

HEALING FROM WITHIN Health Checklist

Are you experiencing, or have you experienced in the past, any of the following? Please mark C for Current, P for Past.

HEART DISEASE

Angina
High Cholesterol
High Blood Pressure
Coronary Heart Disease
Heart Attack

DIGESTION

Constipation
Gas—Bloating
Indigestion
Heartburn
Ulcers
Chronic Diarrhea

WOMEN'S HEALTH

Breast/Uterine/Ovarian Cancer (circle)
Fibrocystic Breast Disease
PMS
Painful Periods
Menopause or Peri-menopause symptoms
Osteoporosis

MEN'S HEALTH

Enlarged prostate
Prostate cancer

MIND-BODY CONDITIONS

Depression
Anxiety
Low Energy
Irritability
Insomnia/Sleep problems
Memory Loss

OTHER CONDITIONS

Arthritis—what kind?
Cancer—what kind?
Diabetes
Migraines
Headaches
Kidney Problems/Stones
Gallbladder Problems/Stone
Thyroid—Over or Under Active
Sinusitis
Ear/Hearing problems
Eye/Vision problems
Skin Condition
Bladder Dysfunction
Allergies
Asthma
Hepatitis
AIDS or HIV positive
Weight Control—Over or Under
Anorexia
Bulimia

PAIN ISSUES

Back
Neck
Shoulders
Other pain issues—where?

ANY OTHER ISSUES--

Explain--