
High Triglycerides	Attention Deficit	Light/Irregular Periods
	Hyperkinesis	Ovarian Cysts
Cough	Dyslexia	Fibroid Tumors
Bronchitis	Seizures	Abnormal Pap Smear
Asthma	Learning Disability	Menopause
Post-nasal Drip	Mental Retardation	Fibrocystic Breasts
Sinus Congestion	Delayed Development	Breast Tumors
Allergies		Yeast Infections
Emphysema	Bladder Infections	Hot Flashes
	Kidney Infections	Currently pregnant
Fatigue	Trouble Urinating	Abuse
Hypothyroidism	Frequent Urination	Rape
Low Body Temperature	Painful Urination	
Cold in Winter/Dry Skin	Kidney Stones	MEN:
Tend to Gain Weight	Water Retention	Prostate Problems
Hyperthyroidism	Kidney Stones	Impotence
Acne	Water Retention	Infertility

Other Symptoms or Comments: