

Name _____ **Date of visit** _____

Reasons for coming _____

Health goals _____

Medical history _____

Diseases, Surgeries, Traumas _____

List vitamins and herbs consumed _____

Weekly Exercise habits _____

What do you drink on a normal day _____

How much coffee do you drink daily _____

How much alcohol do you drink daily _____

Describe your activity level forty hours a week _____

Do you smoke? How many daily? _____

What is your major cause of stress? _____

What do you do to relax? _____

How do you feel on a normal day? And today? _____

How do you usually feel after eating? (bloated, energized, sleepy)

Blood type? _____ Name the last book you read _____

Do you believe you can make a difference in your health? _____

Describe your bowel movements and frequency _____

How much and how well do you sleep? _____

How many times do you eat fish a week? _____ Raw nuts/seeds _____

List all foods eaten in the last 3 days on back or attach food diary.

Consent to Services Agreement

THE BELOW DISCLAIMERS APPLY TO EVERY PART OF THE INFORMATION PROVIDED BY RENEE DETKY CONCERNING BODY CHEMISTRY ANALYSIS AND INTERPRETATION.

- If you have a named disease, I do not cure diseases. I am not a medical doctor.
- The purpose of bio-chemistry testing is to help teach you how to live a healthier life.
- The purpose of bio-terrain testing and blood nutrition analysis are to help you understand your individual metabolic imbalances and teach how to correct them.
- It is also my purpose to encourage all clients to do their own research. I hope that each client would learn to listen to their own body, and give each person an understanding of “You are what you eat.”
- The DANGER of taking over-the-counter drugs, prescribed medications or even mega doses of vitamins, minerals and herbs should never be ignored.

I DO NOT ADVOCATE ANYONE FROM DISCONTINUING MEDICATIONS PRESCRIBED BY THEIR DOCTOR. IF YOUR HEALTH IMPROVES AND YOU CHOOSE TO DO THIS, CONSULT WITH THE PRESCRIBING MEDICAL DOCTOR BEFORE ANY CHANGES ARE MADE.

I have read and understand all the above information and consent to services.

Name _____

Signed _____ Date _____

_____ Last Name	_____ First Name	_____ Middle Initial	_____ (Mr./Mrs./Miss)				
_____ Street address			_____ E-mail address				
_____ City	_____ State	_____ Zip	_____ Home Phone	_____ Cell	_____ Work		
_____ Sex	_____ Age	_____ Birth Date	_____ Height	_____ Weight	_____ Race	_____ Religion	_____ Occupation

Please check once anything that pertains to you, twice in areas that you experience more strongly.

Category I – Colon

- Feeling that bowels do not empty completely
- Lower abdominal pain relief by passing stool or gas
- Alternating constipation and diarrhea
- Diarrhea
- Constipation
- Hard, dry or small stool
- Coated tongue or fuzzy debris on tongue
- Pass large amount of foul smelling gas
- More than 3 bowel movements daily
- Do you use laxatives frequently?

Category 2 – Hypochlorhydria

- Excessive belching, burping or bloating
- Gas immediately following a meal
- Offensive breath
- Difficult bowel movements
- Sense of fullness during and after meals
- Difficulty digesting fruits and vegetables; undigested foods found in stool

Category 3 – Hyperacidity (Ulcers)

- Stomach pain, burning or aching 1 – 4 hours after eating
- Do you frequently use antacids?
- Feeling hungry an hour or two after eating
- Heartburn when lying down or bending forward
- Temporary relief from heart burn with: antacids, food, milk, or soda
- Digestive problems subside with rest and relaxation
- Heartburn due to spicy food, chocolate, citrus, peppers, alcohol, caffeine

Category 4 – Small Intestine (Pancreas)

- Roughage and fiber cause constipation
- Indigestion and fullness lasts 2 – 4 hours after eating
- Pain, tenderness, soreness on left side under rib cage, bloated
- Excessive passage of gas
- Nausea and/or vomiting
- Stool undigested, foul smelling, mucous-like, greasy, or poorly-formed
- Stool floats

Category 5 – Biliary Insufficiency and /or Stasis

- Greasy or high – fat foods cause distress
- Lower bowel gas and/or bloating several hours after eating
- Bitter metallic taste in mouth, especially in the morning
- Unexplained itchy skin
- Yellowish cast to eyes
- Stool color alternates from clay colored to normal brown
- Reddened skin, especially palms
- Dry flaky skin and/or hair
- History of gallbladder attacks or stones
- Have you had your gallbladder removed?

