

Diet and Health - Patient Intake Form

*Practitioner Name: _____ Date: _____

*Patient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Gender: M F DOB: _____

* Indicates required data (Gender and DOB required only for Calorie Calculations)

Measurements for Calorie Calculations (not recommended on first patient visit or for children & infants)

*Height (barefoot): _____ *Weight (clothed): _____ *Wrist (circumference of dominant hand at wrist folds): _____

*Activity Level (check only one)

- Sedentary (little or no exercise, desk job or bed ridden)
- Light Activity (light exercise – sports 1 to 3 days per week)
- Moderate Activity (moderate exercise – sports 3 to 5 days per week)
- Very Active (hard exercise – sports 6 to 7 days per week)
- Extra Active (hard daily exercise – sports and physical job)

Lean Body Mass or Percent Body Fat (if known): _____

Current Health Factors

Surgery (recent only – check only one)

- Minor
- Major

Infection (current – check only one)

- Mild
- Moderate
- Severe

Trauma (current only)

- Muscular/Skeletal (sprains, fractures, etc.)

* indicates required data for calorie calculations (all other data recommended) Pregnancy (Trimester: 1 2 3)

-- ONLY MAKE SELECTIONS YOU ARE CERTAIN OF --

Food Component Reactions

- Amines
- Citrus Fruits
- Dairy (casein & lactose)
- Eggs
- Glutamates
- Gluten & Gliadin
- Salicylates
- Shellfish
- Soy
- Sulfites
- Theobromine
- Yeast

Toxins and Junk Food

- Alcohol
- Caffeine
- Carcinogens & Toxins
- Fluoride/Chlorine
- Harmful Fats
- Mercury Contaminated Foods
- Non-food Items (synthetics)
- Pesticides (for organic diets)
- Refined sugars

Blood Type Allergens (use only if you wish to predict probable food allergies prior to actual testing)

Circle patient's blood type : O A₁ A₂ B A₁B A₂B Rh negative

Blood Type Lectin Reactions (use only if you understand the effect of lectin reactions)

Circle patient's blood type : O A B AB

Vegetarian Intolerances (check to remove from diet)

- Red Meat
- Poultry
- Fish and Seafood
- Dairy Foods
- Eggs and Egg Products

Ethnic Intolerances

- Non-Hindu Foods
- Non-Kosher Foods
- Non-Muslim Foods

Organs and Systems Needing Support (check all that apply)

- Adrenals
- Bladder
- Bones
- Brain/Nerves (CNS)
- Bronchi
- Ears (hearing)
- Eyes (vision)
- Female Reproductive Organs
- Gallbladder
- Gums/Teeth
- Hair/Scalp
- Heart
- Intestines (GI tract)
- Joints
- Kidneys
- Liver
- Lungs
- Lymphatic
- Male Reproductive Organs
- Mammary Glands/Breasts
- Muscles
- Nails
- Pancreas
- Pituitary Gland
- Prostate
- Skin
- Spine
- Thymus
- Thyroid
- Uterus
- Veins/Arteries

