BioIntelligent Wellness

Phone: 858 228 3644
Fax: 760.994.1248
www.BioIntelligentWellness.com

Solana Beach
124 Lomas Santa Fe, Suite 206
Solana Beach CA 92075

Carlsbad
7220 Avenida Encinas, Suite 110-B,
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# RMR Client Intake Form

## Personal Information

Full Name _____

Date of Birth _____

Age _____

Address _____

Zip/Postal Code _____

City _____

State _____

E-mail _____

Phone _____

Occupation _____

☐ Male ☐ Female

Current Weight (inch) _____

Height (cm) _____

Dominant Wrist (inch) _____

Blood Type (A / B / AB / 0) and RH Factor (+ - ) _____

Referred by _____

## My goal is to

☐ Look better ☐ Feel better ☐ Perform better

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## Activity Level

- [ ] **Sedentary**
  (little or no exercise, desk job or bed ridden
- [ ] **Light Activity**
  little or no exercise, desk job or bed ridden
- [ ] **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

## Food Component I Avoid

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

## 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

## Let's Talk

1. What is your main health concern?

_____

2. What has worked for you in the past?

_____

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☐ I have cravings

☐ I have specific cravings

When do you crave that?

How often?

How does it make you feel?

Does it make you feel better or worse?

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

4. What nutritional supplements are you currently taking?

5. What prescription medications are you currently taking?

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

7. 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?

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

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## Nutrition

| | Your Idea of a "GOOD" Day | Your Idea of a "BAD" Day | A Typical Day |
|---|---|---|---|
| Breakfast | | | |
| Snack before Lunch | | | |
| Lunch | | | |
| Snack before dinner | | | |
| Dinner | | | |
| Snack at night (desert) | | | |
| Water (ounces) | | | |
| Total Calories: Even if you have to guess | | | |

## Exercise

| Exercise Name | Your Idea of a "GOOD" Day | Your Idea of a "BAD" Day | A Typical Day |
|---|---|---|---|
| | | | |

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## 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 | | | |

## Body Systems Questionnaire

Please select every symptom that you experience

### Section 1

- ☐ 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

### Section 2

- ☐ Excess mucus production
- ☐ Family history of heart disease
- ☐ Fatigue in the afternoons
- ☐ Frequent urinary tract infections
- ☐ General weakness or chronic illness
- ☐ Hayfever

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### Section 3

- [ ] Fatigue or low energy levels
- [ ] Food allergies
- [ ] Food sits heavy on stomach after eating
- [ ] Frequent backache
- [ ] Frequent cough
- [ ] Frequent infections
- [ ] Joint pain, arthritis or gout
- [ ] Leg cramps or pains
- [ ] Less than 1 bowel elimination per day
- [ ] Loose stool or diarrhea
- [ ] Heart problems
- [ ] High blood pressure
- [ ] High cholesterol
- [ ] Impotency (males only)
- [ ] Infertility
- [ ] Intestinal gas or bloating
- [ ] Itchy nose and ears
- [ ] Mental / emotional stress
- [ ] Migraine headaches
- [ ] Muddled thinking, confusion or mental sluggishness

### Section 4

- [ ] Loss of appetite or poor appetiteafter
- [ ] Loss of sexual desire
- [ ] Menopause problems (females)
- [ ] Menstrual problems (females)
- [ ] Sinus congestion
- [ ] Sinus headaches
- [ ] Skin problems (acne, rashes, etc.)
- [ ] Ulcers
- [ ] Underweight or unable to gain weight
- [ ] Urinating at night
- [ ] Varicose veins
- [ ] Waking up frequently at night
- [ ] Osteoporosis
- [ ] Pale complexion and/or anemia
- [ ] Prostate problems (males)
- [ ] Restless dreams or nightmares
- [ ] Scant or excessive urination
- [ ] Stiff, aching, or painful muscles
- [ ] Swollen lymph glands
- [ ] 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

Please select all that apply

### Section 1

- [ ] Acne (vulgaris)
- [ ] Adrenal Hyper-function
- [ ] Adrenal Hypo-function
- [ ] AIDS or HIV
- [ ] Appetite Excessive
- [ ] Appetite Reduced
- [ ] Arteriosclerosis
- [ ] Asthma

