

HEALTH ASSESSMENT CHECKLIST

<https://prayingmiracles.com/>



INSIDE THIS APPRAISAL FORM:

List of Symptoms , Conditions, & Tendencies

Health Appraisal Form

This is a list of symptoms, conditions, and tendencies for which some people have found relief by using the corresponding food supplements. In no way, should this form be mistaken as a diagnosis of disease nor should the use of the supplements be expected to "cure" any disease.

The questions contained herein will be used to make a statistical comparison of how you feel and what other people have done, nutritionally, who were in a similar situation.

A professional does not intend the report as a prescription or substitution for good sound health care advice. In the event the reader of this material uses the information without the approval of a qualified health care professional, he/she is "self-prescribing" which is the constitutional right of the individual.

The individual assumes responsibility for their health. No supplement manufacturer, nor the person supplying this report, assumes responsibility for the results obtained from the correct or incorrect application of the information supplied.

Put a check on the items that apply to you.

STRESS FACTOR

- _____ Frequent Fatigue
- _____ Irritability/Fits of Temper
- _____ Depression
- _____ Craving for sweets/alcohol/coffee
- _____ Hurt all over
- _____ Heart palpitations
- _____ Hair loss
- _____ Digestive problems, gas
- _____ High stress level
- _____ Mood changes & anxiety attacks
- _____ Cracks at corners of mouth
- _____ Carpal Tunnel Syndrome
- _____ Excessive fluid retention
- _____ PMS/pregnancy/morning sickness
- _____ Headaches
- _____ Memory problems
- _____ Arteriosclerosis

IMMUNE SYSTEM

- _____ Go to bed tired/wake up tired
- _____ Emotional on empty stomach
- _____ Shakiness
- _____ Headaches relieved by sweets
- _____ Weak spells, tired in afternoon
- _____ Dizziness, lack of concentration
- _____ Irritable before breakfast
- _____ Irritable if meal missed
- _____ Intense, frequent thirst
- _____ Thyroid problems
- _____ Osteoporosis
- _____ Mood swings
- _____ Premature aging
- _____ Weakness/poor muscle tone
- _____ Fibromyalgia
- _____ Dry, lifeless hair
- _____ Slow wound healing
- _____ Frequent colds, flus, infections
- _____ Splitting nails
- _____ Family history of cancer
- _____ Menopausal symptoms
- _____ High cholesterol levels
- _____ Low blood pressure

MINERALS

- _____ Muscle cramps or tension
- _____ Insomnia
- _____ Headaches
- _____ Foot or leg cramps
- _____ Frequent backache
- _____ Arthritis/joint pains
- _____ Irregular heartbeat
- _____ Tooth grinding
- _____ PMS/Menopause
- _____ Osteoporosis
- _____ High blood pressure

CAROTOMAX

- _____ Acne or skin issues
- _____ Dry or rough skin
- _____ Difficulty seeing at night
- _____ Permanent goosebumps on arms
- _____ Have had respiratory infections
- _____ Pink eye, dry eyes
- _____ History of cancer
- _____ Cataracts and/or glaucoma
- _____ Aging spots on skin
- _____ Colitis, diverticulitis
- _____ Low resistance to infection
- _____ Heart disease
- _____ Allergies
- _____ Exposure to toxins

BIOFLAVONOIDS

- _____ Bleeding gums
- _____ Smoke cigarettes
- _____ Varicose veins/spider veins
- _____ Frequent colds or infections
- _____ Bruise easily
- _____ Hangnails, torn cuticles
- _____ Nosebleeds
- _____ Slow healing of wounds
- _____ Allergies
- _____ Arthritis
- _____ Heart disease
- _____ Macular degeneration

CIRCULATION

- _____ Heart condition
- _____ Hot flashes/diminished sex drive
- _____ Asthma
- _____ Breast tenderness
- _____ Diabetes
- _____ Fibrocystic disorders
- _____ Cold hands or feet
- _____ Psoriasis
- _____ Leg pain
- _____ Low exercise tolerance
- _____ Hormonal imbalances
- _____ History of tumors
- _____ Scar formation
- _____ Blood clots
- _____ Excessive exposure to sun/X-rays
- _____ History of miscarriages
- _____ Sterility
- _____ Autoimmune disorders
- _____ Premature aging
- _____ Aging spots on skin
- _____ HIV Virus

CHOLESTEROL

- _____ Trying to lose weight
- _____ Poor memory or concentration
- _____ Problems eating fatty foods
- _____ Learning disabilities
- _____ Bruise easily
- _____ High cholesterol
- _____ Gall stones
- _____ Kidney stones
- _____ Liver cirrhosis

HORMONAL

- _____ PMS/Menstrual irregularities
- _____ Sterility
- _____ Menopause, hot flashes
- _____ Pregnant or nursing
- _____ Loss of hair

-
- _____ Eczema like skin eruptions
 - _____ Behavioral disturbances
 - _____ Excessive perspiration
 - _____ Slow wound healing
 - _____ Arthritis
 - _____ MS
 - _____ Low metabolic rate
 - _____ Diabetes
 - _____ Fibromyalgia
 - _____ Lupus
 - _____ Learning disabilities

ZINC

- _____ Poor sense of smell or taste
- _____ White spots on fingernails
- _____ Dandruff
- _____ Acne
- _____ Perspire heavily or often
- _____ Chronic colds or flu
- _____ Slow healing of wounds
- _____ White coated tonue
- _____ Taking estrogen
- _____ Thinning hair
- _____ Prostate problems
- _____ Fertility problems
- _____ Diabetes

HERB, LAX, AND FIBER

- _____ Constipation
- _____ Frequent headaches
- _____ Migraines
- _____ History of hemorrhoids
- _____ Thin bowel movements
- _____ History of colon problems
- _____ Acne
- _____ Work around chemicals
- _____ Body odor
- _____ Consume processed foods
- _____ Colitis, diverticulitis, Crohn's
- _____ Diabetes
- _____ Bronchitis bouts
- _____ Emphysema

ROOT MINERAL

- Allergies
- Asthma
- Joint Pain
- Arthritis
- Carpal Tunnel Syndrome
- Gas, bloating, burping
- Excessive fluid retention
- Kidney or bladder infections
- Sinus problems
- Ulcers
- Canker sores
- Colon problems
- Body or foot odor
- Bad breath
- Puffy eyes
- Swollen ankles and feet
- Difficult or painful urination
- Sleep disturbed to urinate at nite
- Hiatal hernia
- Diabetes
- Constipation/low fiber diet
- Abdominal pain after large meal
- Night blindness

DTX - LIVER CLEANSE

- Eat red meat
- Drink coffee or cola
- Psoriasis/eczema/hives
- Gout or rheumatism
- Breast tumors
- Smoke cigarettes
- Use medications
- Liver damage or hepatitis
- Work around chemicals
- Drink alcohol
- Dark circles or bags under eyes
- Allergies
- Candida

GARLIC

- High blood pressure
- Throat/ear/sinus/viral infections
- Frequent diarrhea, dysentery
- Fungal infections/Candida
- High cholesterol or triglycerides
- Blood clots
- Indigestion
- Allergies
- Ulcers
- Colitis
- Infected wounds
- Heavy metal toxicity
- Excessive fluid retention
- Lowered immune system

SAW PALMETTO PLUS (FOR MEN)

- Male prostate problems
- Decreases urinary output
- Frequent urination
- Urinary tract or kidney infections
- Lack of interest in sex
- Impotence
- Sterility

DR

- Lowered resistance
- Viral or bacterial infections
- Upper respiratory infections
- Abscesses
- Gangrene
- Swollen glands
- Snake or spider bites
- Bladder infections
- Mastitis
- Venereal disease

MENTAL ACUITY

- _____ ADD
- _____ Suffered a stroke
- _____ Tinnitus/poor hearing
- _____ Trouble concentrating
- _____ Alzheimer's symptoms
- _____ MS
- _____ Reynaud's symptoms
- _____ Swollen legs or ankles
- _____ Impotent
- _____ Vertigo/Dizziness
- _____ Macular degeneration

JOINT HEALTH

- _____ Joint pain or stiffness
- _____ Arthritis
- _____ Limited range of joint motion
- _____ Migraines
- _____ Low back pain

OPTIFLORA

- _____ Colon problems
- _____ Have taken antibiotics
- _____ Work/live around chemicals
- _____ Yeast infections
- _____ Susceptible to infections
- _____ Chronic diarrhea or constipation
- _____ Immune deficient
- _____ Degenerating disease
- _____ Had radiation or chemo
- _____ Ear infections
- _____ Canker sores
- _____ Digestive problems/heartburn/gas
- _____ Pregnant or nursing
- _____ Rectal itching
- _____ Crave sugars, bread or alcohol
- _____ Bladder infections

OMEGA GUARD

- Hormonal imbalances
- Cholesterol problems
- High blood pressure
- Heart disease
- Poor circulation
- Migraines
- ADD or learning challenges
- Autism/development disorders
- Eczema or psoriasis
- Ulcerative colitis
- Lupus or MS
- Bipolar disorder
- Asthma or allergies

IRON

- Lack of stamina
- Dark circles under eyes
- Crave ice
- Anemic
- Thin, fragile, brittle nails
- Pale skin, palms very pale
- Vegetarian
- Heavy menstruation

MENOPAUSE COMPLEX

- Menopausal symptoms
- Hormone imbalance
- Hot flashes
- Mood swings/short tempered
- Insomnia
- Anxiety/jumpiness
- Depression/weepiness

EZ-GEST

- Food sensitivities
- Intolerance to dairy products
- Belching
- Bloating
- Cramps/flatulence
- Digestive problems
- Problem eating fatty foods
- Bowel gas
- Irritable bowel
- Chemotherapy
- Constipation or diarrhea

CO-Q 10

- On cholesterol lowering meds
- Congestive heart failure
- Fatigue
- Heart problems
- Hypertension
- Periodontal disease
- Poor circulation
- Edema

COR-ENERGY

- Lack of stamina, fatigue
- Low blood pressure
- Poor appetite
- Blood sugar irregularities
- Chemical dependence
- Circulation problems
- Lack of libido
- Need stimulants, i.e.coffee
- Gout or prostate cancer

PAIN RELIEF

- _____ Joint or muscle pain
- _____ Headaches
- _____ Chronic backache
- _____ Strenuous recreational activity

STRESS RELIEF

- _____ Difficulty relaxing/concentrating
- _____ Sleep problems
- _____ High stress lifestyle

NUTRIFERON

- _____ Repeatd colds and infection
- _____ Depression
- _____ Bipolar
- _____ Muscle tension
- _____ Angry ioutbursts

GLUCOSE REGULATION

- _____ Need to balance blood sugar
- _____ Type II Diabetic
- _____ Asthma/allergies
- _____ Need immune support
- _____ Protection against cancer

Are you on medication? What vitamins are you taking?

I have read and understood the statements above.

Name: _____

Phone: _____

Email: _____

Date: _____

*Supplementation is a guaranteed supply of essential nutrients
on a regular basis in a convenient form.*