BioIntelligent Wellness

RMR CLIENT INTAKE FORM

I. Personal Information

Name* **Birth Date**

Address*

City* **State*** **Zip***

Occupation

Phone* **Email***

Height: ____ Feet ____ Inches **Weight: ____ pounds** **Dominant Wrist: ____ inches**

Sex:
☐ M ☐ F

Blood Type:
☐ A ☐ B ☐ AB ☐ O

Activity Level:
__ Sedentary (little or no exercise, desk job or bed ridden)
__ Light Activity (light exercise – sports 1-3 days per week)
__ Moderate Activity (moderate ex.: sports 3-5 days/week)
__ Very Active (hard exercise – sports 6-7 days per week)
__ Extra Active (hard daily exercise – sports and physical job)

Goals:
☐ Look Better
☐ Feel Better
☐ Perform Better

RH Factor:
☐ + ☐ -

Food Component Reactions Toxins and Junk Food

__ Amines __ Salicylates __ Alcohol __ Non-food Items (synthetics) __ Citrus Fruits
__ Caffeine __ Soy __ Yeast __ Dairy (casein & lactose) __ Carcinogens & Toxins
__ Eggs __ Refined sugars __ Sulfites __ Fluoride/Chlorine __ Glutamates
__ Shellfish __ Harmful Fats __ Theobromine __ Gluten & Gliadin __ Pesticides (for organic diets)
__ Mercury Contaminated Foods

Ethnic & Vegetarian Intolerances (check to remove from diet)

__ Red Meat __ Dairy Foods ___ Eggs and Egg Products ___ Fish and Seafood __ Poultry
___ Non-Hindu Foods __ Non-Kosher Foods ___ Non-Muslim Foods

1. **What is your main health concern?**

2. **What has worked for you in the past?**

3. **Do you have any specific cravings?**
    a) **When do you crave that?**
    b) **How often?**
    c) **How does it make you feel?**
    d) **Does it make you feel better or worse?**

4. **Where would like to see your health in 3 months, 6 months, 1 year?**

5. **What nutritional supplements are you currently taking?**

6. **What prescription medications are you currently taking?**

7. **What are your 3 BIGGEST obstacles to being in your peak health?**

8. **What is the ONE thing you could be doing for yourself that you know would have a significant impact on your health and well-being?**

9. **What questions or topics would you MOST like to know more about?**

Let's Get An Idea of Where You're At and What You've Been Doing:

Nutrition	Your Idea of a "GOOD" Day	Your Idea of a "BAD" Day	A Typical Day
Breakfast			
Snack 1			
Lunch			
Snack 2			
Dinner			
Snack 3/ Dessert			
Water (ounces)			
Total Calories: Even if you have to guess			
Exercise	**Your Idea of a "GOOD" Day**	**Your Idea of a "BAD" Day**	**A Typical Day**
Health & Lifestyle	**Your Idea of a "GOOD" Day**	**Your Idea of a "BAD" Day**	**A Typical Day**
Stress Level (1-10 low to high)			
Sleep (hrs)			
Hours Working (hrs)			
Self Care			
Leisure Activity/Hobby			
Relaxation			

II. Body Systems Questionnaire - Please select every symptom that you experience.

- ☐ Abdominal pain or discomfort
- ☐ Absent-mindedness or forgetfulness
- ☐ Acid indigestion or heartburn
- ☐ Anxiety, nervousness or tension
- ☐ Asthma
- ☐ Bad breath or body odor
- ☐ Brittle fingernails
- ☐ Burning or painful urination
- ☐ Cold hands and feet
- ☐ Colitis or other bowel irritations
- ☐ Congested air passages
- ☐ Constipation or dry stools
- ☐ Cravings for fat or high fat diet
- ☐ Cravings for sugar
- ☐ Dark circles or puffiness under eyes
- ☐ Difficulty getting to sleep
- ☐ Dizziness or light headedness
- ☐ Dry Skin
- ☐ Excess mucus production
- ☐ Family history of heart disease
- ☐ Fatigue in the afternoons
- ☐ Fatigue or low energy levels
- ☐ Food allergies
- ☐ Food sits heavy on stomach after eating
- ☐ Frequent backache
- ☐ Frequent cough
- ☐ Frequent infections
- ☐ Frequent urinary tract infections
- ☐ General weakness or chronic illness
- ☐ Hayfever
- ☐ Heart problems
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Impotency (males only)
- ☐ Infertility
- ☐ Intestinal gas or bloating
- ☐ Itchy nose and ears
- ☐ Joint pain, arthritis or gout
- ☐ Leg cramps or pains
- ☐ Less than 1 bowel elimination per day
- ☐ Loose stool or diarrhea
- ☐ Loss of appetite or poor appetite
- ☐ Loss of sexual desire
- ☐ Menopause problems (females)
- ☐ Menstrual problems (females)
- ☐ Mental / emotional stress
- ☐ Migraine headaches
- ☐ Muddled thinking, confusion or mental sluggishness
- ☐ Osteoporosis
- ☐ Pale complexion and/or anemia
- ☐ Prostate problems (males)
- ☐ Restless dreams or nightmares
- ☐ Scant or excessive urination
- ☐ Sinus congestion
- ☐ Sinus headaches
- ☐ Skin problems (acne, rashes, etc.)
- ☐ Stiff, aching, or painful muscles
- ☐ Swollen lymph glands
- ☐ Ulcers
- ☐ Underweight or unable to gain weight
- ☐ Urinating at night
- ☐ Varicose veins
- ☐ Waking up frequently at night
- ☐ Water retention or edema
- ☐ Weak legs, knees or ankles
- ☐ Wheezing or shortness or breath
- ☐ Wounds won't heal on extremities, i.e. arms, hands, legs, feet

