

Patient Name: _____

Telephone #: (_____) _____ - _____ Age: _____

Patient and Significant Others Health Survey[®]

You're taking this proactive survey because you want better health...but what about your significant others? Spouses, children, boyfriends, girlfriends and anyone with whom you share hugs, kisses and intimacy are all interconnected to your wellness...and their own! Symptoms might be more prevalent in one person than the other—only laboratory tests will reveal the truth of what is going on in each of our bodies. Remember... the sooner an imbalance is detected, the easier it is to correct—before symptoms manifest. Celebrate strong mind and body health together with your significant others...every day. Each of your significant others should fill out their own copy. The tests are easily done in your own home with clear, concise instructions and mailer. Your practitioner will give you an individual interpretation of your test(s) with the purpose of identifying the root cause(s) of your health issues.

(BioHealth Diagnostic's laboratory test numbers are listed, see page 4 for other suggested labs when necessary)

1 PHYSICAL

- headaches
- low back pain
- mid back pain
- migraines
- neck pain
- neurological symptoms
- wellness care
- other pain: _____

2 RULE OUT PARASITES

- 398 (blood),
401H (stool)
- bloating
 - constipation
 - diarrhea
 - various GI symptoms
 - rectal itching
 - no symptoms

3 RULE OUT H. PYLORI

401H, 418 (stool), 383 (blood)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> acid reflux | <input type="checkbox"/> indigestion or nausea |
| <input type="checkbox"/> acne | <input type="checkbox"/> intense hunger |
| <input type="checkbox"/> bad breath | <input type="checkbox"/> malabsorption |
| <input type="checkbox"/> belching | <input type="checkbox"/> migraines |
| <input type="checkbox"/> burping | <input type="checkbox"/> morning, painful, or foul smelling gas |
| <input type="checkbox"/> cancer | <input type="checkbox"/> overweight/cannot lose weight |
| <input type="checkbox"/> constipation | <input type="checkbox"/> poor sleep |
| <input type="checkbox"/> depression | <input type="checkbox"/> rosacea |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> ulcers |
| <input type="checkbox"/> gastritis | <input type="checkbox"/> upper abdominal pain |
| <input type="checkbox"/> headaches | |
| <input type="checkbox"/> heartburn | |

4 RULE OUT GLUTEN INTOLERANCE

230 (blood & saliva), 296 (blood)

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> headaches |
| <input type="checkbox"/> Addison's Disease | <input type="checkbox"/> IBS |
| <input type="checkbox"/> Alternating diarrhea/constipation | <input type="checkbox"/> infertility |
| <input type="checkbox"/> asthma | <input type="checkbox"/> learning disabilities |
| <input type="checkbox"/> autism | <input type="checkbox"/> liver disorders |
| <input type="checkbox"/> autoimmune growth retardation | <input type="checkbox"/> malabsorption |
| <input type="checkbox"/> bone diseases | <input type="checkbox"/> nausea |
| <input type="checkbox"/> celiac disease | <input type="checkbox"/> otitis media |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> pernicious anemia |
| <input type="checkbox"/> colitis | <input type="checkbox"/> postpartum depression |
| <input type="checkbox"/> dark circles under eyes | <input type="checkbox"/> psychiatric & brain disorders |
| <input type="checkbox"/> dental enamel lesions | <input type="checkbox"/> RA |
| <input type="checkbox"/> depression | <input type="checkbox"/> skin diseases |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> sleep & behavior disorders |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> suicidal thoughts (or attempts) |
| <input type="checkbox"/> dyslexia | <input type="checkbox"/> thyroid & eating disorders |
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> undigested food in stool |
| <input type="checkbox"/> esophageal symptoms | <input type="checkbox"/> vitamin & mineral deficiencies |
| <input type="checkbox"/> failure to thrive | <input type="checkbox"/> vomiting |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> weight loss |
| <input type="checkbox"/> fibromyalgia | |
| <input type="checkbox"/> food sensitivity (ex: soymilk, cows milk) | |
| <input type="checkbox"/> gynecological disorders | |

5 LOW ADRENAL FUNCTION

201, 205 (saliva)

- | | |
|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> liver disorders |
| <input type="checkbox"/> bacterial, fungus or mold infection | <input type="checkbox"/> low blood pressure |
| <input type="checkbox"/> blood sugar imbalance | <input type="checkbox"/> low body temperature |
| <input type="checkbox"/> chronic illness | <input type="checkbox"/> low sex drive |
| <input type="checkbox"/> depression | <input type="checkbox"/> mood swings |
| <input type="checkbox"/> digestive disorder | <input type="checkbox"/> parasite infection |
| <input type="checkbox"/> dizziness upon standing | <input type="checkbox"/> PMS |
| <input type="checkbox"/> dry or thin skin | <input type="checkbox"/> poor concentration |
| <input type="checkbox"/> excessive hunger | <input type="checkbox"/> poor memory |
| <input type="checkbox"/> hair loss | <input type="checkbox"/> shoulder pain |
| <input type="checkbox"/> headaches | <input type="checkbox"/> sleep disorder |
| <input type="checkbox"/> heart palpitations | <input type="checkbox"/> sweet craving |
| <input type="checkbox"/> immune deficiency | <input type="checkbox"/> thyroid disorder |
| <input type="checkbox"/> inflammation | <input type="checkbox"/> weakness |
| | <input type="checkbox"/> weight gain/loss |

Patient and Significant Others Health Survey (continued)

Patient Name: _____

(PLEASE DO NOT FAX)

6 HIGH ESTROGENS

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- blood sugar imbalance
- bone repair-interference
- depression
- endometriosis
- excessive blood clotting
- headaches
- increased risk for breast cancer
- increased body fat
- infertility
- interference with thyroid hormone
- loss of zinc retention of copper
- low sex drive
- reduced vascular tone
- reduced oxygen in all cells
- risk for endometrial cancer
- salt & fluid retention
- uterine cramping

9 TOXIC LIVER

280, 290 (blood)

- abdominal pain
- altered smell or taste
- ascites (fluid that fills and distends the abdomen)
- autoimmune disorders
- aversion to certain foods
- dark circles under eyes
- fatigue
- fever
- hemochromatosis (too much iron)
- infections (especially viral)
- itching of the skin
- jaundice (yellowness of skin and whites of eyes)
- loss of appetite
- muscle aches
- nausea
- progressive weight loss
- weakness headache
- Wilson's Disease

10 HIGH PROGESTERONE

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- bloating
- breast tenderness
- decreasing insulin sensitivity
- depression
- raising insulin levels
- reducing libido
- weight gain

11 LOW PROGESTERONE

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- anxiety, can't shut down
- endometriosis and uterine fibroids
- heavy menstrual bleeding
- irregular menstrual cycles
- irritability and mood swings
- poor sleep
- tender breasts
- unable to get pregnant
- unable to maintain a pregnancy

7 LOW ESTROGENS

205 (post/hysterectomy),
208 (pre, peri)(saliva)

- accelerated aging
- depression
- dry hair, skin, and nails
- fear
- headaches
- heart palpitations
- hot flashes
- mental fogginess
- migraines
- poor sleep
- vaginal dryness
- worry

12 HYPOTHYROID 282, 290 (blood)

- abnormal menstrual cycles
- depression
- dry & coarse skin and hair
- fatigue
- forgetfulness
- high cholesterol
- iodine deficiency
- iodine increase
- weight gain

13 HYPERTHYROID 282, 290 (blood)

- breathlessness
- bulging eyes, "spacy" gaze
- chest pain
- diarrhea or GI upset
- feeling of being too warm all the time
- hair loss
- heart palpitations/ accelerated heart rate
- heightened anxiety, irritability, moodiness or depression
- increased appetite
- light or absent menstrual periods, infertility
- muscle deterioration
- nervousness or trembling
- poor sleep, yet exhausted
- vision problems or eye irritation
- warm or moist skin
- weight loss

8 IMMUNITY

205S, 302, 310 (saliva)

- _____
- _____

Patient and Significant Others Health Survey (continued)

Patient Name: _____

(PLEASE DO NOT FAX)

14 HIGH TESTOSTERONE/ANDROGENS

- agitated, aggression
- irritability
- angry
- depression
- increased facial hair
- increased body hair
- loss of scalp hair
- acne
- oily skin
- deepening of voice
- clitoral enlargement
- elevated triglycerides
- low HDLs
- insulin resistance
- unable to lose weight
- PCOS
- anovulatory cycle

15 LOW TESTOSTERONE

- inhibition of physical, sexual and cognitive function
- increased abdominal fat
- shrinking of muscle mass
- loss of feeling of well-being
- depression
- fatigue
- decreased libido
- erectile dysfunction
- loss of ability to concentrate
- moody & emotional
- memory failure

