

Dr. Kelly Cobb/Nouriche Health Profile

Name: _____ DOB: _____ Male / Female

Who may we thank for your referral to our practice? _____

Occupation: _____

Briefly describe your top 3 complaints / symptoms or reason for your appointment:

When did you last feel your best? _____

What triggered your current imbalance? _____

What do you feel is the root cause of your current imbalance? _____

How would you rate your current level of health? Excellent Good Average

Fair Poor

Please give a brief description of the health & fitness goals you're trying to achieve/improve:

Please list all medication including dosage & frequency (**prescription &/or over-the-counter**) you currently take & condition for which it is taken.

<u>Medication</u>	<u>Condition</u>	<u>Dosage</u>	<u>Times per day</u>

Please list all supplements including dosage & frequency (i.e. **vitamins, herbs, nutritional supplements**) you currently take & the condition for which it is taken.

<u>Supplement</u>	<u>Condition</u>	<u>Dosage</u>	<u>Times per day</u>

Are you allergic to any medications? **Y N** If yes, please list the medication(s) & describe your reaction: _____

<u>Exam/Tests</u>	<u>Date</u>	<u>Surgeries/Injury</u>	<u>Date</u>		
<u>Personal & Family History</u>					
Check columns that apply to you & your family history	Myself	Sibling	Parents		Grandparents Maternal Parental
			Mom	Dad	
Heart Disease (CAD, Valvular disease, Afib, CHF)					
Cancer (specify type)					
Diabetes					
High Blood Pressure					
Arthritis					
Osteoporosis					
Anemia					
Memory Problems					
Sleep Apnea/Snoring					
Weight Control Problem					
Migraines					
Bladder Disease					
Tuberculosis					
Abnormal EKG					
Mental health issues (depression, anxiety, psychotic disorder, h/o trauma, abuse or domestic violence)					
Substance Abuse -alcohol, Rx or recreational drugs, tobacco					
Lung Disease (asthma, emphysema, bronchitis)					
Liver disease (hepatitis/cirrhosis)					
Endocrine Gland disorders (thyroid, adrenal, pituitary)					
Neurological disorders (Stroke, seizure, Parkinson, Alzheimer's, Multiple Sclerosis)					
Autoimmune disease – (lupus, rheumatoid arthritis)					

Kidney Disease (stones, infections, cysts)				
Stomach /Esophagus Disorder (reflux, stricture, ulcers)				
Bowel Disease (malabsorption, Crohn's, diverticulitis, colitis, IBS)				

Do you smoke cigarettes? Y N Packs per day _____ Previous smoker _____

Women Only

Menstrual History

Age of onset _____ Pain or cramps? Y N
 First day of last period _____ Unusual vaginal discharge? Y N
 Cycle (from start to finish) _____ Have you had an abnormal Pap? Y N
 Usual duration of flow is _____ days Current contraception _____

Flow is: Heavy __ Medium __ Light __

Age of menopause _____ Do you suffer from hot flashes? Y N

Do you frequently give-up your time to others? Y N If yes, explain: _____

Do you regularly feel pulled in multiple directions? Y N If yes, explain: _____

Rate **each** question on a scale of 1-4; with 1 being the least bothersome and/or frequent and 4 the most. You may alternatively fill out the fast forms instead.

Deficiency & Dehydration				<ol style="list-style-type: none"> 1. Skip meals? 2. Eat fast food, fried food or dine out more than once weekly? 3. Eat less than 5 servings of vegetables daily (1 serving = ½ c cooked, 1 cup raw, 2 c lettuce) 4. Drink less than 64 ounces of water daily? 5. Suffer from dry skin, brittle hair or cracked fingernails? 6. Drink caffeinated or carbonated beverages? 7. Crave sugar, alcohol or sleep (more than once a week?) 8. Eat constantly whether hungry or not?
Immunity				<ol style="list-style-type: none"> 1. Sensation of excessive fullness, pressure & bloating during or after a meal (gastric function- Metagenic HAQ) 2. Digestive problems that subside with rest & relaxation (inflammation) 3. Feel hungry 1-2 hours after a good-sized meal (inflammation) 4. Specific foods/beverages aggravate indigestion 5. Emotional stress and/or eating raw fruits & vegetables causes abdominal pain, bloating, cramps or gas (colon) 6. Generally constipated (or straining during bowel movements) (colon)

Energy, Mood & Stress				<ol style="list-style-type: none"> 1. Suffer from inability to think clearly, focus or concentrate? 2. Too much or too little sleep? 3. Difficulty making decisions &/or clarifying & achieving your goals? 4. Loss of interest in Family, friends, work, hobbies or activities you hold dear 5. Do you feel easily agitated? 6. "Butterflies in your stomach," nausea &/or diarrhea? 7. Do you feel pent-up & ready to explode? 8. Do you do things on impulse? 9. Do you suffer from pessimistic thoughts (regularly)?
Hormone Imbalance				<p>Male</p> <ol style="list-style-type: none"> 1. Difficulty sleeping 2. Difficulty sustaining an erection 3. Prostate problems 4. Difficult to postpone urination 5. Sensation of not emptying your bladder completely 6. Loss of effect from workouts/exercise <p>Female</p> <ol style="list-style-type: none"> 1. Irregular periods (3-6 times per year) 2. Profuse heavy bleeding during periods / clots 3. Acne & / or oily skin 4. Regular intake of dairy, eggs, milk & meat products 5. Interest in having sex is low or sex is painful 6. Breast, tenderness, soreness, engorgement or lumps 7. Nipple discharge 8. Sense of well-being fluctuates throughout the day 9. Spontaneous sweating 10. Mental fogginess, forgetful or distracted 11. Depression, anxiety, nervousness &/or irritability 12. Skin, hair, vagina &/or eyes feel dry 13. Excessive hair loss / receding hair line

