**GENERAL INFORMATION SHEET**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**\_\_\_\_ **Sex: M F** **Date**\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C**ity**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Prov.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code**\_\_\_\_\_\_\_\_\_ **Country**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Height**\_\_\_\_\_\_\_\_ **Weight**\_\_\_\_\_\_\_\_\_

**Occupation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How were you referred?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your main health concerns or conditions?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please list any medications or food supplements you are currently taking (please include botox/dyport if using now or in the past):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

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**Please list any recent medical tests results you have, such as blood tests:**

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**Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIET: What are examples of typical breakfasts for you? Beverages**

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**Mid-morning Snacks**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are typical lunches for you? Beverages**

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**Mid-afternoon Snacks**\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are typical dinners for you? Beverages**

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**Evening Snacks**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often and what kind of exercise do you do?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**About how many hours of sleep do you get per day?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I understand that nutritional balancing is a means to reduce stress and balance body chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease. I release Susan Cachay from any and all claims, demands, actions or suits in law of any kind or nature whatsoever related to Nutritional Balancing and Hair Mineral Analysis.

**Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_

Name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SYMPTOMS SHEET***

**CIRCLE any conditions or symptoms that presently describe you.**

**PLACE A STAR next to the symptoms most important to you.**

Joint Pain

Joint Stiffness

Arthritis, Osteo

Arthritis, Rheumatoid

Muscle Pain

Muscle Weakness

Muscle Cramps

Bursitis

Fractures

Osteoporosis

Gout

Sweet Cravings

Sugar Reactions

Irritable before meals

Can't Skip Meals

Hypoglycemia

Crave Starches

Fat Cravings

Other Food Cravings

Food Allergies

Excessive hunger

No hunger

Diabetes

Rapid Heart Rate

Skipped Heart Beats

Heart Palpitations

Heart Attack

Poor Circulation

Dizziness

Low or High Blood Pressure

Angina

Arteriosclerosis

High Cholesterol\_\_\_\_\_\_

High Triglycerides\_\_\_\_

Cough

Bronchitis

Asthma

Post-nasal Drip

Sinus Congestion

Allergies

Emphysema

Fatigue

Hypothyroidism

Low Body Temperature

Cold in Winter/Dry Skin

Tend to Gain Weight

Hyperthyroidism

Acne

Eczema

Fungal Infections/Candida

Psoriasis

Hives

Hair Loss

Slow Wound Healing

Cataracts

Glaucoma

Meniere's Disease

Tooth Decay

Excessive Plaque on Teeth

Gum Disease

Infections/Viruses

Tumors/Cancer

Multiple Sclerosis

Parkinson's Disease

Scleroderma

Fear

Anger

Anxiety

Bipolar Disorder

Brain Fog

Confusion

Depression

Irritability

Mind Races

Mood Swings

Obsessive/Compulsive

Panic Attacks

Poor Memory

Schizophrenia

Trouble Sleeping

Suicidal thoughts

Autism

Attention Deficit

Hyperkinesis

Dyslexia

Seizures

Learning Disability

Mental Retardation

Delayed Development

Bladder Infections

Kidney Infections

Trouble Urinating

Frequent Urination

Painful Urination

Kidney Stones

Water Retention

Kidney Stones

Water Retention

Sinus Headaches

Tension Headaches

Migraine Headaches

Neuritis

Eye diseases

Constipation

Diarrhea

Intestinal Gas

Bloating

Heartburn

Ulcer

Stomach Pain

Colitis

Gall Stones

Fissures

Hemorrhoids

Cirrhosis

Diverticulitis

Tend to Gain Weight

Tend to Lose Weight

Anemia

Easy Bruising

Dental Amalgams

Drug Addiction

Alcoholism

Smoking

**WOMEN:**

Premenstrual Syndrome

Water Retention

Cramps

No Menstruation

Heavy periods

Light/Irregular Periods

Ovarian Cysts

Fibroid Tumors

Abnormal Pap Smear

Menopause

Fibrocystic Breasts

Breast Tumors

Yeast Infections

Hot Flashes

Currently pregnant

Abuse

Rape

**MEN:**

Prostate Problems

Impotence

Infertility

**Other Symptoms or Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­