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- [ ] Alcoholism
- [ ] Alzheimer's Disease
- [ ] Anemia (macro & microcytic)
- [ ] Angina Pectoris
- [ ] Anxiety
- [ ] Atherosclerosis
- [ ] Attention Deficit Disorder
- [ ] Autism
- [ ] Bell's Palsy
- [ ] Benign Prostatic Hyperplasia

## Section 2

- [ ] Biliary Insufficiency
- [ ] Biliary Stasi
- [ ] Bipolar Disorder
- [ ] Bleeding Gums
- [ ] Body Odor
- [ ] Bone Spurs
- [ ] Bradycardia
- [ ] Cardiac Arrhythmi
- [ ] Cataracts
- [ ] Bronchitis
- [ ] Bruxism
- [ ] Burning Feet
- [ ] Burns (1st, 2nd, 3rd degree)
- [ ] Bursitis
- [ ] Cancer (prevention)
- [ ] Canker Sores
- [ ] Celiac Disease (sprue)
- [ ] Chemotherapy Support

## Section 3

- [ ] 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
- [ ] Cystic Fibrosis
- [ ] Cytomegalovirus (CMV)
- [ ] Degenerative Joint Disease
- [ ] Dental Caries (cavities)
- [ ] Depression
- [ ] Dermatitis
- [ ] Detoxification Support

## Section 4

- [ ] Diabetes (type I)
- [ ] Diabetes (type II)
- [ ] Diarrhea
- [ ] Diverticulosis
- [ ] Drug Addiction
- [ ] Dry Eyes (Sjögren's synd.)
- [ ] Dry Skin
- [ ] Ear Infections
- [ ] Eczema
- [ ] Edema
- [ ] Emphysema
- [ ] Endometriosis
- [ ] Enuresis (bed wetting)
- [ ] Epilepsy (seizure disorders)

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- [ ] Dysmenorrhea
- [ ] Dyspepsia (indigestion)
- [ ] Fibrocystic Breast Disease
- [ ] Fibromyalgia
- [ ] Gallbladder Dysfunction
- [ ] Gallstones
- [ ] GERD
- [ ] Glaucoma
- [ ] Goiter
- [ ] Epstein Barr Virus (EBV)
- [ ] Fever
- [ ] Flatulence
- [ ] Fractures
- [ ] Gout
- [ ] Grave's Disease
- [ ] Halitosis
- [ ] Hashimoto's Disease
- [ ] Headaches (non-migraine)

## Section 5

- [ ] 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

## Section 6

- [ ] Hyperthyroidism
- [ ] Hypochlorhydria
- [ ] Hypoglycemia
- [ ] Hypotension
- [ ] Hypothyroidism
- [ ] Impotence (male)
- [ ] Incontinence
- [ ] Idiopathic Thrombo. Purpura
- [ ] Ileitis
- [ ] Ileocecal Valve Dysfunction

### Infection

- [ ] Bacterial
- [ ] Parasitic
- [ ] Prostate
- [ ] Respiratory
- [ ] Sinus
- [ ] Urinary
- [ ] Viral
- [ ] Yeast/fungal

- [ ] Infertility
- [ ] Inflammation (general)
- [ ] Insomnia
- [ ] Interstitial Cystitis
- [ ] Inflammation (vascular)
- [ ] Influenza (flu)
- [ ] Lupus
- [ ] Lyme Disease

- [ ] Irritable Bowel Syndrome
- [ ] Joint Pain
- [ ] Kidney Stones
- [ ] Lactose Intolerance
- [ ] Liver-Colon Detoxification
- [ ] Low Cholesterol (HDL)
- [ ] Lung Problems (non-specific)
- [ ] Macular Degeneration
- [ ] Manic Depression
- [ ] Measles
- [ ] Meniere's Disease
- [ ] Menorrhagia
- [ ] Menstrual Cramps
- [ ] Metabolic Syndrome

## Section 7

- [ ] Migraine Headache
- [ ] Mitral Valve Prolapse
- [ ] Mononucleosis
- [ ] Mucous (allergy related)
- [ ] Mucous (respiratory/sinus)
- [ ] Multiple Sclerosis (MS)
- [ ] Mumps
- [ ] Muscular Dystrophy
- [ ] Myasthenia Gravis
- [ ] PCOS
- [ ] Peptic/Duodenal Ulcer
- [ ] Nausea
- [ ] Nausea (during pregnancy)
- [ ] Obesity
- [ ] Osteoarthritis
- [ ] Pain (musculoskeletal)
- [ ] Pancreatitis
- [ ] Panic Disorder
- [ ] Parasthesia
- [ ] Parkinson's Disease
- [ ] Periodontal Disease
- [ ] Phlebitis

