



ADRENAL QUESTIONNAIRE

This is a Fillable PDF Form. Simply place your cursor in the blue boxed areas to fill in your information. Then Save and Print.

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, illness, conditions or diseases.
- This is not a treatment for allergies, this does not diagnose allergies or relieve allergies
- A symptom is an attempt by your body to tell you something.
- We identify substances that may cause stress on the body and work to reduce substance specific stress using a combination of Low Level Light Therapy, Acupoint Stimulation, Homeopathy, Nutrition and Energetic Information to help bring the body back into balance
- We do not use drugs in this program.
- There is no single method that will work for everyone but this integrative approach can help increase your core level energy, boost your immune system and help your body better deal with substance stressors leading to a higher quality of life
- Just because certain substances are considered "healthy" or "safe", this does not mean they are appropriate, "healthy" or "safe" for you.
- Your diet and environment consists of everything you **eat, drink, rub on your skin, or inhale**
- Our procedures are safe, non-invasive and painless.
- If you suffer from anaphylaxis, we recommended you consult your primary care physician for medical treatment appropriate for you.
- If you believe you suffer from allergies, we recommend you consult with your general practitioner, immunologist or board certified allergist before seeking alternative care.

Adrenal Questionnaire

| | |
|--|--|
| You regularly eat a nutritious breakfast? | |
| You regularly get 8 hours sleep and get to sleep before 11:00 p.m.? | |
| Feeling Fatigue in the morning despite sufficient hours of sleep - difficult to get up in the morning like normal - even when you are a "morning person" ... | |
| Feeling Fatigue in the afternoons between 3-5 p.m. | |
| Feeling more energetic in the late afternoon and early evening. | |
| Insomnia/Irregular sleep - Fatigued at night but still waking up often. | |
| Weight gain and can't lose it, especially around the waist. | |
| Depression for not particular reason as well as for particular reasons. | |
| Hair Loss | |
| Acne | |
| Reliance on stimulants like caffeine & cookies | |



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| | |
|--|--|
| Cravings for carbohydrates or sugars | |
| Poor immune function | |
| Inlerance to cold | |
| Hypersensitivity to light/sound/touch/odors (for example the sound of the bathroom fan just drives me nuts - the car radio may sound generally annoying when it used to be enjoyable.) | |
| Poor Memory/Fog/Memory lapses/Difficulty Concentrating. | |
| Reduced sex drive | |
| Constipated | |
| Feel easily - often overwhelmed | |
| Recurrent Candida infections | |
| Increased frequency of urination | |
| High frequency of getting the flu and other respiratory diseases and these symptoms tend to last longer than usual. | |
| Tendency to tremble when under pressure | |
| Crave for salty, fatty, and high protein food such as meat and cheese. | |
| Increase symptoms of PMS for women; period are heavy and then stop, or almost stopped on the 4th day, only to start flow again on the 5th or 6th day. | |
| Pain in the upper back or neck with no apparent reasons. | |
| Feels better when stress is relieved, such as on a vacation. | |
| Cold Extremities | |
| Poor Digestion/Gas/Heartburn | |
| Panic Attacks | |
| Impotency & Erectile Dysfunction | |
| Bed Wetting | |
| Rheumatoid Arthritis | |
| Post-nasal drip | |
| Thymus gland dysfunction | |
| Heart Palpitations | |
| Hepatitis C | |
| Lupus | |

Adrenal Score Card

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



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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

Total points

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