

Katie Barget

Gender: Female

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Key



Low



Medium



High

Detailed Results

Section 1: Gastrointestinal

Hypoacidity



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- Indigestion: Occasionally
- Excessive belching, burping: Frequently/Daily
- Bloating or fullness commencing during or shortly after a meal: Moderately/Often
- Sensation of food sitting in stomach for a prolonged period after a meal: Occasionally
- Bad breath: Occasionally
- Loss of appetite, or nausea: Occasionally
- History of anaemia: No

Hyperacidity



9

- Stomach pain, burning or aching, 1-4 hours after eating: Occasionally
- Feeling hungry just an hour or two after eating: Occasionally
- Indigestion or heartburn from spicy or fatty food, citrus, alcohol, or caffeine: Occasionally
- Stomach discomfort or pain in response to strong emotions, thoughts, or smell of food: Occasionally
- Heartburn aggravated by lying down or bending forward: Never

- Antacids, carbonated beverages, milk, cream or food relieve the above symptoms: Never
- Constipation: Occasionally
- Difficulty or pain when swallowing: Never
- Black tarry stools:
- Vomiting blood or vomitus has appearance of coffee-grounds: Never

Small Intestine/Pancreas

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- Indigestion, bloating and fullness for several hours after eating: Occasionally
- Abdominal cramps or aches: Occasionally
- Nausea and/or vomiting: Never
- Excessive passage of gas: Occasionally
- Diarrhoea (loose, watery or frequent bowel movements): Occasionally
- Constipation (requiring straining, or a hard, dry or small stool): Occasionally
- Alternating constipation and diarrhoea: Never
- Undigested food in stools: Occasionally
- Stools greasy, smelly or stick to toilet bowl: Occasionally
- Black tarry stools:
- Certain foods worsen abdominal symptoms: Yes
- Dry flaky skin and dry brittle hair: Yes
- Difficulty gaining weight: No

Colon

8

- Lower abdominal pain, cramping and/or spasms: Occasionally
- Lower abdominal pain relieved by passing gas or stool: Occasionally
- Excessive gas and bloating: Never
- Certain foods or stress aggravate lower abdominal pain: Occasionally
- Diarrhoea (loose, watery or frequent bowel movements): Never
- Constipation (requiring straining, or a hard, dry or small stool): Never
- Alternating constipation and diarrhoea: Never
- Sensation of incomplete emptying of bowel: Never
- Extremely narrow stools: Moderately/Often
- Mucus or pus in stool: Never
- Red blood with bowel movement: Never
- Rectal pain or cramps: Never
- Anal itching: Frequently/Daily

Liver/Gall Bladder/Pancreas

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- Upper Abdominal pain, or pain under ribs: Moderately/Often
- Bloating or feeling of fullness after eating: Moderately/Often
- Excessive belching or gas: Never
- Fatty foods cause indigestion or nausea: Moderately/Often
- Loss of appetite: Moderately/Often
- Nausea and/or vomiting: Never
- Unexplained itchy skin: Never
- Yellowish discolouration of skin or eyes, or dark coloured urine: No
- Pale clay-coloured stools: Moderately/Often
- Fatigue, malaise or weakness: Moderately/Often
- Fluid retention, oedema: Never
- Easy bruising, or bleeding (e.g. of gums): Occasionally
- Loss or thinning of body hair: No
- Red skin, particularly on palms: No
- Dry, flaky skin, or dry hair: Yes

Section 2: Endocrine

Symptoms of underactive thyroid

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- Fatigue, sluggishness: Occasionally
- Feeling cold, or intolerance to cold: Frequently/Daily
- Swelling or tightness in front of neck: Yes
- Constipation (requiring straining, or a hard, dry or small stool): Occasionally
- Dry skin and hair: No
- Puffy face, hands or feet: Never
- Gaining of weight, or decreased appetite: Yes
- Low mood: Frequently/Daily
- Difficulty concentrating, poor memory: Frequently/Daily
- Low libido: Frequently/Daily
- Infertility: No
- Heavier or more frequent menstrual periods: No

Symptoms of overactive thyroid

9

- Fatigue, notable weakness in limbs: Occasionally
- Feeling hot, or intolerance to heat, sweaty: Never
- Swelling or tightness in front of neck: No
- Diarrhoea (loose, watery or frequent bowel movements): Never
- Weight loss, possibly with increased appetite: No

- Palpitations: Never
- Nervousness, irritability, restlessness: Moderately/Often
- Tremor: Moderately/Often
- Insomnia: Never
- Visual disturbance, problems with eyes, or development of staring gaze: Moderately/Often
- Poor libido: Moderately/Often
- Light, infrequent or absent menstrual periods: No

Stress, fatigue and adrenals

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- Feeling stressed, nervous, or tense, or unable to relax: Moderately/Often
- Feeling irritable or oversensitive: Moderately/Often
- Feeling overwhelmed, unable to cope: Moderately/Often
- Low mood, mood swings: Moderately/Often
- Difficulty concentrating or thinking clearly, memory problems: Frequently/Daily
- Need coffee, tea, tobacco, sugar or chocolate as pick me ups: Moderately/Often
- Fatigued, tire easily: Moderately/Often
- Find it hard to get up and going in the morning: Moderately/Often
- Difficulty staying awake during day: Occasionally
- Insomnia: Never
- Palpitations or chest pain: Never
- Nausea, dizziness: Moderately/Often
- Change in appetite: Moderately/Often

Section 3: Immune

Low Immunity

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- Frequent colds or 'flu: No
- Frequent infections in other locations (e.g. bladder, skin): No
- Diarrhoea: Never
- Ears continuously drain: Occasionally
- Nasal congestion or discharge: Occasionally
- Sore throat: Moderately/Often
- Cough with mucus: Occasionally
- Cold sores: Never
- Inflamed or bleeding gums, or swollen, red lips or tongue: Never
- Wounds heal slowly: No
- Excessive loss of hair: No

- Neck, armpit or groin swelling: Occasionally

Allergy

9

- Migraine or non-migraine headache: Never
- Sensitivity to light (skin or eyes): Moderately/Often
- Dark circles under eyes: Occasionally
- Swollen eyes, lips, face, or other body parts: Never
- localised or general itching - eyes, ears, throat, nose, skin: Moderately/Often
- Rashes or eczema: Occasionally
- Clear watery discharge from nose or eyes: Never
- Sneezing, coughing or wheezing: Occasionally
- Irritability, fatigue: Moderately/Often
- Certain foods worsen symptoms, or cause palpitations: No

Section 4: Cardiovascular

Healthy red blood cell maintenance

9

- Excessive fatigue: Occasionally
- Prolonged recovery after exercise: Occasionally
- Low exercise tolerance, shortness of breath with exertion: Occasionally
- Dizziness, spots before eyes, or ringing in ears: Moderately/Often
- Difficulty concentrating, poor memory: Frequently/Daily
- Yellowing of eyes or skin: No
- Pale eyelids, lips, gums, nails: Occasionally
- Red sore tongue: Never
- Sores in corner of mouth: Never
- Easy bruising or bleeding: Never

Healthy blood pressure maintenance

1

- Headaches: Never
- Nosebleeds: Never
- Redness in face: Never
- Ringing in ears or blurred vision: Occasionally
- History of high blood pressure: No

Heart

6

- Palpitations: Never
- Dizziness: Moderately/Often
- Pain or heaviness in central chest: Never
- Heartburn, pain or heavy crushing sensation that moves to neck, jaw, left shoulder or arm: Never
- Pallor or sweating with chest discomfort or with unusual indigestion: Never
- Fatigue easily, poor exercise tolerance: Occasionally
- Shortness of breath with exertion: Occasionally
- Shortness of breath lying flat in bed, or sudden shortness of breath in the middle of the night: Never
- Wheezing or dry cough: Never
- Veins on neck are prominent: Occasionally
- Swelling in feet, ankles or legs: Occasionally
- History of high blood cholesterol: No

Circulatory System

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- Poor circulation in extremities: coldness, or numbness, tingling or pricking sensations in hands or feet, discolouration in fingers or toes: Occasionally
- Ulcers on feet or legs: No
- Muscle pain in calves or thighs with walking: Never
- Difficulty concentrating, poor memory: Moderately/Often
- Faints, or falls with unknown cause: Never
- Brief periods of difficulty speaking, swallowing, or understanding speech or written word:
- Brief periods of loss of whole or part of vision, double vision, impaired coordination, or areas of numbness:

Section 5: Glucose Tolerance

Symptoms of hypoglycaemia - When you miss a meal, do you feel...

8

- Fatigue and weakness, or feeling shaky: Moderately/Often
- Mild headache: Never
- Sweating or palpitations: Never
- Feeling light-headed or faint: Moderately/Often

- Difficulty concentrating, poor memory, confusion: Moderately/Often
- Agitation, irritability: Moderately/Often

Symptoms of hyperglycaemia

6

- Excessive, frequent urination: Occasionally
- Increased thirst and appetite: Occasionally
- Blurred vision, failing eyesight: Occasionally
- Fatigue, drowsiness: Occasionally
- Profuse sweating: Never
- Dizziness when standing from sitting position: Occasionally
- Unintentional weight loss, or excessive weight gain: Occasionally
- Recurrent or persistent infections (e.g. bladder, skin): Never
- Ulcers or sores on legs or feet: No
- Slow wound healing: No
- Diagnosis of diabetes: No

Section 6: Genitourinary System and Reproductive Hormones

Kidney/Bladder

3

- Fluid retention throughout body: Never
- Lower back pain: Never
- Excessive urination: Never
- Excessive urination during night: Never
- Burning with urination: Never
- Frequent urination: Never
- Urgency of urination: Moderately/Often
- Bloody, cloudy or darkened urine, or strong-smelling urine: Never
- Incontinence: Occasionally
- Infrequent urination: Never
- Grey cast to skin: Never
- Severe one-sided lower back or groin pain associated with restlessness: Never
- History of kidney stones: No

Prostate/Healthy male hormone balance

N/A

Symptoms of PMS - Symptoms experienced in the 3 to 14 days prior to menstruation, in the last 3 months

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- Insomnia: Never
- Abdominal bloating: Moderately/Often
- Breast tenderness, swelling or lumps: Moderately/Often
- Feeling depressed, teary, or sensitive: Occasionally
- Feeling anxious, irritable, or easily angered: Occasionally
- Diarrhoea or constipation: Moderately/Often
- Headaches or migraines: Never
- Food cravings or binge eating: Occasionally
- Back pain: Occasionally
- Fluid retention or weight gain: Occasionally
- Clumsiness: Occasionally
- Feeling aggressive, or feeling suicidal:

Menstrual irregularities - Symptoms experienced in the past 3 months

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- Irregular intervals between periods: No
- Long period cycles, greater than 32 days: No
- Short period cycles, less than 24 days: No
- Vaginal bleeding between periods: Yes
- Painful periods - lower abdomen or back: Occasionally
- Pain with periods is worsening: No
- Painful intercourse during menstruation: Never
- Pelvic and/or rectal pressure around menstruation: Occasionally
- Constipation or diarrhoea with menstruation: Moderately/Often
- Nausea and/or vomiting with menstruation: Never
- Light blood flow: Yes
- Heavy blood flow, or flooding: Yes
- Passage of large or profuse blood clots: Yes
- Prolonged duration of bleeding: No
- Prolonged duration of bleeding: Number of Days:
- Absence of menstrual flow for more than 5 months: No

Symptoms of menopause

8

- Irregular menstrual cycle and/or changes in menstrual flow (heavier or lighter): No
- Dry skin, hair or vagina: Never
- Low libido: Occasionally
- Mood swings, irritability, depression, nervousness, anxiety: Occasionally
- Hot flushes: Never
- Night sweats: Occasionally
- Headaches or dizziness: Occasionally
- Painful intercourse: Moderately/Often

- Insomnia: Never
- Difficulty concentrating, poor memory, or confusion: Moderately/Often
- Thinning of armpit and pubic hair, or increased hair growth on upper lip: No
- Breasts reducing in size and starting to sag: No

Healthy female hormone balance

6

- Vaginal dryness or pain: Never
- Painful intercourse: Occasionally
- Milk production (not nursing), or engorged breasts: Never
- Low libido: Occasionally
- Excessive libido: Never
- Acne and/or oily skin: Frequently/Daily
- Excess facial hair: No
- Breasts shrinking: No
- Thinning body hair: No
- Infertility: No
- Miscarriage: No
- Vaginal discharge: excessive, smelly, or coloured: Never
- Burning or itching of external genitalia: Never
- Vaginal bleeding after intercourse, or between periods: Occasionally
- Lower abdominal or back pain: Never
- Breast lumps, or a change in breast size or shape: No
- Nipple discharge, or change in appearance of nipple: Never
- Swelling under armpit: No

Section 7: Musculoskeletal

Bone

1

- Generalised bone tenderness or achiness: Never
- Localised bone pain: Never
- Bone deformity or swelling: No
- Shins hurt during or after exercise: Never
- Low back or hip pain: Never
- Walking difficulties, or a limp: Occasionally
- Hearing loss, headaches, ringing in ears: No
- Diagnosis of osteoporosis: No
- Abnormal spinal curvature: No
- Recent loss of height: No

- Bowed legs: No
- Stooped posture or hump at base of neck: No
- Unexplained bone fracture: No

Musculoskeletal

9

- Muscle aches and pains: Never
- Muscle stiffness, tension: Moderately/Often
- Specific body points are tender to touch: Occasionally
- Headaches: Never
- Fatigue: Occasionally
- Difficulty sleeping: Never
- Muscle cramps or spasms: Occasionally
- Muscles twitch or tremble: Occasionally
- Restless legs: Occasionally
- Upper or lower back pain: Never
- Muscle weakness: Moderately/Often
- Muscle loss and wasting: No

Connective tissue

6

- Tender, red, swollen, and stiff joints: Occasionally
- Dry mouth, dry, painful eyes: Never
- Creaking (noisy) joints: Occasionally
- Limp: Never
- Shooting, aching, tingling pain down back of leg: Moderately/Often
- Joint pain involves more than one joint: Occasionally
- Limited range of motion: Occasionally
- Difficulty standing up from seated position: Never
- Impaired mobility or function: Never
- Difficulty chewing or opening mouth: Never
- Numbness, prickling, tingling sensation in neck, shoulders or arms: Never
- Injure, strain, sprain easily: No
- Red, painless skin lumps on elbows, knees, toes: No
- Knobbly joints: No
- Muscle wasting: No

Section 8: Brain and Nervous System

Neurological

17

- Headache: Never
- Light-headedness, fainting: Moderately/Often
- Ringing or buzzing in ears: Occasionally
- Trembling hands: Occasionally
- Weakness: Moderately/Often
- Numbness, pins and needles, or tingling in limbs: Never
- Unsteady on feet: Moderately/Often
- Easily fatigued: Occasionally
- Poor hand coordination: Moderately/Often
- Convulsions, seizures or funny turns: Never
- Difficulty concentrating, confused, poor memory: Occasionally
- Clumsy: Occasionally
- Drooping eyelid(s): Moderately/Often
- Impaired hearing, eyesight, sense of touch, smell or taste: Never
- Slow or slurred speech: Never
- Incontinence: Moderately/Often

Stress history - In past 2 years have you experienced...

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- Divorce: No
- Separation from partner: No
- Marriage: No
- Death of close family member or friend: Yes
- Loss of work, retirement or starting a new job: Yes
- Bankruptcy, or a major change in finances: No
- Moving house: No
- Major personal injury or illness: No
- Violations of the law: No

Symptoms of insomnia - Do you...

5

- Have an overactive mind, or worry excessively: Occasionally
- Live or work in a stressful environment: Occasionally
- Suffer from constant pain or discomfort: Never
- Eat chocolate or drink caffeine in the evenings: Occasionally
- Have difficulty falling asleep or staying asleep: Occasionally
- Eat after 8pm: Occasionally

Normal, healthy learning and concentration - Do you...

7

- Find it difficult to keep still or are fidgety: Moderately/Often
- Have a short attention span: Moderately/Often
- Find it difficult to relax: Occasionally
- Experience mental confusion or sluggishness: Moderately/Often
- Have or had learning difficulties: No
- Have food allergies: No

Section 9: Respiratory

Respiratory

8

- Shortness of breath, increased effort to breathe: Occasionally
- Wheezing: Occasionally
- Shallow breathing: Never
- Cough, dry or moist: Occasionally
- Thick yellow, greenish or brown sputum: Occasionally
- Blood in sputum: Never
- Frothy sputum: Never
- Noisy rattling sounds when breathing: Occasionally
- Pain in chest: Never
- Bad breath or sputum smells offensive: Never
- Loud snoring: Occasionally
- Colds always "go to the chest": No
- Bluish nails or lips: Moderately/Often

Section 10: Hair, Skin and Nails

Hair, Skin and Nails

11

- Acne: Moderate
- Psoriasis: Mild
- Eczema/dermatitis: Mild
- Warts: None
- Tinea: None
- Dandruff: Mild
- Rashes: None

- Areas of increased pigmentation: Mild
- Areas of decreased pigmentation: None
- Unusual or changing moles: Yes
- Areas of unexplained redness: None
- Undiagnosed skin lumps/bumps: No
- Discoloured nails: None
- Pitted nails: None
- Weak/brittle nails: Mild
- Thickened nails: None

Section 11: Detoxification (capacity)

Detoxification - As far as you are aware, do you have a sensitivity or allergy to...

11

- The preservatives sodium benzoate or potassium benzoate: None
- Tyramine (red wine, cheese, bananas, chocolate): Mild
- Caffeine: Mild
- Chemicals such as fragrances, exhaust fumes, cigarette smoke or other strong odours: None
- Even small amounts of alcohol: Mild
- Do you have a history of exposure to chemicals such as herbicides, insecticides, pesticides or organic solvents?: No
- Alcohol (number of drinks per week): 1-7
- Coffee or other caffeinated drinks (number per day)?: 1-2
- Smoking (number per day)?: 20+
- Smoking (type):: cigarettes
- If not currently smoking, have you quit smoking in the last year?: No
- Recreational drugs?: Yes
- Recreational drugs (type)?: weed
- What is your blood type?: ?

Smoking (type):

cigarettes

Recreational drugs (type)?

weed

What is your blood type?

?

Section 12: General Health History

Patient health history



2

- Frequency of exercise (days per week): 1-2
- Vegetarian or vegen: No
- Age >50 years: No
- Planning to have a baby in the next 3-6 months: No
- Pregnant or breastfeeding: No

Weight management



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- Do you diet often?: No
- Are you unhappy with your weight?: No

High risk symptoms



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- Unexplained weight loss: No
- Night sweats: Moderately/Often
- Fevers: Never
- Lumps, e.g. breast, armpit, skin: No
- Reduced appetite: Moderately/Often
- Severe fatigue: Moderately/Often

Which of the following types of medications have you taken in the last 6 months?



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- Asthma medications/inhalers: No
- Anti-diabetics/insulin: No
- Steroids e.g. cortisone: No
- anti-inflammatories/aspirin : No
- Paracetamol: No
- High blood pressure: No
- Heart: No

- Thyroid: No
- Antihistamines: No
- Antiulcer medications, antacids: No
- Antibiotics/antifungals: No
- Antidepressants: No
- Antipsychotics: No
- Relaxants/sleeping tablets: No
- Hormones/oral contraceptives: No
- Chemotherapy: No
- Any other medications?:
- List the nutritional or herbal supplements you are currently taking: pro biotic, multivitamin
- List any major health problems in past, surgery, etc: displaystic cervix cells removed, removed tonsils, 5cm diameter cyst on left ovary, fibriod in uterus, rectal endometriosis.
- List your major health concerns at present: ovarian cyst, fatigue, memory, concentration, itchy bum - worms?
- Do you have a family history of diabetes, cardiovascular disease, cancer, or any other major illness?: bowel cancer in two members, endometriosis in mother, hernia in father, sister had epilepsy, heart issue in one, swollen legs from flying in most.

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pro biotic, multivitamin

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