16 BIOTOXINS, LUPUS, LYME, MOLD, OR MS

- persistent swollen glands
- sore throat
- fevers
- sore soles, esp. in the a.m.
- joint pain
 - fingers, toes
 - ankles, wrists
 - knees, elbows
 - hips, shoulders
- joint swelling
 - fingers, toes
 - ankles, wrists
 - knees, elbows
 - hips, shoulders
- unexplained back pain
- stiffness of the joints or back
- muscle pains or cramps
- obvious muscle weakness
- twitching of the face or other muscles
- confusion, difficulty thinking
- difficult with concentration, reading, problem absorbing new information
- word search, name block
- forgetfulness, poor short-term memory, poor attention
- disorientation: getting lost, going to wrong places
- speech errors: wrong word, misspeaking
- mood swings, irritability, depression
- anxiety, panic attacks
- psychosis: hallucinations, delusions, paranoia, bipolar
- tremor
- seizures
- headache
- light sensitivity
- sound sensitivity
- vision: double, blurry, floaters
- ear pain
- hearing: buzzing, ringing, decreased hearing
- increased motion sickness, vertigo, spinning
- off balance, "tippy" feeling
- lightheadedness, wooziness, unavoidable need to sit or lie
- Tingling, numbness, burning or stabbing sensations, shooting pains, skin hypersensitivity
- facial paralysis - Bell's Palsy
- dental pain
- neck creaks and cracks, stiffness, neck pain
- fatigue, tired, poor stamina
- Insomnia, fractionated sleep, early awakening
- excessive night-time sleep
- napping during the day
- unexplained weight gain
- unexplained weight loss
- unexplained hair loss
- pain in genital area
- unexplained menstrual irregularity
- unexplained milk production; breast pain
- irritable bladder or bladder dysfunction
- erectile dysfunction
- loss of libido
- queasy stomach or nausea
- heartburn, stomach pain
- constipation
- diarrhea
- low abdominal pain, cramps
- heart murmur or valve prolapse
- heart palpitations or skips
- "heart block" on EKG
- chest wall pain or ribs sore
- head congestion
- breathlessness, "air hunger," unexplained chronic cough
- night sweats
- exaggerated symptoms or worse hangover from alcohol
- symptom flares every 4 wks.
- degree of disability

Patient and Significant Others Health Survey (continued)

(PLEASE DO NOT FAX)

Patient Name: _____

Female hormone questions:

Age _____

1. List hormone driven pathologies, i.e., endometriosis, breast cancer.

2. What is your purpose for this evaluation?

3. When was your last menses/bleeding? _____
4. Hysterectomy? Yes No At what age? _____
5. What was the length of your cycle when you were in your 20s? (i.e., 27, 28, 29 days) _____
6. What has been the length of your last 3 cycles? _____
7. List symptoms related to your cycle, i.e., monthly migraines.

8. Characteristics of your cycle, shorter, longer, missed, abnormal pain or bleeding etc.

9. Do you have heart palpitations? Yes No
10. What type of hormones have you been taking? Natural or synthetic? What form, i.e., drops under tongue, patch, oral pills, creams, etc.? (DHEA, Pregnenolone, Progesterone, Estrogens, Testosterone)

11. If you did a saliva test how long prior to doing the test did you stop taking hormones? _____ Did you take hormones during saliva testing? Yes No
12. How is your sex drive? _____
13. Moodiness or emotionality? Yes No
Depression? Yes No
14. Increased abdominal fat? Yes No

STRESSORS

Achieve Success in Weight Loss, Less Depression, Increased Energy, Healthier Hair and Skin

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Patients: please list any other health concerns here and on the back of form, if needed:

Suggested Labs for Diagnostic Testing
 Hair testing/metals: Doctors Data Inc.: <http://www.doctorsdata.com/home.asp>
 Immunity testing: NeuroScience: <http://www.neurorelief.com>
 Ion panel: Metamatrix Clinical Laboratory: <http://www.metamatrix.com>
 Lyme disease testing: IGeneX Inc.: <http://www.igenex.com/>
 Mold testing (blood): IBT Laboratories: http://www.ibtreflab.com/diagnostic_testing_services/test_directory.asp?q=mold
 Urinary neurotransmitter testing: DBS Labs: http://www.labdb.com/home_page.htm

Miscellaneous Resources
 Acne, sinus. Healthwise Nasal Sinus Bath: <http://www.letsgethealthwise.com/>
 Mold home/office testing/eradication referrals: OC Inspectors (David Gilbert MS, Orange County, CA): <http://www.ocinspectors.com/>
 Sole Footbeds: <http://www2.yoursole.com/>