Category 6 – Hypoglycemia

- Crave sweets during the day
- Irritable if meals are missed
- Depend on coffee to keep yourself going or get started
- Get lightheaded if meals are missed
- Eating relieves fatigue
- Agitated, easily upset, nervous
- Poor memory, forgetful
- Blurred vision

Category 7 – Insulin Resistance

- Fatigue after meals
- Crave sweets during the day
- Eating sweets does not relieve cravings for sugar
- Must have sweets after meals
- Waist girth is equal or larger than hip girth
- Frequent urination
- Increased thirst and appetite
- Difficulty losing weight

Category 8 – Adrenal Hypo function

- Cannot stay asleep
- Crave salt
- Slow starter in the morning
- Afternoon fatigue
- Dizziness when standing up quickly
- Afternoon headaches
- Headaches with exertion or stress
- Weak nails

Category 9 – Adrenal Hyper function

- Cannot fall asleep
- Perspire easily
- Under high amounts of stress
- Weight gain when under stress
- Wake tired even after 6 or more hours of sleep
- Excessive perspiration or perspiration with little or no activity

Category 10 – Hypothyroid

- Head hair loss
- Headaches / migraines
- Loss of outer eyebrow
- Decreased memory
- Depression
- Insomnia or needing lots of sleep
- Anxiety attacks
- Easy weight gain
- Low motivation
- Dry skin & hair
- Slow growing or brittle nails

Category 11 – Thyroid Hyper function

- Heart palpitations
- Inward trembling
- Increased pulse even at rest
- Nervousness and emotional
- Insomnia
- Night sweats
- Difficulty gaining weight

Category 12 – Pituitary Hypo function

- Diminished sex drive
- Menstrual disorders
- Increased ability to eat sugars without symptoms

Category 13 – Pituitary Hyper function

- Increased sex drive
- Tolerance to sugars reduced
- "Splitting" type headache

Medications – Circle any that you are currently taking.

- Antacids
- Antibiotics
- Antifungal
- Antihistamines
- Antidepressants
- Aspirin / Tylenol
- Anti-Inflammatory
- Anxiety Medication
- Diuretics
- High Blood Pressure Medicine
- High Cholesterol
- Oral Contraceptives
- Hormone Replacement
- Thyroid Hormones
- Laxatives
- Hydrocortisone Cream
- Prescription Pain Reliever
- Other

Please list all other medications and reasons for taking them on the back.

Category 16 – Menstruating only

- Peri-menopausal?
- Irregular menstrual cycle length
- Menstrual cycle less than 24 days
- Cycle longer than 32 days
- Pain & cramping during periods
- Scanty blood flow
- Heavy blood flow
- Breast pain/swelling with menses
- Pelvic pain during menses
- Irritable/depressed during cycle
- Acne breakouts
- Facial hair growth
- Hair loss, or thinning hair

Category 17 – Menopausal Only

- How many years
- Uterine bleeding
- Mental foginess
- Hot flashes
- Disinterest in sex
- Mood swings
- Depression
- Painful Intercourse
- Shrinking breasts
- Facial hair growth
- Acne
- Increased vaginal pain, itch, dry

Category 14 – Prostate (Men only)

- Urination difficulty or dribbling
- Frequent urination
- Pain inside of legs or heels
- Feeling of incomplete bowel evacuation
- Leg nervousness at night

Category 15 – Andropause (Men only)

- Decrease in libido
- Decrease in spontaneous morning erections
- Decrease in fullness of erection
- Difficulty maintaining erections
- Spells of mental fatigue
- Inability to concentrate
- Episodes of depression
- Muscle soreness
- Decrease in physical stamina
- Unexplained weight gain
- Increase in fat around chest/hip
- Sweating attacks
- More emotional than in the past
- Varicose veins or Hemorrhoids
- Changes in visual acuity

Category 18 – Toxic burden

- More than 10 lbs overweight
- Allergies or Asthma
- Eczema or Psoriasis
- Headaches
- Brain fog
- Depression / Anxiety
- Chemically sensitive
- Fatigue
- Chronic pain
- Fibromyalgia / CFS
- Autoimmune disease