Patient Name: _____ Date: _____

Conditions and Complaint

-- SELECT ONLY THE MOST SIGNIFICANT ISSUES AND CIRCLE THE SINGLE WORST PROBLEM --

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Acne (vulgaris) | <input type="checkbox"/> Depression | <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Adrenal Hyper-function | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Hypochlorhydria | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Adrenal Hypo-function | <input type="checkbox"/> Detoxification Support | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> AIDS or HIV | <input type="checkbox"/> Diabetes (type I) | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Pain (musculoskeletal) |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes (type II) | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Idiopathic Thrombo. Purpura | <input type="checkbox"/> Panic Disorder |
| <input type="checkbox"/> Amenorrhea | <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Ileitis | <input type="checkbox"/> Parasthesia |
| <input type="checkbox"/> Anemia (macro & microcytic) | <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Ileocecal Valve Dysfunction | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Angina Pectoris | <input type="checkbox"/> Dry Eyes (Sjögren's synd.) | <input type="checkbox"/> Immune Deficiency | <input type="checkbox"/> PCOS |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Dry Skin | <input type="checkbox"/> Impotence (male) | <input type="checkbox"/> Peptic/Duodenal Ulcer |
| <input type="checkbox"/> Appetite Excessive | <input type="checkbox"/> Dysmenorrhea | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Periodontal Disease |
| <input type="checkbox"/> Appetite Reduced | <input type="checkbox"/> Dyspepsia (indigestion) | <input type="checkbox"/> Infection (bacterial) | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Infection (parasitic) | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Infection (prostate) | <input type="checkbox"/> Pituitary Dysfunction |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Edema | <input type="checkbox"/> Infection (respiratory) | <input type="checkbox"/> PMS (premenstrual syndrome) |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Infection (sinus) | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Infection (urinary) | <input type="checkbox"/> Polycythemia (secondary) |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Infection (viral) | <input type="checkbox"/> Pregnancy (general support) |
| <input type="checkbox"/> Benign Prostatic Hyperplasia | <input type="checkbox"/> Epilepsy (seizure disorders) | <input type="checkbox"/> Infection (yeast/fungal) | <input type="checkbox"/> Pregnancy & Yeast Infection |
| <input type="checkbox"/> Biliary Insufficiency | <input type="checkbox"/> Epstein Barr Virus (EBV) | <input type="checkbox"/> Infertility (female) | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Biliary Stasis | <input type="checkbox"/> Fever | <input type="checkbox"/> Infertility (male) | <input type="checkbox"/> Purpura Simplex |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Fibrocystic Breast Disease | <input type="checkbox"/> Inflammation (general) | <input type="checkbox"/> Radiation Therapy Support |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Inflammation (vascular) | <input type="checkbox"/> Raynaud's Disease |
| <input type="checkbox"/> Body Odor | <input type="checkbox"/> Flatulence | <input type="checkbox"/> Influenza (flu) | <input type="checkbox"/> Reduced Circulation |
| <input type="checkbox"/> Bone Spurs | <input type="checkbox"/> Fractures | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Rhinovirus (common cold) |
| <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Gallbladder Dysfunction | <input type="checkbox"/> Interstitial Cystitis | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gallstones | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Rhinovirus (common cold) |
| <input type="checkbox"/> Bruxism | <input type="checkbox"/> GERD | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Burning Feet | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Burns (1st, 2nd, 3rd degree) | <input type="checkbox"/> Goiter | <input type="checkbox"/> Lactose Intolerance | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Gout | <input type="checkbox"/> Liver-Colon Detoxification | <input type="checkbox"/> Seborrhea |
| <input type="checkbox"/> Cancer (prevention) | <input type="checkbox"/> Grave's Disease | <input type="checkbox"/> Low Cholesterol (HDL) | <input type="checkbox"/> Sex Drive Diminished (female) |
| <input type="checkbox"/> Canker Sores | <input type="checkbox"/> Halitosis | <input type="checkbox"/> Lung Problems (non-specific) | <input type="checkbox"/> Sex Drive Diminished (male) |
| <input type="checkbox"/> Cardiac Arrhythmia | <input type="checkbox"/> Hashimoto's Disease | <input type="checkbox"/> Lupus | <input type="checkbox"/> Skin Rashes |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Headaches (non-migraine) | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Sperm Count Reduced |
| <input type="checkbox"/> Celiac Disease (sprue) | <input type="checkbox"/> Heal Spurs | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Stroke (recovery support) |
| <input type="checkbox"/> Chemotherapy Support | <input type="checkbox"/> Heavy Metal Toxicity | <input type="checkbox"/> Manic Depression | <input type="checkbox"/> Sulfite Allergy-Sensitivity |
| <input type="checkbox"/> Cervical Dysplasia | <input type="checkbox"/> Hemachromatosis | <input type="checkbox"/> Measles | <input type="checkbox"/> Surgery Support (pre & post) |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Meniere's Disease | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cholesterol Decreased (total) | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Menorrhagia | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Cholesterol Elevated (total) | <input type="checkbox"/> Hepatic Cirrhosis | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Thrombophlebitis |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Hepatic Disease Support | <input type="checkbox"/> Metabolic Syndrome | <input type="checkbox"/> Tinea (ringworm) |
| <input type="checkbox"/> Colic (mother's & child's diet) | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Migraine Headache | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Herpes Simplex (HSV-1) | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Trigeminal Neuralgia |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Herpes Zoster (HSV-2) | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> COPD <input type="checkbox"/> Hiatal Hernia | <input type="checkbox"/> Mucous (allergy related) | <input type="checkbox"/> Ulcerative Colitis | |
| <input type="checkbox"/> Copper toxicity | <input type="checkbox"/> High Cholesterol (LDL) | <input type="checkbox"/> Mucous (respiratory/sinus) | <input type="checkbox"/> Urticaria (hives) |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> High Triglycerides | <input type="checkbox"/> Multiple Sclerosis (MS) | <input type="checkbox"/> Uterine Fibroids |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Homocysteine Elevated | <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hot Flashes (menopausal) | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Cytomegalovirus (CMV) | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Myasthenia Gravis | <input type="checkbox"/> Vitiligo |
| <input type="checkbox"/> Degenerative Joint Disease | <input type="checkbox"/> Hyperkinesis | <input type="checkbox"/> Nausea | <input type="checkbox"/> Wilson's Syndrome |
| <input type="checkbox"/> Dental Caries (cavities) | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Nausea (during pregnancy) | <input type="checkbox"/> Xerophthalmia |