

Stage 1 Intake Checklist

Name:	Sex:	Age:
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Top Current Emotional, Physical, Mental Concerns

1	2
3	4

Important Considerations

Pregnant (see Stage One Gemmo Chart for contraindications)	Current Prescription Meds:
Breastfeeding (see Stage One Gemmo Chart for contraindications)	
Current use of Hormonal Birth Control	Current Supplements:
History of UTI's	
History of Kidney Stones/ Infections	Indicate inflammatory items currently consumes: Alcohol, Tobacco, Marijuana, Meat, Dairy, Sugar, Grains with Gluten

Bowel Elimination Symptoms

Without The Use Of Stool Stimulators Or Softeners

Consistency (See stool chart)	Frequency
#1- #2	Morning # of stools _____
#2- #3	Midday # of stools _____
#4-4.5	Evening # of stools _____
#5- #6	Skip days between stools
#6- #7	
Additional Concerns	Additional Concerns
Urgent or explosive	Abdominal pains
Pain or Discomfort passing stools (Before/During/After)	Bloating
Flatulence/Burping	Acid reflux

Nervous System Symptoms

Experiences On A Regular Basis (circle all that apply)

Anxiety (Morning, Midday, Evening)	Digestive symptoms related to anxiety
Depressive Fatigue	Inability to focus, concentrate
Obsessive or Compulsive Behaviors	Memory loss
Fears, Phobias	
Tics, Twitches, Involuntary Movements	

Vitality Symptoms

Current

Perspiration that occurs on back, head or back of neck
 Skin discoloration (dark spots or loss of pigmentation)
 Eczema
 Dry patches of skin
 Acne
 Rashes, Other skin conditions
 Reoccurring hives
 Premature wrinkles
 Warts
 Dull, dry, brittle hair
 Premature receding hairline
 Shedding or thinning of hair
 Swelling in corners of upper or lower lids
 Circles with discoloration under eyes

Mercury fillings
 Root canal(s)
 Missing permanent tooth/ teeth
 Tendency for lip, mouth or gum sores or bleeding gums
 Irregular nail surfaces on toes or fingers
 Nail biting
 Difficulty falling asleep
 Night waking (12 am -3 am)
 Early morning waking (4 am - 6 am)
 Wake unrefreshed after 7-8 hours of sleep
 20lbs or more overweight

Historical

Self or direct family member with cancer, diabetes, heart disease

Vitality Analysis	
<i>Indicate Vitality Level (total of current and historical symptoms)</i>	
	High: 0-4 symptoms
	Medium: 5-7 symptoms
	Low: 8 or more symptoms

Additional Symptoms

Urgent urination
 Leakage of urine
 Nighttime urination: 11pm-1am, 1am-3am, 3am-5am
 Menses less than 4 days, # of days _____
 Menses longer than 5 days, # of days _____
 Menses starts, stops, restarts
 Pain before, during, after menses
 Spotting before menses, end of menses, midcycle
 Clotting during menses
 Brown bleeding at beginning or end of menses

Menstrual cycle less than 28 days, # of days _____
 Menstrual cycle longer than every 30 days, # of days _____
 Tendency for morning or evening cough
 Tendency for pulmonary spasms/ spasmodic cough

Additional Symptoms Analysis	
<i>Indicate Categories Requiring Additional Support</i>	
	Urinary (<i>Lingonberry</i>)
	Menstrual (<i>Blueberry</i>)
	Respiratory (<i>Lithy</i>)

Inflammation (Indicate location of chronic discomfort)

Upper body pain/numbness: head, throat, neck, shoulders, chest, upper back, arms, hands, fingers
 Lower body pain/numbness: abdomen, anus (hemorrhoids), lower back, hips, legs (varicose veins), knees, ankles, feet
 Discharge: eyes, nose, ears, lungs (cough or wheezing), naval, vagina, penis, rectum,