



CLEANSE CONSULT Health Inventory

Client Name: _____ **Date:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address (Optional): _____

How would you like to be contacted for follow-ups?

Emergency Contact: _____ **Phone Number:** _____ **Relationship:** _____

Current Health Practitioners & Contact Information:

Height: _____ Weight: _____ Date of Birth: _____



Primary Cleanse Goals:

Preferred type or length of time of cleanse (if any):

Other Primary Health Concerns:



Constitutional Health Intake

Please check the following that apply. Use one check (✓) for mild conditions, two checks (✓✓) for moderate, and three (✓✓✓) checks for frequent or strong conditions. If you have had past problems, mark the line with a "P."

Upper GI _____

- ___ Mouth frequently too dry
- ___ Occasional foul burps
- ___ Butterflies in stomach
- ___ Often skip or don't finish meals
- ___ Gum &/or teeth problems
- ___ Frequent use of alcohol
- ___ Bitter taste or bad breath in morning
- ___ Excess fullness after eating
- ___ Food feels like it sits in the stomach
- ___ Poor fat digestion
- ___ Food sensitivities

- ___ Food combination problems
- ___ *Frequent canker sores*
- ___ *Smoke to aid digestion*
- ___ *Sometimes excess salivation*
- ___ *Strong demanding hunger*
- ___ *Urge to defecate soon after eating*
- ___ *Enjoy eating all types of foods*
- ___ *Enjoy/prefer eating high protein & fat foods*
- ___ Frequent nausea
- ___ Acid reflux or heartburn
- ___ Ulcer
- ___ Burning pain in stomach or throat



Lower GI

- Frequent constipation
- Often bloated or gassy
- Frequent need for laxatives
- Alternating diarrhea & constipation
- Varicose veins on inner thighs
- Hemorrhoids
- Don't always obey need to defecate
- Often eat too many fats to digest
- Poor sleep after fatty or high protein meal
- Stools loose with gas*
- Overly rapid digestion*
- Loose stools when tired or stressed*
- Exaggerated rapid a.m. bowel movements*
- Stools of mixed textures in same movement*
- Stools resemble toothpaste squeezings*
- Colitis, Crohn's, Inflammatory Bowel Disease
- Diverticulitis
- Irritable Bowel Syndrome (IBS)

Liver

- Dry &/or scaly skin and mucosa
- Hay fever
- Asthma
- Acne on face and buttocks
- Work with solvents or chemicals
- Chemical or spray poisoning
- Excessive or frequent exposure to radiation
- Don't sweat when sick or hot
- Atopic allergies of skin, sinus, bronchial mucosa
- Poor fat &/or protein digestion
- Brown spots, bronzing of skin
- History of viral hepatitis
- Moist &/or oily skin*
- Hives from food or drugs*
- Crave proteins, fats*
- Sweat freely*
- Elevated cholesterol*
- Hypertension*

Kidneys

- Standing too quickly makes you faint, dizzy
- Wake up at night to urinate
- Blush or flush easily
- Water retention or edema
- Moderate low blood pressure
- Frequent thirst
- Craving for salt
- Standing quickly makes pulse roar in ears*
- Moderate high blood pressure*
- Crave fats*
- Hypertension from salt intake*
- Kidney stones

Kidney infection

Lower Urinary Tract

- Frequent urination, small amounts
- Sometimes dribble urine after peeing
- Frequent bladder infections (UTIs)
- Demanding and sudden need to urinate
- Mucus in urine
- Dull ache after urination
- Alkaline urine
- Urine usually light colored
- Benign Prostatic Hypertrophy (men)
- Infrequent urination, copious*
- Acidic urine*
- Dark, concentrated urine*
- Difficulty urinating
- Burning urination
- Incontinence
- Interstitial cystitis or prostatitis

Lymphatic & Immune

- Recuperate slowly if sick
- Injuries, bruises heal slowly
- Asthma
- Allergies (seasonal, mold, dust...)
- Chemical sensitivity
- Frequent low-level respiratory infections, colds & flues
- Earaches
- Allergies and hypersensitivities
- Chronic moderate immuno-deficiency
- Auto-immune disease
- Chronic fatigue, Lupus, Lyme, Fibromyalgia, Multiple Sclerosis (circle which one)
- Mononucleosis
- Shingles, Herpes, Cold sores
- Warts
- Constant subtle infections that don't go away
- Candida, yeast, or fungal infections
- Chronic sinus infections
- Emotional stress that induces depression or frustration
- Digest fats poorly
- Recuperate quickly if ill*
- Injuries heal quickly*
- Digest fats easily*
- Cancer – Type(s) _____

Skin & Mucosa

- Dry skin &/or hair
- Deep skin eruptions, sores
- Cracks, fissures on hands/ feet, slow healing
- Dry, flakey skin problems, rough spots