## Section 8

- [ ] Phobias
- [ ] Pituitary Dysfunction
- [ ] PMS
- [ ] Pneumonia
- [ ] Polycythemia (secondary)
- [ ] Raynaud's Disease
- [ ] Reduced Circulation
- [ ] Rhinovirus (common cold)
- [ ] Rheumatoid Arthritis
- [ ] Rhinovirus (comm.cold)
- [ ] Schizophrenia
- [ ] Sciatica
- [ ] Scleroderma
- [ ] Seborrhea
- [ ] Pregnancy (gen. support)
- [ ] Pregnancy & Yeast Infec.
- [ ] Psoriasis
- [ ] Purpura Simplex
- [ ] Radiation Therapy Support
- [ ] Sex Drive Diminished
- [ ] Skin Rashes
- [ ] Sperm Count Reduced
- [ ] Stroke (recovery support)
- [ ] Sulfite Allergy-Sensitivity
- [ ] Surgery Support (pre/ post)
- [ ] Tachycardia
- [ ] Tendonitis
- [ ] Thrombophlebitis

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- [ ] Tinea (ringworm)
- [ ] Tinnitus
- [ ] Trigeminal Neuralgia
- [ ] Tuberculosis (TB)
- [ ] Ulcerative Colitis
- [ ] Urticaria (hives)
- [ ] Immune Deficiency
- [ ] Uterine Fibroids
- [ ] Varicose Veins
- [ ] Vertigo
- [ ] Vitiligo
- [ ] Wilson's Syndrome
- [ ] Xerophthalmia

## Basic Metabolic Typing Assessment

Check the statements and mark thouse which work for you

- [ ] **Usually I have an appetite for breakfast**
- [ ] **Usually a muffin or plain toast give me enough energy to last until lunch**
- [ ] **I feel energetic after a breakfast of bacon and eggs**
- [ ] **One cup of coffee makes me feel jittery and irritable**
- [ ] **I crave more bread or pasta 2 hours after having had some**

**Choose desserts you would prefer more**

- [ ] Cheesecake, creamy pastries, ice cream, chocolate mousse
- [ ] Fruit pies, cakes, cookies
- [ ] Don't like dessert

**In which group is your FAVORITE comfort food?**

- [ ] Salty chips, cheese, peanuts, bread, ice cream, cheesecake
- [ ] Soft drinks, popcorn, fruit
- [ ] None of the above

- [ ] **Heavy food (meat or cheese) before bed disturbs my sleep**
- [ ] **Sweets before bed disturb my sleep**
- [ ] **I need (ever happened)to get up to eat at night**

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**Which foods cause you to gain weight**

- [ ] Bread and pasta
- [ ] Meat and fatty food
- [ ] Don't know

- [ ] **Often I get real stomach hunger pangs**
- [ ] **I find red meat hard to digest**

**How much do you like sour foods (vinegar, lemon juice)?**

- [ ] A lot
- [ ] Average
- [ ] Not at all

**How much do you like mustard?**

- [ ] A lot
- [ ] Average
- [ ] Not at all

**How much do you like salt?**

- [ ] A lot
- [ ] Average
- [ ] Not at all

**How much do you like potatoes?**

- [ ] A lot
- [ ] Average
- [ ] Not at all

**Do you have a tendency to be**

- [ ] Too warm
- [ ] Neither
- [ ] Too chilly
- [ ] Both

- [ ] **Even when I'm not sick, I get a dry cough or sneezing at night or after eating**
- [ ] **My skin cracks on your fingertips or heels**

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**Describe your ears**

- [ ] Redder in color than your face
- [ ] Lighter in color than your face
- [ ] The same color

- [ ] **I have watery eyes**
- [ ] **I have dry eyes and nose**
- [ ] **I have too much saliva**
- [ ] **I have a dry mouth (no saliva)**

- [ ] **I have chronically itchy skin**

**Do you react badly to insect bites**

- [ ] Yes, welts and swelling
- [ ] Mild reactions only

- [ ] **Do you frequently and easily get Goosebumps?**

**Are your pupils?**

- [ ] Smaller than the iris
- [ ] Larger than the iris
- [ ] Average. The same size

- [ ] **I have apple-shaped weight gain? (Women only.)**

**Your Comments**