

A Naturopathic Medical Practice

Date: ____/____/____

PATIENT INFORMATION

Patient Name: _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Gender: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Current Physician: _____ Prior Physician: _____

Answer "Y" for Yes and "N" for No

Low Blood Sugar (Hypoglycemia):

- ___ Do you crave sugar to give you energy, especially between meals?
- ___ Are you irritable or light-headed if you skip a meal?
- ___ Do you need caffeine and/or chocolate for energy?
- ___ Does your energy increase after eating, or do you eat to relieve fatigue?
- ___ Do you frequently feel jittery, shaky, agitated, and/or nervous?
- ___ Do you suffer from foggy thinking and absent-mindedness?
- ___ Do you get blurry vision frequently?
- ___ Do you skip breakfast?
- ___ Do you get tired in the late afternoon and turn to sweets/coffee for a pick-me up?
- ___ Do you wake up at night and have trouble going back to sleep?
- ___ **Total**

Insulin Resistance:

- ___ Do you get sleepy after meals?
- ___ Are you tired all day?
- ___ Do you crave sweets all day long?
- ___ Are you hungry right after eating?

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- Do you need something sweet right after a meal?
- Is your belly bigger than it should be? Are you an apple shape?
- Do you frequently feel bloated and puffy, and have trouble losing weight?
- Do you urinate more frequently than you used to? Does it seem like water goes "right through you?"
- Do you suffer from aches and pains?
- Do you suffer from brain fog or cloudy thinking?
- If a woman, do you have unwanted facial hair, or thinning hair on your head?
- If you are a man, do you have "man-boobs" or do you weep easily?
- Total**

Brain Exercise:

- Can you count backwards from 100 by 7's?
- Can you easily remember the last 4 digits of a phone number or license plate?
- Do you read a lot without getting tired?
- Do you spend time learning new things, like a foreign language, or cool stuff about the brain?
- Do you have no trouble learning new concepts, or following directions on how to put something together?
- Do you meditate?
- Total**

Sleep:

- Do you have trouble falling asleep?
- Do you have trouble staying asleep?
- Have you been diagnosed with sleep apnea?
- Do you awake in the morning feeling unrefreshed?
- Do you regularly sleep less than 7 hours/night?
- Do you rely on a sleep aid, such as herbs, supplements, or other medications to help you sleep?
- Do you fall asleep accidentally during the day?
- Do you work night shift?
- Do you have an irregular sleep schedule?
- Total**

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Stress:

- Do you have trouble sleeping?
- Are you frequently irritable or edgy?
- Do you have dry eyes or mouth?
- Do you suffer from chronic aches and pains?
- Do you usually have a long list of things that need to get done?
- Do you have trouble finding time for yourself?
- Are you too busy to exercise regularly?
- Do you feel disconnected from friends/family, or lack a sense of life purpose?
- Do you have digestion troubles? (Indigestion, heartburn, reflux, bloating, etc.)
- Are you typically constipated? (Have less than one bowel movement/day)
- Do you eat sugar, fried foods, and/or junk food regularly?
- Do you smoke and/or drink alcohol daily?
- Do you feel "stressed out"?
- Total**

Cortisol:

- Is your sleep disrupted?
- Do you have low thyroid function?
- Do you tend towards insulin resistance?
- Do you have osteopenia or osteoporosis?
- Have you lost muscle mass recently?
- Is you thinking slower or foggier than it used to be?
- Do you gain weight mainly around your torso?
- Do you get sick easily?
- Total**

Blood Brain Barrier:

- Are you sensitive to fumes, such as diesel, perfume, or chlorine? (Do you get foggy thinking, fatigue, or headaches directly following exposure?)
- Do you have brain fog much of the time?
- Do you have chronic aches and pains?
- Have you ever suffered a concussion or severe head trauma?
- Do you have an autoimmune disease?
- Do you know that you have leaky gut, or food sensitivities?
- Do you eat wheat and/or gluten-containing foods daily?
- Are you exposed to environmental toxins such as smoke, pollution, or cleaning solution fumes regularly?
- Total**

Gluten Sensitivity:

Answer if you are **not currently gluten-free**:

- Do you have an autoimmune disease?
- Do you have a family history of autoimmune disease? (Celiac, Hashimoto's Thyroiditis, MS, Lupus, Rheumatoid Arthritis, etc.)
- Do you get skin rashes?
- Have you had brain/cognitive/mental issues before the age of 50? (This includes brain fog, ADD, ADHD, OCD, depression, panic attacks, and/or anxiety for unknown reason)
- Do you have irritable bowel syndrome or other digestive issues, including constipation?
- Total**

Gluten Cross-Reactivity:

Answer this section if you **are currently gluten-free**, or if you have been tested as gluten sensitive:

- Have you ever had a positive test result indicating gluten sensitivity?