Conditions and Complaints

-- SELECT ONLY THE MOST SIGNIFICANT ISSUES AND HIGHLIGHT THE SINGLE WORST PROBLEM --

__ Acne (vulgaris)
__ Adrenal Hyper-function
__ Adrenal Hypo-function
__ AIDS or HIV
__ Alcoholism
__ Alzheimer's Disease
__ Amenorrhea
__ Anemia (macro & microcytic)
__ Angina Pectoris
__ Anxiety
__ Appetite Excessive
__ Appetite Reduced
__ Arteriosclerosis
__ Asthma
__ Atherosclerosis
__ Attention Deficit Disorder
__ Autism
__ Bell's Palsy
__ Benign Prostatic Hyperplasia
__ Biliary Insufficiency
__ Biliary Stasis
__ Bipolar Disorder
__ Bleeding Gums
__ Body Odor
__ Bone Spurs
__ Bradycardia
__ Bronchitis
__ Bruxism
__ Burning Feet
__ Burns (1st, 2nd, 3rd degree)
__ Bursitis
__ Cancer (prevention)
__ Canker Sores
__ Cardiac Arrhythmia
__ Cataracts
__ Celiac Disease (sprue)
__ Chemotherapy Support
__ Cervical Dysplasia
__ Chicken Pox
__ Cholesterol Decreased (total)
__ Cholesterol Elevated (total)
__ Chronic Fatigue Syndrome
__ Colic (mother's & child's diet)
__ Congestive Heart Failure
__ Constipation
__ COPD
__ Copper toxicity
__ Coronary Artery Disease
__ Crohn's Disease
__ Cystic Fibrosis
__ Cytomegalovirus (CMV)
__ Degenerative Joint Disease
__ Dental Caries (cavities)
__ Depression
__ Dermatitis
__ Detoxification Support
__ Diabetes (type I)
__ Diabetes (type II)
__ Diarrhea
__ Diverticulosis
__ Drug Addiction
__ Dry Eyes (Sjögren's synd.)
__ Dry Skin
__ Dysmenorrhea
__ Dyspepsia (indigestion)
__ Ear Infections
__ Eczema
__ Edema
__ Emphysema
__ Endometriosis
__ Enuresis (bed wetting)
__ Epilepsy (seizure disorders)
__ Epstein Barr Virus (EBV)
__ Fever
__ Fibrocystic Breast Disease
__ Fibromyalgia
__ Flatulence
__ Fractures
__ Gallbladder Dysfunction
__ Gallstones
__ GERD
__ Glaucoma
__ Goiter
__ Gout
__ Grave's Disease
__ Halitosis
__ Hashimoto's Disease
__ Headaches (non-migraine)
__ Heal Spurs
__ Heavy Metal Toxicity
__ Hemachromatosis
__ Hemophilia
__ Hemorrhoids
__ Hepatic Cirrhosis
__ Hepatic Disease Support
__ Hepatitis
__ Herpes Simplex (HSV-1)
__ Herpes Zoster (HSV-2)
__ Hiatal Hernia
__ High Cholesterol (LDL)
__ High Triglycerides
__ Homocysteine Elevated
__ Hot Flashes (menopausal)
__ Hyperglycemia
__ Hyperkinesis
__ Hypertension
__ Hyperthyroidism
__ Hypochlorhydria
__ Hypoglycemia
__ Hypotension
__ Hypothyroidism
__ Idiopathic Thrombo. Purpura
__ Ileitis
__ Ileocecal Valve Dysfunction
__ Immune Deficiency
__ Impotence (male)
__ Incontinence
__ Infection (bacterial)
__ Infection (parasitic)
__ Infection (prostate)
__ Infection (respiratory)
__ Infection (sinus)
__ Infection (urinary)
__ Infection (viral)
__ Infection (yeast/fungal)
__ Infertility (female)
__ Infertility (male)
__ Inflammation (general)
__ Inflammation (vascular)
__ Influenza (flu)
__ Insomnia
__ Interstitial Cystitis
__ Irritable Bowel Syndrome
__ Joint Pain
__ Kidney Stones
__ Lactose Intolerance
__ Liver-Colon Detoxification
__ Low Cholesterol (HDL)
__ Lung Problems (non-specific)
__ Lupus
__ Lyme Disease
__ Macular Degeneration
__ Manic Depression
__ Measles
__ Meniere's Disease
__ Menorrhagia
__ Menstrual Cramps
__ Metabolic Syndrome
__ Migraine Headache
__ Mitral Valve Prolapse
__ Mononucleosis
__ Mucous (allergy related)
__ Mucous (respiratory/sinus)
__ Multiple Sclerosis (MS)
__ Mumps
__ Muscular Dystrophy
__ Myasthenia Gravis
__ Nausea
__ Nausea (during pregnancy)
__ Obesity
__ Osteoarthritis
__ Osteoporosis
__ Pain (musculoskeletal)
__ Pancreatitis
__ Panic Disorder
__ Parasthesia
__ Parkinson's Disease
__ PCOS
__ Peptic/Duodenal Ulcer
__ Periodontal Disease
__ Phlebitis
__ Phobias
__ Pituitary Dysfunction
__ PMS
__ Pneumonia
__ Polycythemia (secondary)
__ Pregnancy (gen. support)
__ Pregnancy & Yeast Infec.
__ Psoriasis
__ Purpura Simplex
__ Radiation Therapy Support
__ Raynaud's Disease
__ Reduced Circulation
__ Rhinovirus (common cold)
__ Rheumatoid Arthritis
__ Rhinovirus (comm.cold)
__ Schizophrenia
__ Sciatica
__ Scleroderma
__ Seborrhea
__ Sex Drive Diminished (F)
__ Sex Drive Diminished (M)
__ Skin Rashes
__ Sperm Count Reduced
__ Stroke (recovery support)
__ Sulfite Allergy-Sensitivity
__ Surgery Support (pre/ post)
__ Tachycardia
__ Tendonitis
__ Thrombophlebitis
__ Tinea (ringworm)
__ Tinnitus
__ Trigeminal Neuralgia
__ Tuberculosis (TB)
__ Ulcerative Colitis
__ Urticaria (hives)
__ Uterine Fibroids
__ Varicose Veins
__ Vertigo
__ Vitiligo
__ Wilson's Syndrome
__ Xerophthalmia

