

DISCOVERY FORM



Let's figure out which systems are the priorities for your health! Take some time to review this form and check the circle that describes how often you experience each symptom.

	Never	Rarely	Common
Frequent bloating and distention after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternate between constipation and diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pass foul smelling gas and/or belch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offensive breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undigested food particles or mucus in stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn 1-4 hours after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard, dry, pebbly stool, difficult to produce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty with spicy, scratchy foods, caffeine, chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach pain before eating a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach pain that subsides with rest and relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diminished or exaggerated libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness when standing quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme emotions, feely weepy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual disorders or lack of menstruation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow starter in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannot stay asleep, feel awake at bedtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning of outer third of eyebrows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss, dry skin, thin and brittle nails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain fog, lack of focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty with memory, hard to find the right word	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily over stimulated / overwhelmed by surroundings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of interest or joy in family, friends, and hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronically losing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Rarely	Common
Difficulty with problem solving/computation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty recovery from workout, massage adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aching, cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weakness at joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical history on extremities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plantar fasciitis, carpal tunnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypermobility and/or frequent popping of joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortened muscles, difficulty in stretching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic sprain and/or strains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't hold adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle asymmetry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent cold, infections, flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty in recovering from cold, infections, flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low / high white blood cell count	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronically fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Vitamin D levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular presentation of herpes symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent use of antibiotics or over the counter cold remedies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sun sensitivity, skin easily irritated with solar exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent pain / inflammation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflammatory joint conditions (e.g., arthritis, rheumatoid arthritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of anti-inflammatories (e.g., ibuprofen, Tylenol, NSAID's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to nightshades (e.g., tomato, potato, eggplant, peppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvic pain, cramping and heavy flow during period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive disorder (e.g., ulcerative colitis, Crohn's Disease, IBS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain migrates around body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family / personal history of cardiovascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Rarely	Common
Intolerance to smells / perfumes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot flashes / hormone imbalances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foul smelling sweat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne / skin eruptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily affected or hung-over by alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body swelling for no apparent reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall sense of bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to detergents / bleaches / shampoos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to EMF (e.g., powerlines, cell phones, computers, microwaves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fungal overgrowth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of cigarette smoking or 2 nd hand smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity or exposure to pesticides or herbicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumption of fish or food out of cans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reactions to jewelry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to new pain, carpet building materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent sneezing and/or congestion in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>