Leaky Gut:

- Do you suffer from foggy thinking?
- Do you have chronic joint pain, ashy skin, or systemic inflammation?
- Do you have an autoimmune disease?
- Do you suffer from persistent depression?
- Do you eat gluten?
- Do you have chronic digestive issues, such as bloating, reflux, heartburn, gas, irritable bowel, colitis, and/or indigestion?
- Are you frequently in "fight or flight" mode?
- Do you have reflux, a dry cough at bedtime, or a hoarse voice (that you never had before)?
- Total**

Vagus Nerve Screen:

- Do you have a healthy gag reflex when you stimulate the back of your tongue with a sterile depressor?
- Does your uvula (the punching bag in the back of your throat) lift neatly when you say "Ah!"
- Do you have healthy gut rumblings regularly? (Borborygmus)
- Total**

Microbiome:

- Do you have bowel movements at least once daily, without difficulty?
- Do you feel "finished" after your bowel movement, or do you often feel like you still have more to go?
- Is your bowel movement formed, smooth, not cracked, and passes without splashing the toilet?
- Total**

Neuroautoimmunity:

- Do you have an autoimmune disease? (Hashimoto's, Celiac, Crohn's disease, Rheumatoid Arthritis, Pernicious Anemia, Lupus, etc.)
- Do you have a family history of an autoimmune disease?
- Do you have brain dysfunction before age 50, including ASD (autism spectrum disorder), OCD (obsessive compulsive disorder), vertigo, ADD, ADHD or other?
- Are you sensitive to gluten?
- Total**

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Brain Inflammation:

- Do you have a history of head trauma or whiplash?
- Have you ever had a concussion?
- Do you have allergies or an autoimmune disease?
- Do you have arthritis or chronic aches and pains?
- Do you have digestive troubles such as irritable bowel?
- Do you suffer from foggy or sluggish thinking?
- Do you suffer from bouts of depression?
- Do you have a chronic infection, or have you ever had meningitis?
- Have you been chronically exposed to significant levels of toxins, either through the environment, smoking, alcohol, drugs and/or a poor diet?
- Total**

Acetylcholine (ACH):

- I feel like a "quick thinker."
- I have a sharp memory.
- I always remember where I put things like my phone or keys.
- I am excellent with directions and never get lost.
- I have never lost my memory.
- I consider myself very creative.
- I am good at mental math.
- I understand new concepts easily.
- Reading is pleasurable and easy for me, and I easily recall what I have read.
- Total**

Serotonin:

- I feel joy or pleasure easily, even at small things.
- I see the glass as half full - I am an optimist.
- I do not worry about things or suffer from anxiety.
- I sleep very well and deeply.

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- I do not have overwhelming thoughts that swirl around and around my brain.
- I am rarely angry or irritable.
- I do not usually feel depression or worse on gray days, or on short winter days.
- I am not obsessive-compulsive.
- My digestion is excellent and I do not have irritable bowel or gluten issues.
- I do not have tinnitus, fibromyalgia, bipolar disorder, or migraines.
- My hormone levels are normal (estrogen for women and testosterone for men).
- Total**

Excess Serotonin:

- I am excessively shy.
- I feel inferior to others.
- I am very anxious or nervous.
- I dissolve when criticized.
- I avoid and dread social contact.
- I have high estrogen.
- Total**

GABA:

- I never suffer from anxiety or panic attacks.
- I do not have ongoing worrisome thoughts or feelings of anxiousness over nothing.
- My mind is calm and relaxed.
- I fall asleep easily and stay asleep, or fall back asleep easily if I am awoken.
- I do not tend to multitask excessively.
- I often finish one task before starting a new one.
- I am punctual and am almost never late for work or appointments.
- I set limits for myself and do not take on too many projects or assignments.
- I almost never feel weighted by a sense of dread.
- I almost never feel overwhelmed.
- Total**

Dopamine:

- I am full of hope and optimism.
- I feel valuable and needed by my friends, family, and community.
- I handle stress extremely well.
- I rarely lose my temper.
- I am rarely angry or aggressive when under stress or under the influence of caffeine.
- I like myself, even if I do lose my temper.
- I like having people around me and am very social.
- I am not inhibited by social events.
- I am high energy and finish my projects easily.
- I do not have cravings for caffeine, sugar, coffee, or other foods.
- I have never been addicted to anything and do not think I have addictive tendencies.
- I have excellent follow through and can easily follow a program that is outlined for me, such as this one.
- I do not suffer depression.
- My periods are not heavy (women).
- Total**

Thank you very much for taking the time to complete this form.

Dr. Karen Tyson, ND