BioIntelligent Wellness

Basic Metabolic Typing Assessment

1. Do you have an appetite for breakfast?
    a. Usually
    b. No
2. Does a muffin or plain toast give you enough energy to last until lunch?
    a. Never/Sometimes
    b. Usually
3. Do you feel energetic after a breakfast of bacon and eggs?
    a. Yes
    b. No
4. Does one cup of coffee make you feel jittery and irritable?
    a. Yes
    b. Not Usually
5. Do you crave more bread or pasta 2 hours after having had some?
    a. Yes
    b. Not usually
6. Which desserts do you prefer?
    a. Cheesecake, creamy pastries, ice cream, chocolate mousse
    b. Fruit pies, cakes, cookies.
    c. Don't like dessert
7. In which group is your FAVORITE comfort food?
    a. Salty chips, cheese, peanuts, bread, ice cream, cheesecake
    b. Soft drinks, popcorn, fruit
    c. None of the above
8. Does heavy food (meat or cheese) before bed disturb your sleep?
    a. No
    b. Yes
9. Do sweets before bed disturb your sleep?
    a. No
    b. Yes
10. Do you ever need to get up to eat at night?
    a. Yes
    b. Never
11. Which foods cause you to gain weight?
    a. Bread and pasta
    b. Meat and fatty food
    c. Don't know
12. Do you often get real stomach hunger pangs?
    a. yes
    b. No
13. Do you find red meat hard to digest?
    a. No
    b. Yes or sometimes
14. How much do you like sour foods (vinegar, lemon juice)?
    a. A lot
    b. Average or not at all

15. How much do you like mustard?

a. Average or not at all
b. A lot

16. How much do you like salt?
    a. A lot
    b. Average or not at all
17. How much do you like potatoes?
    a. A lot
    b. Average
18. Do you have a tendency to be:
    a. Too warm
    b. Too chilly
    c. Neither/Both
19. Even when you're not sick, do you get a dry cough or sneezing at night or after eating?
    a. Often
    b. No
20. Does your skin crack on your fingertips or heels?
    a. Yes
    b. No
21. Do you have a problem with dandruff?
    a. yes
    b. No
22. Are your ears?
    a. Redder in color than your face
    b. Lighter in color than your face
    c. The same color
23. Do you have?
    a. Watery eyes
    b. Dry eyes and nose
    c. Neither
24. Do you have?
    a. Too much saliva?
    b. A dry mouth?
    c. Neither
25. Do you have chronically itchy skin?
    a. Yes
    b. No
26. Do you react badly to insect bites?
    a. Yes, welts and swelling
    b. Mild reactions only
27. Do you frequently and easily get Goosebumps?
    a. No
    b. Yes
28. Are your pupils?
    a. Smaller than the iris
    b. Larger than the iris
    c. Average. The same size
29. Are you?
    a. Blood Type O or B
    b. Blood Type A or AB
30. Do you have apple-shaped weight gain? (Women only.)
    a. Yes
    b. No

Comments: