



Weight Loss Profile

Dietary consultation involves a health profile whose purpose is not to establish a diagnosis, but rather to determine a client's health status in order to guide his or her weight loss plan. A client may be advised to seek medical advice based on his or her health profile.

General

Last Name: _____ First Name: _____

Age: _____ Profession: _____ Phone Number: _____

Email: _____

How did you hear about us? _____

Weight: _____ Goal Weight: _____ Desired Completion Date: _____

Minimum Adult Weight: _____ at age: _____

Maximum Adult Weight: _____ at age: _____

Do you exercise? Yes No

If yes, what kind? _____

How Often? _____

In the last 6 months, have you had any stiffness, pain, or arthritic problems? Yes No

Where? (Circle all that apply) Neck ... Mid back ... Low back ... Hips ... Knees ... Foot/Ankle
Shoulders ... Arm ... Hand/Wrist

Have you been on a diet before? Yes No

If yes, please specify which diet and why you think it didn't work for you: _____

Trust Your Gut Wellness Evaluation

In medicine today, leaky gut aka intestinal permeability, isn't typically diagnosed. However that doesn't mean it's not affecting your health. Many health issues related to LGS go undiagnosed, misdiagnosed, or are ignored by traditional medicine. Please take the quiz to help our doctors evaluate how we can help your condition and any underlying triggering limiting your health in process

Let's get started.

Please circle any that apply to you prior to taking the quiz below:

Sub-Clinical symptoms including:

Headaches and migraines

Hormone imbalance including:

PMS

Emotional imbalance

Gastrointestinal issues including:

Abdominal bloating and cramps or painful gas

Irritable Bowel Syndrome

Ulcerative Colitis

Crohn's Disease and other intestinal disorders

Respiratory Conditions including:

Chronic sinusitis

Asthma

Allergies

Autoimmune Conditions including:

Diabetes Mellitus

Lupus

Rheumatoid Arthritis

Fibromyalgia

Chronic Fatigue

Developmental and social concerns including:

Austism

ADD/ADHD

Skin Conditions: (urticaria)

Eczema

Skin rashes

Hives

Please complete our TYG wellness quiz. While there's more to it than a single quiz, the answers below can give you a good idea of how happy your gut really is. Circle the number that most closely fits, then add up your results.

TYG Wellness Questionnaire

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Constipation and/or diarrhea	0	1	2	3	Asthma, hayfever, or airborne allergies	0	1	2	3
Abdominal pain or bloating	0	1	2	3	Confusion, poor memory or mood swings	0	1	2	3
Mucous or blood in stool	0	1	2	3	Use of NSAIDS (Aspirin, Tylenol, Motrin)	0	1	2	3
Joint pain or swelling, arthritis	0	1	2	3	History of antibiotic use	0	1	2	3
Chronic or frequent fatigue or tiredness	0	1	2	3	Alcohol consumption makes you feel sick	0	1	2	3
Food allergies, sensitivities or intolerance	0	1	2	3	Ulcerative colitis or celiac's disease	0	1	2	3
Sinus or nasal congestion	0	1	2	3	Nausea	0	1	2	3
Chronic or frequent inflammations	0	1	2	3	Weight Trouble	0	1	2	3
Eczema, skin rashes or hives (urticaria)	0	1	2	3					

YOUR TOTAL: _____



CANDIDA QUESTIONNAIRE

Add up the points for the answer to each question below. Once you have your total, read the key below to better understand your current candida overgrowth situation.

QUESTIONS	YES	NO
1. Have you taken repeated or prolonged courses of antibacterial drugs?	4	0
2. Have you been bothered by recurrent vagina, prostate or urinary infections?	3	0
3. Do you feel "sick all over," yet the cause hasn't been found?	2	0
4. Are you bothered by hormone disturbances? <i>(including PMS, menstrual irregularities, sexual dysfunction, sugar craving, low body temperature, or fatigue)</i>	2	0
5. Are you unusually sensitive to tobacco smoke, perfumes, and other chemical odors?	2	0
6. Are you bothered by memory or concentration problems?	2	0
7. Have you taken prolonged courses of prednisone or other steroids?	1	0
8. Have you taken birth control for more than 3 years?	1	0
9. Do you suffer with constipation, diarrhea, bloating or abdominal pain?	1	0
10. Does your skin itch, tingle or burn, is it unusually dry; or are you bothered by rashes?	1	0
11. When you wake up, do you have a white coating on your tongue?	1	0
TOTAL		

WOMEN

A score of 10 or greater indicates that your health problems may be connected to a Candida overgrowth. A score of 13 or higher suggests that your symptoms are very likely to be related to Candida.

MEN

A score of 8 or greater indicates that your health problems may be connected to a Candida overgrowth.



Adrenal Fatigue Test

Check all the boxes that apply to you.
Add up the total and place in the box below.

- I am frequently tired.
- I feel tired even after 8 to 10 hours of sleep.
- I am chronically stressed.
- It is difficult for me to handle stress.
- I am a night-shift worker.
- I work long hours.
- I have little relaxation time during my days.
- I get headaches frequently.
- I don't exercise consistently.
- I am or have been an endurance athlete (or participate in CrossFit).
- I have erratic sleep patterns.
- I wake up in the middle of the night.
- I crave salt.
- I have high sugar intake.
- I have difficulty concentrating.
- I carry weight in my midsection (an apple-shape body).
- I have low blood sugar issues (hypoglycemia).
- I have irregular periods.
- I have a low libido.
- I have PMS or perimenopausal/menopausal symptoms.
- I get sick frequently.
- I have low blood pressure.
- I have muscle fatigue or weakness.
- I rely on caffeine for energy (coffee, energy shots, etc.).