- Weak, brittle nails
- Frequent mouth, rectal and vaginal sores or inflammation
- Sores, cracks, on mouth, anus, vagina
- Lips often dry, chapped
- Food causes intestinal pain passing through
- Frequent sore throats
- Eczema
- Psoriasis
- Dermatitis or unexplained rashes
- Skin eruptions superficial, come to a head*
- Oily skin, scalp or hair (not just face)*
- Acne*
- Thick membranes (ingrown hair, sebaceous cysts)*
- Radiate body heat*
- Strong body scent*

Metabolic & Endocrine Systems

- Use artificial sweeteners (aspartame, Splenda)
- Frequent dieting
- Eating disorder (bulimia, anorexia)
- Frequent or compulsive overeating
- Can't gain weight
- Can't lose weight
- Diabetes, Type 1
- Diabetes, Type 2 (adult onset)
- Insulin resistance (Syndrome X, Metabolic disorder)
- Blood sugar wobbles (ie: hypoglycemia)
- Eat or else faint/nervous
- Enjoy hot weather
- Enjoy cold weather
- Enjoy humid/damp weather
- Hyperthyroid or borderline high thyroid
- Hypothyroid or borderline low thyroid
- Adrenal-related disorder (ie: Addison's)

Nervous System & Emotional Health

- Often sluggish
- Often over-energized, hyperactive
- Can't get started without coffee
- Like stimulants (caffeine, uppers)
- Like downers/depressants
- Awaken, can't go back to sleep (insomnia)
- Bad dreams
- Difficulty falling asleep (insomnia)
- Sleep too much
- Sleep too little
- Anxiety
- Panic attacks
- Obsessive Compulsive Disorder or tendencies
- Post Traumatic Stress Disorder
- Depression
- Loneliness
- Sadness, easy crying
- Easily angered, frustrated
- Poor concentration &/or ADD/ADHD
- Sensitivity to alcohol (allergy or addiction)
- Drink more than 2 drinks/night or 14 drinks/week
- Alcoholism (past or present?)
- Drug addiction or abuse
- Smoker
- Addictive tendencies
- Facial twitches
- Tremors in hands or neck
- Seizures
- Lack of muscle control
- Lack of sensation somewhere in the body
- Ringing in ears (tinnitus)

Other Health Issues and History

- Cancer – What kind? _____
- Heart Disease – What kind? _____
- Currently Pregnant or Breastfeeding?
- Liver or Kidney Disease – What kind? _____



ADDITIONAL INFORMATION

Please list any pharmaceutical drugs you take on a regular basis with amounts, how long you are taking them, and why.

Feel free to use a separate sheet if necessary.

Drug	Dose/Per Day	Length of Time	Why



Please list any herbs, supplements, and vitamins you take on a regular bases with amounts, how long you are taking them, and why.

Feel free to use a separate sheet if necessary.

Supplement/Herb	Form	Dose/Per Day	Length of Time	Why

MEDICAL HISTORY

Past surgeries:

Do you have any allergies to pharmaceuticals or other substances?

Food allergies or sensitivities?

Family History of Disease?

LIFESTYLE

Exercise: How many hours/week?

What forms?

Relaxation: How many hours/week?

What forms?

Sleep: How many hours/night?

Quality?

Work: What do you do for a living?

How many hours/week?

Do you enjoy it?

Home & Life: What is your home situation?

Children & ages:

Members of your household:

How are you connected with your community & extended family?

Are you satisfied by your relationships?

Spirit: Are you spiritual?

In what ways do you find spiritual solace?

How do you feel emotionally?



DIETARY INFORMATION

How many times a week do you consume the following?

Please circle one.

never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Dairy
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Red meat
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Fish
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Poultry
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Eggs
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Beans
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Soy & soy-based foods
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Seeds, nuts, nut butters
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Yogurt, miso, fermented foods
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Mushrooms
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Vegetables
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Fruits
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Seaweeds
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Whole grains
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	White carbs (pasta, rice, potato)
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Baked goods & bread
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Fried food
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Canned or processed food
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Soda
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Herbal teas
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Caffeine (coffee, tea, chocolate)
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Artificially sweetened foods
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Sugar, honey, syrup
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Artificial sweeteners?
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Oil, butter
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Eat/drink before going to bed?
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Alcohol
never	1-3/month	weekly	1-3/week	daily	2-3xs/day	more	Marijuana

What kinds of snacks do you eat?

Average breakfast?

Average lunch?

Average dinner?

How much water per day?

Daily Calorie Intake?

What therapies have you tried for your primary health concerns that did NOT work or with which you experienced side effects?

Is there anything you'd like to add to this intake?
