The Body Balanced - Health Program
PO Box 1675
Garner, NC 27529
(800) 381-2898

HEALTH INFORMATION SHEET

Name_____Age_____Today's Date_____

Address_____City_____State_____Zip_____

Home Phone_____Business Phone_____

E-Mail Address_____Height_____Weight_____

Occupation_____How were you referred?_____

What are your main health concerns or conditions?_____

Please list any medications or food supplements your are currently taking:

Please list any recent medical tests results you have, such as blood tests:

Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis.

DIET: What are examples of typical breakfasts for you? Beverages

Mid-morning Snacks_____
What are typical lunches for you? Beverages

Mid-afternoon Snacks_____
What are typical dinners for you? Beverages

Evening Snacks_____
How often and what kind of exercise do you do?_____

About how many hours of sleep do you get per day?_____

I understand that mineral balancing is a means to reduce stress and correct nutritional deficiencies. It is not intended as a diagnosis, treatment or prescription for any condition or disease.

Signed_____**Date**_____

CIRCLE any conditions or symptoms that presently describe you.
PLACE A STAR next to the symptoms most important to you.

Joint Pain
Joint Stiffness
Arthritis, Osteo
Arthritis, Rheumatoid
Muscle Pain
Muscle Weakness
Muscle Cramps
Bursitis
Fractures
Osteoporosis
Gout

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
Diabetes

Rapid Heart Rate
Skipped Heart Beats
Mind Races

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

Infection/Viruses
Tumors/Cancer
Multiple Sclerosis
Parkinson's Disease
Scleroderma

Anger
Anxiety
Bipolar Disorder
Brain Fog
Confusion
Depression
Irritability
Drug Addiction

Painful Urination
Kidney Stones
Water Retention
Sinus Headaches
Tension Headaches
Migraine Headaches
Neuritis

Constipation
Diarrhea
Intestinal Gas
Bloating
Heartburn
Ulcer
Stomach Pain
Colitis
Gall Stones
Fissures
Hemorrhoids
Cirrhosis
Diverticulitis
Tend to Gain Weight
Tend to Lose Weight

Anemia
Easy Bruising
Heart Palpitations

Heart Attack
Poor Circulation
Dizziness
Low or High Blood Pressure
Angina
Arteriosclerosis
High Cholesterol_____
High Triglvcerides_____

Mood Swings
Obsessive/Compulsive
Panic Attacks
Poor Memory
Schizophrenia
Trouble Sleeping

Autism
Attention Deficit

Alcoholism
Smoking

WOMEN:
Premenstrual Syndrome
Water Retention
Cramps
No Menstruation
Heavy periods

Cough
Bronchitis
Asthma
Post-nasal Drip
Sinus Congestion
Allergies
Emphysema

Fatigue
Hypothyroidism
Low Body Temperature
Cold in Winter/Dry Skin
Tend to Gain Weight
Hypothyroidism

Hyperkinesis
Dyslexia
Seizures
Learning Disability
Mental Retardation
Delayed Development

Bladder Infections
Kidney Infections
Trouble Urinating
Frequent Urination
Painful Urination
Kidney Stones
Water Retention

Light/Irregular periods
Ovarian Cysts
Fibroid Tumors
Abnormal Pap Smear
Menopause
Fibrocystic Breasts
Breast Tumors
Yeast Infections
Hot Flashes

MEN:
Prostate Problems
Impotence
Infertility

Other Symptoms or Comments:

Any additional information please attach with this form. Thank you!