

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 or diseases.*
- *Allergy is not a disease, rather a condition.*
- *A symptom is an attempt by your body to tell you something.*
- *We will attempt to find the underlying cause.*
- *We do not use drugs in this program.*
- *There is no single “healthy” diet that will work for everyone.*
- *Just because food is considered “healthy”, does not mean it is “healthy” for you.*
- *Your diet consists of everything you eat, drink, rub on your skin, or inhale.*
- *Our procedures are safe and painless.*

## Adrenal Questionnaire

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 | _____     |
| <br>Total points   | <br>_____ |



**Answer Key:**

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

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