

How Toxic Are You?

the WELLNESS prescription

Patient Name _____ Patient # _____ Date _____

Rate the following systems using the scale below based on how you've felt in the last 30 days.

- 0 Never or almost never have the symptom
- 1 Occasionally have this symptom, effect is NOT severe
- 2 Occasionally have this symptom, effect IS severe
- 3 Frequently have this symptom, effect is NOT severe
- 4 Frequently have this symptom, effect IS severe

DIGESTIVE SYSTEM

- Nausea or vomiting
- Diarrhea
- Constipation
- Belching or passing gas
- Bloating feeling
- Heartburn
- TOTAL**

EARS

- Itchy ears
- Earaches, ear infection
- Drainage from ears
- Ringing in ears
- Hearing loss
- Total**

EMOTIONS

- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability
- Depression
- Total**

ENERGY/ACTIVITY

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness
- Total**

EYES

- Watery, itchy eyes
- Swollen, reddened, or sticky eyelids
- Dark circles under eyes
- Blurred/tunnel vision
- Total**

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia
- Total**

HEART

- Skipped heartbeats
- Rapid heartbeats
- Chest Pain
- Total**

JOINTS/MUSCLES

- Pain or aches in joints
- Arthritis
- Stiffness, limited movement
- Pain, aches in muscles
- Weakness or tiredness in joints
- TOTAL**

LUNGS

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing
- Total**

MIND

- Poor memory
- Confusion
- Poor concentration
- Poor coordination
- Difficulty making decisions
- Stuttering, stammering
- Slurred speech
- Learning disabilities
- Total**

MOUTH/THROAT

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarse
- Swollen or discolored tongue, gums, or lips
- Canker sores
- Total**

NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus
- Total**

SKIN

- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing or hot flashes
- Excessive sweating
- Total**

WEIGHT

- Binge eating/drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight
- Total**

OTHER

- Frequent illness
- Frequent or urgent need to urinate
- Genital itch, discharge
- Total**

GRAND TOTAL

Add up the numbers for a total of each section and then add the totals of each section to arrive at the grand total. Please contact your Wellness Professional to review your results