



Information Sheet

Please, don't fudge the results. The purpose is to establish a base-line for the analysis and recommendations for your particular needs.

Questions? Metro Denver: (303) 660 – 0562 | Toll Free 1+ (800) 704 - 8910

<i>Name</i>		<i>Spouse or Significant Other</i>		
<i>address</i>		<i>city</i>	<i>state</i>	<i>zip</i>
<i>telephone</i>	<i>cell</i>	<i>e mail</i>	<i>emergency notification</i>	
<i>age:</i>	<i>height:</i>	<i>weight:</i>		

What is your problem?

How can we help?

List your previous health challenges and concerns.

<i>Diagnosis?</i>	<i>Complaint?</i>
<i>Other?</i>	<i>Complaint?</i>

Where have you traveled in the last 5 years?

<i>Where?</i>	<i>Purpose?</i>	<i>Where?</i>	<i>Purpose?</i>

What medications/supplement do you take? Put them in chronological order – 1st to last.

<i>Medications</i>			<i>Supplements</i>		
<i>What?</i>	<i>Why?</i>	<i>How Long?</i>	<i>What?</i>	<i>Why?</i>	<i>How Long?</i>

What is your pH? Take your pH immediately after arising; then record the results. If you need pH strips, [order them here](#) or secure a supply at a local pet or pool supply store.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>AM pH</i>							
<i>Arise at:</i>							

General Questions

<i>What type of work do you do now?</i>							
<i>What type of work in the past?</i>							
<i>How stressful is your life? (1-10 high)</i>							
<i>What does your complexion look like?</i>							
<i>What color are the whites of your eyes?</i>							
	Y/N		Y/N		Y/N		
<i>What does your tongue look like?</i>		<i>Coated</i>		<i>Cracked</i>		<i>Pink</i>	

Y/N		
	<i>Do you exercise?</i>	<i>type/frequency:</i>
	<i>Do you smoke or use tobacco products?</i>	<i>type/amount</i>
	<i>Have you traveled recently?</i>	<i>where/when</i>
	<i>Have you traveled abroad?</i>	<i>where/when</i>
	<i>Have you been exposed to chemicals?</i>	<i>type/when</i>
<i>How many times does your bowel eliminate each day?</i>		<i>If not how often per week?</i>
	<i>Does it sink?</i>	<i>Does it float?</i>

What do you eat? Record all of the different things you are consuming. Please, don't fudge the results.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Awoke at:</i>							
<i>Breakfast</i>							
<i>Snacks</i>							
<i>Lunch</i>							
<i>Snacks</i>							
<i>Dinner</i>							
<i>Snacks</i>							
<i>Retired at:</i>							

How is your digestion?

Y/N		Y/N		Y/N		Y/N		Y/N	
	<i>heartburn</i>		<i>Indigestion</i>		<i>Reflux</i>		<i>Bloating</i>		<i>Gas</i>
			<i>Are you sensitive to any foods? Which ones?</i>						

What do you drink? Record all of the different things you are drinking. Please, don't fudge the results.

	<i>How Much Each Day?</i>		<i>How Much Each Day?</i>
<i>water</i>		<i>regular soda</i>	
<i>coffee/tea</i>		<i>diet soda</i>	
<i>juice</i>		<i>alcohol</i>	
<i>other</i>		<i>energy drinks</i>	

How do you feel? Record "How you feel". Please, use regular terms and be specific.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>wake up</i>							
<i>mid-morning</i>							
<i>noon</i>							
<i>Mid-day</i>							
<i>dinner time</i>							
<i>before bed</i>							

What do you do each day? Record your activities. Please, be brief, but thorough.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Morning</i>							
<i>Noon</i>							
<i>Afternoon</i>							
<i>Evening</i>							

Do you have other thoughts you would like to share?

Please review your entries to make sure you have answered all of the questions and that they are a good reflection of your situation before you forward a copy of this Information Sheet to the person who sent it to you. Be sure to retain a copy for your records.

Thanks for the opportunity to be part of your journey to radiant health.

Others, like you, have found the book, *Creating Radiant Health*, helpful. You can secure your copy at www.creatingradianthealth.com.