Initial Symptom Checklist

| Patient Name: Present Weight: Immuno Test Date: | | past 30 days. 0 = never or almost never have the symptom of the s | | | |
|---|--------------------------------------|--|-----------------------------|-----------------|--|
| | | | | Checklist Date: | |
| | | | Medical Diagnosis (if any): | | |
| | | | | | |
| | | 4 = <i>frequently</i> have it, effect is <i>severe</i> | | | |
| Be sure to enter you | r Symptom Progress Checklist sco | res in the comparison chart on page | | | |
| IGESTIVE TRACT | HEAD | NOSE | | | |
| Belching | Dizziness | Excessive mucous | | | |
| Bloated feeling | Faintness | Hay fever | | | |
| Constipation | Headaches | Sinus problems | | | |
| Diarrhea | Insomnia | Sneezing attacks | | | |
| Nausea | Lightheadedness | Stuffy nose | | | |
| Passing gas | Total | Total | | | |
| Stomach pains | | | | | |
| Vomiting | JOINTS & MUSCLES | SKIN | | | |
| Total | Aches in muscles | Acne | | | |
| A DC | Arthritis | Dermatitis | | | |
| ARS | Feeling of weakness | Eczema | | | |
| Drainage from ear Ear aches | Limited movement | Excessive sweating | | | |
| Ear aches Ear infections | Pain in joints Stiffness | Flushing/hot flashes Hair loss | | | |
| Hearing loss | Sumess Total | Hives/rashes | | | |
| Itchy ears | lotal | liching | | | |
| Ringing in ears | LUNGS | Total | | | |
| Total | Asthma/bronchitis | lotal | | | |
| | Chest congestion | WEIGHT | | | |
| MOTIONS | Difficulty breathing | Binge eating | | | |
| Aggressiveness | Shortness of breath | Compulsive eating | | | |
| Anxiety/fear | Wheezing | Cravings | | | |
| Depression | Total | Excessive weight | | | |
| Irritability/anger | 145 | Underweight | | | |
| Mood swings | MIND | Water retention | | | |
| Nervousness | Confusion | Total | | | |
| Total | Learning disabilities | OTHER | | | |
| NERGY & ACTIVITY | Poor concentration | OTHER Anaphylastic reactions | | | |
| Apathy | Poor memory Stuttering/stammering | Anaphylactic reactions Chest pains | | | |
| Apatriy Fatigue | Stattering/stammering | Criest pairs Frequent illness | | | |
| | | requere initess | | | |

Fatigue

- _ Hyperactivity
- Lethargy
- Restlessness
- Sluggishness
- **Total**

EYES

1

19

- ___ Blurred vision
- Dark circles
- Itchy eyes
- Sticky eyelids
- Swollen eyelids
 - Watery eyes
 - **Total**

Total

MOUTH & THROAT

Gagging

Sore throat

Canker sores

Chronic coughing

Often clear throat

Swollen tongue/lips/gums

SYMPTOM POINT SCALE:

Use the point scale to rate your symptoms based on how you've been feeling over the

- tom
- re

40.

- Genital itch
- Irregular heartbeat
- Rapid heartbeat
- **Urgent** urination
- **Total**

GRAND TOTAL