APPLIED KINESIOLOGY INTAKE FORM

Patient Name: _____ Date:_____

Age: _____ Date of Birth: _____ Referred by: _____

Email address:_____ Day time phone number_____

Address_____

CHIEF COMPLAINT: _____

Describe other methods used to relieve discomfort (other doctors, medicine, heat/ice) and result:

Describe other symptoms you are currently suffering (headaches, nausea, intestinal distress, irritability, etc):

FAMILY HISTORY:

Diabetes_____ High Blood Pressure_____

Cancer_____ Heart Disease_____

Arthritis_____ Other_____

PAST HISTORY:

Do you smoke_____ years_____ packs a day_____

Birth Control Pills_____ how long _____

List any other major diseases which you have suffered or are currently suffering (give dates of diagnosis):

List all surgeries and hospitalizations (dates):

Circle what you use:

Alcohol white bread margarine antacids soda

Caffeine sugar sweet & Low equal Laxatives

Deli Meats Aspirin/Tylenol Tap Water

KNOWN
ALLERGIES:_____

HISTORY OF TRAUMA:

Describe physical, emotional trauma, and/or chemical exposures:

What foods, if any disagree with you?

FOOD INTAKE FORM

How many of each do you eat per week? Estimate as best as possible.

Dairy_____	Slices of wheat Bread____	Spinach_____
Whole Milk____	Slices of Rye Bread____	Onions_____
Skim Milk_____	Slices of Corn Bread____	Tomatoes_____
Butter Milk_____	Rolls_____	Yams_____
Half&Half____	Sweet Rolls_____	Others _____
Yogurt_____	Muffins_____	Apples_____
Cheese_____	Pie_____	Apricots_____
Ice Cream_____	Cake_____	Bananas_____
Eggs_____	Cookies_____	Dates_____
Poultry_____	Jell-o_____	Grapefruit_____
Beef_____	Candy_____	Oranges_____
Pork_____	Chocolate_____	Pears_____
Seafood___	Sweets_____	Peaches_____
Bacon___	Asparagus_____	Pineapple_____
Liver_____	Beans_____	Prunes_____
Bologna or Cold cuts_____	Brussels Sprouts____	Canned Fruits_____
Canned Meat____	Broccoli_____	Colas_____
Peanuts_____	Cabbage_____	Uncolas_____

FOOD INTAKE CONITNUED:

Peanut butter_____	Carrots_____	Kool aid_____
Cereals_____	Celery_____	Orange Juice_____
Sugar coated_____	Corn_____	Apple Juice_____
Oatmeal_____	Green Peas_____	Grapefruit juice_____
Pancakes_____	Greens/Turnip_____	Tomato juice_____
Waffles_____	Lettuce_____	Other_____
Crackers_____	Parsley/Cilantro_____	Alcoholic Beverages_____
Rice_____	Potatoes, white_____	Tea: Sweet/unsweet_____
Macaroni_____	Potatoes, sweet_____	coffee_____
Spaghetti_____	Squash, summer_____	Caffeinated_____
Slices of white Bread _____	Squash winter_____	Decaffeinated sanka_____

Please fill in the blank.

1. Have you taken a broad spectrum antibiotic drug
    a. in the last 6 months ___
    b. If the response to A is no, have you ever taken antibiotics? ___
2. Have you had recurrent infection requiring prolonged antibiotic use? ___
3. Have you taken birth control pill? ___
4. Have you taken prednisone? ____
5. Have you had athlete's food, ringworm, jock itch, or other chronic fungus infections of the skin or nails? ____
6. Do you crave sugar? ___
7. Do you crave breads? ____
8. Do you crave alcoholic beverages?___
9. Have you ever had Candida/yeast? ___
10. Endometriosis or infertility ___
11. Symptoms worse on damp, muggy days or in moldy places ___
12. Fatigue or lethargy ___
13. Poor Memory ____

14. Depression ___
15. Muscle and or joint aches or weakness ___
16. Abdominal pain ___
17. constipation ___
18. Diarrhea ___
19. Bloating, belching, or intestinal gas ___
20. Vaginal burning, itching or discharge __
21. Premenstrual tension ___
22. Irritability ___
23. Inability to concentrate __
24. Frequent mood swings ___
25. Recurrent rashes or itching ___
26. Rectal itching ___
27. Urgency or urinary frequency ___
28. Burning while urinating ____
29. Have you traveled outside the USA? ___
30. Since traveling abroad, have you had an elevated white blood count, intestinal problems, night sweats, or unexplained fever? ___
31. Do you drink untested or unfiltered water? ___
32. Do you use a microwave for cooking beef, fish, or pork? ___
33. Do you prefer fish or meat that is undercooked, i.e. rare or medium rare? ___
34. At home, do you use the same cutting board for chicken, fish and meat as you do for vegetables? ___
35. Have you lived with, or do you currently live with or handle pets? ___
36. Do you work or have children in a daycare center? ____
37. Do you garden or work in a yard to which cats and dogs have access? ____
38. Have you ever had parasites? ____
39. Red blood in stool? ____
40. Abdominal pain and cramps ____
41. Lower back pain _____
42. Gas, bloating ____
43. Fever _____
44. chronic Fatigue _____
45. Constipation _____
46. Diarrhea ____
47. Foul smelling stools _____
48. Anal itching _____
49. Bad breath _____
50. Grind teeth _____
51. Lethargic ____
52. mucus in stool _____
53. Lack stamina _____