Adrenal & Thyroid				<ol style="list-style-type: none"> 1. Cold intolerance 2. Swollen upper eyelids & / or neck swelling 3. Dry skin & hair loss 4. Unplanned weight change ___ Loss ___ Gain 5. Slow reaction time 6. Weak muscles 7. Low blood pressure 8. Fatigue & weakness 9. Dizziness with position change
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				10. Dark blue/black circles under eyes
Sugar Metabolism				<ol style="list-style-type: none"> 1. 'Itchy' feeling all over 2. Intense sugar/carb cravings 3. Vision changes 4. Unusually frequent thirst 5. Unusually frequent urination 6. Sweaty, clammy, irritable, shaky or weak when miss a meal 7. Numbness in hands/fingers/feet/toes
Environmental, Toxins, Exposures Contagions				<ol style="list-style-type: none"> 1. Do you have a pet that lives inside your home? 2. Suffer from cold, flu or earache more than twice a year? 3. Take prescription meds regularly? 4. Shake hands, hug or kiss more than 10 people weekly? 5. Live/work in an area of heavy pollution? 6. Allergies (food, asthma, sinus, hay fever, etc)? 7. Eat at fast food restaurants more than twice a week? 8. Have you ever been diagnosed with a liver problem? 9. Exposed to cell phone, computer screen or TV more than 2 hours a day?
Cardiovascular				<ol style="list-style-type: none"> 1. Pain, pressure, tightness or heaviness around the chest? 2. Feel exhaustion with minor exertion? 3. Difficulty catching breath, especially during exercise? 4. Heart pounding, sensation of heart beating too quickly, too slowly or irregularly? 5. Swelling in feet, ankles &/or legs comes & goes for no apparent reason 6. Do you experience muscle pain at rest? 7. Cramp-like pains in your ankles, calves or legs? 8. Feel worse standing: legs get heavy & fatigued?
Central Nervous System & Brain				<ol style="list-style-type: none"> 1. Do you find yourself moving more slowly than you used to? 2. Need 10-12 hours of sleep to feel rested 3. Hands tremor 4. Double vision 5. Fainting spells 6. Numbness 7. Ringing in ears 8. Difficulty bending over 9. Difficulty swallowing 10. Difficulty word-finding in conversation or speaking/forming words does not feel automatic

				<ul style="list-style-type: none"> 11. Difficulty with balance 12. Real confusion at times 13. Abnormal behavior 14. Word-finding difficult
Muskulo -skeletal				<ul style="list-style-type: none"> 1. Are you stiff in the morning when you wake up? 2. Joint swelling, pain or stiffness involving one or more areas (fingers, hands, wrists, elbows, Shoulders, toes, arches, feet, ankles, knees or ankles) 3. Specific points on body feel sore when pressed 4. Headaches 5. Irresistible urge to move legs
Gastro- intestinal				<ul style="list-style-type: none"> 1. Indigestion, food repeats after you eat 2. Excessive burping, belching &/or bloating following meals 3. Bad taste in your mouth 4. Excessive throat clearing 5. Emotional stress &/or eating raw fruits & vegetables causes abdominal bloating, pain, cramps/ or gas 6. Alternate between constipation & diarrhea 7. When massaging under your rib cage on your left side, there is pain, tenderness or soreness 8. Consistent heartburn 9. Bloody or black stools 10. Change in bowel habits 11. Decreased appetite 12. Difficulty swallowing

Liver & Gallbladder				<ul style="list-style-type: none"> 1. Aching muscles not due to exercise 2. Retain fluid & feel swollen around the abdominal area 3. Reddened skin, especially palms 4. Very strong body odor 5. Yellowish cast to eyes 6. Itchy skin 7. Are you embarrassed by your breath?
Urological				<ul style="list-style-type: none"> 1. Blood in urine 2. Change in urine color 3. Burning/pain with urination 4. Loss of bladder control 5. Trouble starting to urinate 6. Getting up to urinate at night

				<ul style="list-style-type: none"> 7. Urine is rose-colored 8. Mild lower back ache/pain 9. Strong smelling urine
Physical Fitness				<ul style="list-style-type: none"> 1. Currently not participating in a fitness regimen that elevates my heart rate for more than A minimum of 30 minutes 5-6 days weekly 2. Stretching...

Insert body composition results:

Weight:
 Height:
 BMI:
 Fat %:
 Fat mass:
 FFM:
 TBW:

Meal Recall:

Please list food items consumed in last 24 hours:

Breakfast:

Beverage _____

Lunch:

Beverage _____

Dinner:

Beverage _____

Snacks in last 24 hours _____

Please list any other concerns/interests that you'd like to discuss with the physician. Feel free to attach additional sheets of paper if needed:

Please circle all that apply: "I would like to...:" Have more energy, sleep better, get rid of allergies, be free of pain, not be dependent on over the counter meds like aspirin, ibuprofen, anti-histamines, sleep aids, stool softeners/laxatives, lose weight, burn more body fat, be stronger, have more muscle tones, be more flexible, learn how to reduce stress, think more clearly/focus, improve memory, be less moody, depressed or indecisive, feel more motivated, reduce my risk of degenerative disease, slow accelerated aging, change from a 'treating illness' orientation to creating a wellness lifestyle.

Your responses are quite valuable, thank you for your time!
In Health,
Nouriche Staff