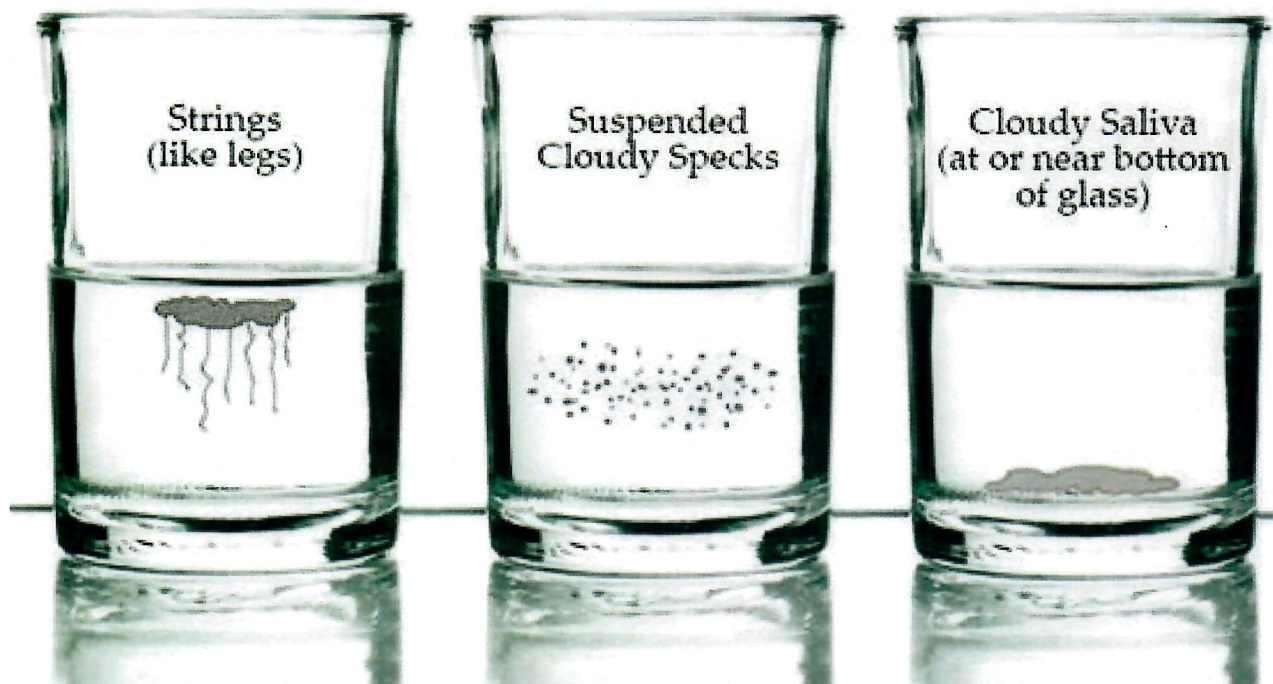
Total:



CANDIDA SPITTLE TEST

This simple, at home test will help shine some light on your current candida levels. Below are the instructions to complete this test.

1. Take a clear glass of tap water and place it on your bedside table before you go to bed.
2. The next morning, before you do anything, gently spit into the glass.
3. Check in to see the progress of your saliva every 15 minutes for one hour. Take a picture with your cell phone at each 15 minute viewing to share with the doctor.
4. If your saliva does any variation of the three pictures below, that is a sign of candida overgrowth. If it stays grouped at the top or disperses, that is a sign of little to no candida overgrowth.



→ PRACTICE INFORMATION HERE
Patient Quality Of Life Survey

Name: _____ **Date:** _____

*Please take several minutes to answer these questions so we can help you get better.
(Please circle as many that apply)*

- 1** How have you taken care of your health in the past?
 - a. Medications
 - b. Emergency Room
 - c. Routine Medical
 - d. Exercise
 - e. Nutrition/Diet
 - f. Holistic Care
 - g. Vitamins
 - h. Chiropractic
 - i. Other (please specify): _____

- 2** How did the previous method(s) work out for you?
 - a. Bad results
 - b. Some results
 - c. Great results
 - d. Nothing changed
 - e. Did not get worse
 - f. Did not work very long
 - g. Still trying
 - h. Confused

- 3** How have others been affected by your health condition?
 - a. No one is affected
 - b. Haven't noticed any problem
 - c. They tell me to do something
 - d. People avoid me

- 4** What are you afraid this might be (or beginning) to affect (or will affect)?
 - a. Job
 - b. Kids
 - c. Future ability
 - d. Marriage
 - e. Self-esteem
 - f. Sleep
 - g. Time
 - h. Finances
 - i. Freedom

5 Are there health conditions you are afraid this might turn into?

- a. Family health problems
- b. Heart disease
- c. Cancer
- d. Diabetes
- e. Arthritis
- f. Fibromyalgia
- g. Depression
- h. Chronic Fatigue
- i. Need surgery

→ How has your health condition affected your job, relationships, finances, family, or other activities? Please give examples:

→ What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc.) Give 3 examples:

→ What are you most concerned with regarding your problem?

→ Where do you picture yourself being in the next 1-3 years if this problem is not taken care of? Please be specific

→ What would be different/better without this problem? Please be specific

→ What do you desire most to get from working with us?

→ What would that mean to you?
