



“Lose It” Intake Questionnaire

Please answer the questions on this form as they relate to the person being evaluated.

Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:

- *We do not treat symptoms, illness, conditions or diseases.*
- *This is not a treatment for allergies, this does not diagnose allergies or relieve allergies*
- *A symptom is an attempt by your body to tell you something.*
- *We identify substances that may cause stress on the body and work to reduce substance specific stress using a combination of Low Level Light Therapy, Acupoint Stimulation, Homeopathy, Nutrition and Energetic Information to help bring the body back into balance*
- *We do not use drugs in this program.*
- *There is no single method that will work for everyone but this integrative approach can help increase your core level energy, boost your immune system and help your body better deal with substance stressors leading to a higher quality of life*
- *Just because certain substances are considered “healthy” or “safe”, this does not mean they are appropriate, “healthy” or “safe” for you.*
- *Your diet and environment consists of everything you **eat, drink, rub on your skin, or inhale***
- *Our procedures are safe, non-invasive and painless.*
- *If you suffer from anaphylaxis, we recommended you consult your primary care physician for medical treatment appropriate for you.*
- *There is no single “healthy” diet that will work for everyone.*

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____

E-mail _____

How did you hear about us? _____

Height _____ Weight _____ Date of Birth _____ Male/Female (circle one)

What do you consider your ideal weight _____

Any recent changes in weight? _____

What is your major nutritional/ health goals? _____

Are you a Vegetarian? If yes, for how long? _____



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Please list any supplements and/or medications you are currently taking. _____

How many bowel movements do you have in one day? _____

Do you have a regular exercise program? _____. If yes, please explain _____

Do you consider your lifestyle stressful? _____

Do you typically eat breakfast, lunch and dinner? _____ If no, please explain _____

This information is provided for nutritional purposes only. The information I am seeking is of an educational and nutritional nature and not a medical diagnosis. It is considered confidential information, and any results received will be documented for research and development reasons only.

****Must be signed***

Signature _____ Date _____

Signature of clinician _____ Date _____

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DIET SECTION

PLEASE CIRCLE THE FOODS YOU ARE NOW OR HAVE BEEN IN THE PAST
DRAWN TO

PARA

Snacks / Crackers / Chips
Sweets / Candy
Coffee / Tea
Bread / Cakes
Pies / Desserts
Toast / Jam
Pasta / Potatoes / Rice
Fruit / Honey
Vegetarian meals

ESTRO

Rich or Heavily seasoned Foods
Spicy Foods
Fried Foods
Mexican or Chinese Foods
Pizza
French Fries
Creamy Dips
Sauces / Gravies / Toppings
Whipped Cream
Ice Cream
Butter
Chocolate

SUPRA

Alcohol
Chicken
Pork Chops / Ham / Bacon
Steak / Hamburger Seafood
Hot Dogs / Salami
Pickles
Olives
Garlic
Nuts / Peanuts
Eggs
Salt / Salty Foods

NEURO

Dairy
Products
Milk
Cheese (hard / cream)
Ice Cream
Yogurt
Frozen Yogurt
Cottage Cheese
Fruit Cereal
Whipped Cream
Routine Meals Sweets

What foods do you like that cause digestive problems (gas, rash, allergies, belching)?

Pretend you have no health concerns and can have any meal or food. What would it be?

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PAST HISTORY

PLEASE CIRCLE ANY OF THE FOLLOWING PROBLEMS WHICH YOU HAVE NOW OR HAVE EXPERIENCED IN THE PAST

PARA	
PMS	Mood Swings
Cold hands/ feet	Neck/ Shoulder aches
Depression	Pancreatitis
Eczema	Skin eruptions
Fatigue	Sprue/ Wheat intolerance
Brain Fog	Thyroid
Headaches	Low Blood Pressure

ESTRO	
Aching feet	Hepatitis/Jaundice
Arthritis	High Cholesterol
Diabetes	Gallbladder problems
Cirrhosis	Hysterectomy
Cataracts	Breast lumps/tumors
Psoriasis	Menstrual problems
Cystitis	Urinary problems
Hay Fever	Prostate problems

SUPRA	
Alcohol addiction	Arteriosclerosis
Sciatica	High Blood Pressure
Back problems	Gingivitis/Bleeding gums
Belching	Kidney Disease (stones)
Gout	Cardio vascular disease
Loss of hearing	Acid Reflux
Ear infections	Heartburn/indigestion

NEURO	
Aching knees	Crohn’s Disease
Diverticulosis	Frequent Infections
Hives	Irritable Bowel
Colds	Milk intolerance
Colitis	Asthma
Weak Constitution Chronic Allergies (seasonal/food)	
Chemical/Environmental Sensitivity	

- | | | | |
|--------------------------|-------------------|-------------------|-----------------|
| Abscesses | Dizziness | HIV/ AIDS | Night blindness |
| Allergies | Emphysema | Insomnia | Osteoporosis |
| Anemia | Fainting spells | Lupus | Pneumonia |
| Bronchitis | Fungal Infections | Malaria | Polio |
| Cancer (type:_____) | Goiter | Measles | Rheumatic Fever |
| Candidiasis | Gonorrhea | Mononucleosis | Scarlet Fever |
| Chicken Pox | Heart disease | Mumps | Sinus Infection |
| Chronic Viral Infections | Hemorrhoids | Nervous Breakdown | Stroke |
| Constipation | Hiatal Hernia | Neuralgia | Ulcers |
| Diarrhea | | | |

Other health concerns not listed: _____

REMEMBER: Disease is not bound to happen...it can be overcome!

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PERSONALITY

Choose the group of statements that best describe you in general

PARA

Outgoing and extroverted
Sometimes scattered and forgetful
A people person

ESTRO

Nurturing and caring
Organized
Concerned for other people

SUPRA

Stubborn and or hard headed
Not concerned with details, more concerned with big picture
Enjoy being in control or in charge

NEURO

Introverted and very analytical
Detail oriented especially in making decisions
Creative

Choose the group of traits that best describe your eating habits

PARA

I enjoy eating/It is entertaining
Sometimes I forget to eat

ESTRO

I like to eat for comfort
I don't like to eat in the mornings

SUPRA

I will sometimes go all day and without eating and eat a large dinner
My meal is not complete without meat

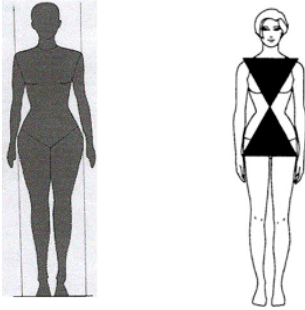
NEURO

I like to eat a little bit of food throughout the day
I get sick if I eat too much

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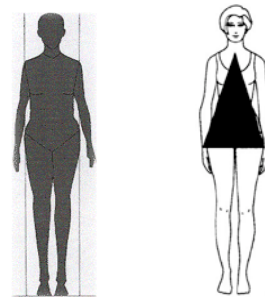
WHICH ONE BEST DESCRIBES YOUR BODY?

PARA _____



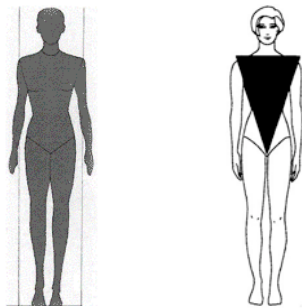
- ◆ Carries weight evenly, but can be held in the waist / stomach area
- ◆ Buttocks are high and round
- ◆ Width of clavicle and hips is equal

ESTRO/TESTRO _____



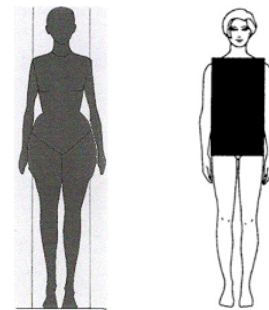
- ◆ Carries weight in the hips and thighs
- ◆ Buttocks are low and flat
- ◆ Width of clavicle are narrower than the distance between the hip points

- ◆ Carry weight in upper body, especially the stomach
- ◆ No buttocks
- ◆ Width of clavicle is wider than distance between the hip points



SUPRA _____

- ◆ Carry weight fairly evenly and body is soft
- ◆ Remained similar since teens
- ◆ No real distinction between width of clavicle, waist, and hip points



NEURO _____