

BioEnergetic Health Survey

Instructions: Indicate the symptoms which apply to you using the following scale

(0) if "never" (1) if "rarely" (2) if "time to time" (3) if "often"

Patient name:

Date of birth:

Date:

SECTION A:

1. Lower bowel gas several hours after eating	9. Excessive belching / burping
2. Burning stomach sensation, eating relieves	10. Bad breath
3. Coated tongue	11. Alternating diarrhea/constipation
4. Indigestion 1/2-1 hr after eating: (may be up To 3/4 hrs)	12. Have pets eg. dogs, cats, farm animals, etc.
5. Carbonated drinks 3+ per week?	13. Flatulence
6. Difficult bowel movements	14. Can't gain weight
7. Ulcers?/Colitis?/ Gastritis?	15. International travel
8. Stomach bloating after eating	16. Stomach/intestinal cramping/diarrhea
Total:	

SECTION B:

17. Afternoon headaches	26. Thirsty much of the time
18. Get "shaky" if hungry	27. History of diabetes
19. Faintness if meals delayed	28. Excessive frequent urination
20. Heart palpitates if meals missed or delayed	29. Blurred vision/failing eyesight
21. Eat when nervous	30. Breath smells sweet
22. Awaken after few hours of sleep	31. Tingling, numbness, prickling sensation in extremities.
23. Hard to get back to sleep	
24. Crave candy or coffee in afternoon	
25. Abnormal craving for sweets or snacks	Total:

SECTION C:

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32. Bruise easily, "black & blue spots"	44. Hands & feet go to sleep easily
33. Sigh frequently	45. Numbness in extremities
34. Aware of "breathing heavily"	46. Tendency to anemia
35. Open window in closed room	47. Tension under breastbone or feeling of tightness, worse in exertion
36. Susceptible to colds & fevers	48. Blushing with no apparent cause
37. Swollen ankles, worse at night	49. Black stool (no iron supplementation)
38. Muscle cramps, worse during night	50. Poor concentration
39. Shortness of breath on exertion	51. Slurred speech
40. Nosebleeds	52. Headaches
41. Flinging in the ears	53. Weakness/fatigue
42. Heart palpitations	54. Out of breath frequently e.g., going up stairs
43. Dull pain in chest or radiating into left arm, worse on exertion	55. Nervousness
Total:	

SECTION D:

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56. Pain under right side of rib cage	66. Laxatives used often
57. Frequent skin rashes	67. History of gall bladder attacks or gallstones
58. Bitter metallic taste in mouth in morning	68. History of hepatitis
59. Bowel movements painful and difficult	69. History of jaundice
60. Low energy, weakness, exhaustion	70. Sneezing attacks
61. Upset from greasy/fatty foods	71. Itchy skin, worse at night
62. Bruises easily	72. Dry flaky skin, hair
63. Frequent headaches	73. General feeling of poor health
64. Stools light coloured	74. Aching muscles
65. Pain between shoulder blades	75. Swollen feet and/or legs
	Total:

SECTION E:

76. Impaired hearing	86. Slow pulse, below 65
77. Decrease in appetite	87. Cold hands and feet
78. Ringing in ears	88. Gains weight easily
79. Constipation	89. Weight gain around hips
80. Puffy hands/face	90. Outer third eyebrow thinning
81. Tired/sluggish	91. "Emotional"
82. Miscarriages	92. Flush easily
83. Infertility	93. Night sweats
84. Mental sluggishness/forgetfulness	94. Hair loss
85. Headache upon rising; wears off during day	
	Total:

SECTION F:

95. Hip and joint pain	
96. Receding gums and/or dental cavities	
97. Tendency towards slouching/weak	
98. Bone loss/osteoporosis in family	
99. Crunching, creaking joints	
	Total:

SECTION G:

100. Exposure to fumes e.g., paint, salon, car	104. Skin disorders e.g., psoriasis, eczema etc.
101. Use pesticides on garden	105. Loss of hair
102. Live near power lines / high tension wires	106. Hormone disorders
103. Have mercury amalgams (silver) in mouth	107. History of cancer/personal or familial
	Total:

SECTION H:

108. Muscle aches, stiffness, cramping and pains	111. Fatigue, sluggishness
109. Chiropractic adjustments don't hold	112. Upper or lower back pain
113. Whiplash and/or ligament trauma/strain	114. Stiff neck and shoulders
	Total:

SECTION I:

114. Low blood pressure	125. Feeling unrefreshed upon awakening
115. Chronic fatigue	126. Allergies
116. Low energy, lack of stamina	127. Exhaustion-muscular & nervous
117. General malaise, unhappiness	128. Respiratory disorders
118. Tendency to hives	129. Swollen ankles
119. Arthritic tendency	130. Dizzy when stand up "too fast"
120. Excessive perspiration	131. Decreasing appetite
121. Colds/flu often	132. Irritable
122. Weakness after illness	133. Bright lights irritate
123. Dark circles under the eyes	
124. Crave salty foods	
Total:	

SECTION J:

Female Only	Male Only
134. Painful menses	146. Tired too easily
135. Premenstrual tension	147. Urination difficult
136. Very easily fatigued	148. Night urination frequent
137. Depressed feeling	149. Pain on inside of legs or heel
138. Menstruation excessive and prolonged	150. Feeling of incomplete bowel evacuation
139. Painful breasts (monthly)	151. Prostrate trouble
140. Lumpy breasts/worst at menses	152. Leg nervous at night
141. Have taken birth control pills	153. Diminished sex drive
142. Menopause, hot flashes, etc.	
143. Menses scanty or irregular	Female Total
144. Acne, worse at menses	
145. Vaginal discharge/yeast, etc.	Male Total

SECTION K:

154. Chronic cough	163. Bronchitis (frequent)
155. Pain around nbs	164. Infections settle in lungs
156. Shortness of breath	165. Sensitive to smog
157. Chest pain	166. Asthma
158. Difficulty breathing	167. Wheezing
159. Post nasal drip	168. Smoker
160. Sinus and nasal congestion	169. Chronic lung congestions
161. Coughing up phlegm	170. Breathes through mouth
162. Coughing up blood	171. Shallow breather
Total	

SECTION L:

172. Throat infections	180. Cough with mucus
173. Poor wound healing	181. Swollen tongue
174. Slow to recover from colds or flu	182. Dark areas under the eyes/cheeks
175. Gets boils or sties	183. Sore throat
176. Swollen lymph glands	184. Post nasal drip
177. Catch colds or flu easily	185. Ear aches and infections
178. Bumpy skin on arms	186. Herpes/cold sores
179. Inflamed or bleeding gums	
Total:	

SECTION M:

187. Frequent urination	196. Strong smelling urine
188. Rose-coloured (bloody) urine	197. Mild back pain
189. Dripping after urination	198. Interrupted urine stream
190. Difficulty passing urine	199. Tingling in joints
191. Cloudy urine	200. Joint and muscle pain / cramping
192. Rarely need to urinate	201. Can't hold urine
193. Frequent bladder infections	202. Dark circles under eyes
194. Painful burning when urinating	203. Frequent urge to urinate but passes only small amounts
195. Urination when cough or sneeze	
Total:	

SECTION N:

Medications you are currently taking:

205. How often do you take (or have taken) antibiotics? # ___ Y / N

206. Reactions to vaccinations? Y / N

207. How many silver amalgams do you have in your mouth? _____ Root canals? _____ Crowns/bridges? Y / N

208. Were your wisdom teeth impacted? *YIN* Other Dental Problems? *YIN*

209. Allergies? Y / N (List main)

210. Are you experiencing bone loss or osteoporosis? *YIN*

211. Do you smoke? *YIN*

212. Diagnosed for parasites? *YIN*

213. Diagnosed or history of Candida? Y / N

214. Exposure to pesticides *YIN*

215. Drink 6-8 glasses of water daily? *YIN*

216. Hormone replacement medications? Y / N

IMPORTANT: Please list your five main health complaints in the *order of importance*:

1. _____
2. _____
3. _____
4. _____
5. _____