



ADRENAL QUESTIONNAIRE

[Insert Address Here]
[Insert City, State and Zip Code Here]
TF (XXX) XXX-XXXX F (XXX) XXX-XXXX

Patient Name: _____

Date: _____

Address: _____

Date of Birth: _____

City, State, Zip: _____

Home#: _____

Gender (circle one): **MALE** **FEMALE**

Work#: _____

Primary Care Physician: _____

Referring Physician: _____

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.
- If you believe you suffer from allergies, we recommend you consult with your general practitioner, immunologist or board certified allergist before seeking alternative care.

Adrenal Questionnaire

You regularly eat a <u>nutritious breakfast</u> ?	Yes	No
You regularly get 8 hours sleep and get to sleep before 11:00 p.m.?	Yes	No
Feeling Fatigue in the morning despite sufficient hours of sleep - difficult to get up in the morning like normal - even when you are a " <i>morning person</i> " ...	Yes	No
Feeling Fatigue in the afternoons between 3-5 p.m.	Yes	No
Feeling more energetic in the late afternoon and early evening.	Yes	No



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Insomnia/Irregular sleep - Fatigued at night but still waking up often.	Yes	No
Weight gain and can't lose it, especially around the waist.	Yes	No
Depression for not particular reason as well as for particular reasons.	Yes	No
Hair loss	Yes	No
Acne	Yes	No
Reliance on stimulants like caffeine & cookies	Yes	No
Cravings for carbohydrates or sugars	Yes	No
Poor immune function	Yes	No
Intolerance to cold.	Yes	No
Hypersensitivity to light/sound/touch/odors (for example the sound of the bathroom fan just drives me nuts - the car radio may sound generally annoying when it used to be enjoyable.)	Yes	No
Poor Memory/Fog/Memory lapses/Difficulty Concentrating.	Yes	No
Reduced sex drive	Yes	No
Constipated	Yes	No
Feel easily - often overwhelmed	Yes	No
Recurrent Candida infections	Yes	No
Increased frequency of urination	Yes	No
High frequency of getting the flu and other respiratory diseases and these symptoms tend to last longer than usual.	Yes	No
Tendency to tremble when under pressure	Yes	No
Crave for salty, fatty, and high protein food such as meat and cheese.	Yes	No
Increase symptoms of PMS for women; period are heavy and then stop, or almost stopped on the 4th day, only to start flow again on the 5th or 6th day.	Yes	No
Pain in the upper back or neck with no apparent reasons.	Yes	No
Feels better when stress is relieved, such as on a vacation.	Yes	No
Cold Extremities	Yes	No



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Poor Digestion/Gas/Heartburn	Yes No
Panic attacks	Yes No
Impotency & Erectile Dysfunction	Yes No
Bed Wetting	Yes No
Rheumatoid Arthritis	Yes No
Post-nasal drip	Yes No
Thymus gland dysfunction	Yes No
Heart Palpitations	Yes No
Hepatitis C	Yes No
Lupus	Yes No

Adrenal Score Card

Give each question a numerical value of 0-4

0 never, 1 rarely, 2 sometimes, 3 often and 4 always, Add 1 additional point if condition is severe

1. I feel fatigued even after a good night's sleep _____
 2. I have low tolerance to cold _____
 3. My body temperature is below 98.6 _____
 4. I have poor circulation _____
 5. I have low blood sugar (hypoglycemia) _____
 6. I have food and/or inhalant allergies _____
 7. I suffer from depression and/or apathy _____
 8. I have low stamina and/or endurance _____
 9. I have low resistance to infections _____
 10. My self esteem is low due to low energy _____
 11. I have joint and muscle aches and pains _____
 12. I have poor digestion _____
 13. I have a tendency toward constipation _____
 14. I need more than eight hours of sleep to feel rested _____
- Total points _____

Answer Key:

Less than 10 points indicates the adrenals are not overly stressed or the individual handles stress well



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10-15 points indicates the adrenals are moderately stressed and the patient may benefit from an adrenal regeneration program

16-20 points indicates the adrenals are being pushed too hard and the patient would benefit from an adrenal regeneration program

Over 21 points indicates the patient is probably in adrenal fatigue and the patients health is at risk if you do not implement a stress reduction and adrenal regeneration program