

Name & Surname: _____ **Email:** _____ **Contact No:** _____

Digestion		Liver, Kidneys and Gallbladder		Diminished Eyesight	
Bloatedness / Gas		Cold Hands and Feet		Diabetes	
Poor Digestion		Excessive Sweating		Light Headedness	
Diarrhea		Bad Body Odour		Lymphatic Problems	
Constipation		Dark Circles under the Eyes		Swollen Feet (One foot more than the other)	
Cravings (Certain Foods)		Yellowish Colour in White of the Eyes		Swollen Lymph Glands (Neck, Chin, Armpits)	
Teeth Grinding		Fine Veins in the Face		Pain in Arms and Legs	
Intestine / Stomach Cramps		Anger Outbursts		Elephant Feet	
Spastic Colon / IBS		Water Retention		Swollen / Painful Appendix	
Colitis / Diverticulitis		Liver Spots			
Ulcers		Iron Deficiency		Medical History and Current Medication?	
Heartburn		Enlarged or Fatty Liver		_____	
Hemorrhoids / Piles		High Cholesterol		_____	
Candida Symptoms		Eczema / Psoriasis		_____	
Headaches / Migraines		Asthma		_____	
Muscle Cramps		Colds & Flu		_____	
Chronic Fatigue		Emphysema		_____	
Candida Infection / White Tongue		Recurring Infections		_____	
Puffy Eyes		Bronchitis		_____	
Finger & Toenail Infections		Hormones		_____	
Infertility		Irregular Menstruation		_____	
Dry Itchy Skin		Vaginal Infections		_____	
Bad Breath		Menstrual Problems		_____	
Low Sex Drive		Heavy Bleeding		_____	
Joint Pain & Swelling		Endometriosis		_____	
Hyperactive (ADD or ADHD)		PMS		_____	
Osteoporosis / Arthritis / RA		Night Sweet		_____	
Hair Loss		Hot Flushes		_____	
Impotency		Menopause		_____	
Vaginal Dryness		Struggling to fall Pregnant		_____	
Hay Fever / Allergies		Insulin Resistance / Diabetes		Weight _____	
Memory Loss / Forgetfulness		Low Blood Sugar		Height _____	
Acne		Burning Feet		Blood Type _____	
Sinusitis		Struggling to lose Weight		DOB / Age: _____	
Depression (Overall down feeling)		Shaky Weak Feeling			
Thyroid Over / Under Active		Tired After Meals			
Irritated or Moody		Weight Around the Waist			
Sensitivity toward Chemicals (Smoke, Perfume)		Constantly Thirsty			