

FAMILY HISTORY *If there is evidence of any of the following, please tick and give age of onset if possible.*

Condition	Yr GRANDPARENTS		Your PARENTS		Your SIBLINGS		Your CHILDREN	
	F Father	M Mother	Father	Mother	Brothers	Sisters	Boys	Girls
Heart Disease								
↑ Blood Pressure								
Arthritis								
Cancer								
Diabetes								
Allergies								
Asthma								
Auto-immune disease								
Depression								

Please write the exact or average daily number, where suitable, of the following:

Alcoholic drinks Glasses of water Cups Tea or Coffee Cigarettes root canals current amalgams (metal fillings)

No. of known allergies Steroid drugs in last year Infections in past year Rate your current stress levels from 1-10, with 10 = very high stress

SYMPTOMS *Please tick any of the following which apply to you: 1= Occasional; 2= Frequent; 3= Always
Blank is never - or almost never - has the symptoms*

ENERGY		MOUTH/THROAT		LUNGS	
Fatigue		Ulcers		Congestion	
Apathy		Gagging		Bronchitis	
Hyperactivity		Swollen tongue		Short ness of breath	
Restlessness		Swollen lips/gums		Asthma	
Sleeping problems		Cold sores		Chronic Cough	
Frequent illness		Hoarseness		JOINTS	
HEAD		Much sighing		Pain/aches	
Faintness		SKIN		Arthritis	
Headaches		Acne		Stiffness	
Migraines		Hives, rashes, itching		Weakness	
Dizziness		Dry skin		MUSCLES	
Insomnia		Hair loss		Pain/aches	
Difficulty falling asleep		Hair gain		Twitches, spasm, tension	
EYES		Hot flushes		Ltd movement	
Watery		Excessive sweating		Weakness	
Itchy		Easy bruising		Tiredness	
Swollen		Cold hands/feet		Co-ordination problems	
Sticky		Eczema or psoriasis		WEIGHT	
Blurred vision		HEART		Excess weight	
Swollen lids		Irregular/skipped beat		Under weight	
Dark circles around		Rapid/pounding beat		Craving foods	
Dry discharge on waking		Chest pain		Compulsive eating	
EARS		DIGESTION		Water retention	
Itchy		Nausea		MIND	
Earaches		Vomiting		Poor memory	
Drainage		Constipation		Confusion	
Ringing		Diarrhoea		Poor concentration	
Reddening		Bloated		Decision making problems	
NOSE		Belching/flatulence		Stuttering/Stammer	
Stuffy or runny		Heartburn		Learning disability	
Loss of smell		Pain		Slurred speech	
Sinus problems		Poor appetite		EMOTIONS	
Hay fever		Freq/urgent urination		Mood swings	
Sneezing attacks		Itching anus/genitals		Anxiety/fear/nervousness	
Excessive mucus		Genital discharge		Depression	

Please list all vaccinations received with approximate dates

.....
PLEASE RING ANY OF THE FOLLOWING THAT APPLY:

I am exposed to: chemical fumes / solvents or cleaning materials/ pesticides or herbicides / dust / smoke / metals / dampness, musty odours or mildew / computers, printers, office machines / glues or adhesives / construction materials / combustion engines or heaters / new fabric or carpeting / poor air quality that people complain about / something else?

DO YOU EXPERIENCE THE FOLLOWING?

Soft, fraying or brittle nails	Yes	No	Chicken skin (tiny bumps on arms)	Yes	No
Dry, scaly or flaky skin	Yes	No	Dandruff	Yes	No
Dry, lacklustre or unruly hair	Yes	No	Excessive thirst	Yes	No
Menstrual cramps	Yes	No	Pre-menstrual breast pain	Yes	No

If ex-smoker, when did you give up

Recreational drugs monthly

Exercise taken weekly (20 mins or more)

Average weeks in sunshine yearly

DIET

Any special dietary requirements? (e.g. religious, gluten/lactose-free, diabetic, vegetarian, etc). Please specify

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List your five favourite foods:

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Foods you dislike/never eat

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Foods/drinks you crave at any time.....

Do you have any known allergies, intolerances or sensitivities – please specify

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Have you experimented with different diets (e.g. Ketogenic, 5:2, Hay diet, Macrobiotics, Sun Foods, Conley etc.)

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Which three aspects of your present condition would you most like to improve?

1.

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2.

.....

3.

.....

Anything else that would be helpful to know about you?

THANK YOU FOR COMPLETING THIS PART OF THE FORM AND CONTINUE OVERLEAF.

Please send, in advance, to Dr. C. Burley, ND., The Mint House Nut Ash Lane Headley Surrey KT18 6QA

!! This is long but please respond **fast** – without thinking too much about it, **Circle the TRUE or FALSE answer** that best describes you – as near as possible. !! Neither choice may fit you exactly, but please try to choose the one that comes closest to describing your tendencies. !! Take care when responding to a negative statement (e.g. “Fruits generally do not agree with me”) a TRUE answer would mean you agree with the statement meaning that fruits do not agree with you; a False answer means you disagree (i.e. “Fruits do agree with me”). Thanks for doing this on how you use food and its effect on you! – it helps me help you.

SECTION A

- | | |
|---|------------|
| 1. Appetite at breakfast is strong | TRUE FALSE |
| 2. Appetite at lunch is strong | TRUE FALSE |
| 3. Appetite at dinner is strong | TRUE FALSE |
| 4. Eating before bedtime helps my sleep | TRUE FALSE |
| 5. I live to eat not to subsist | TRUE FALSE |
| 6. Often I get hungry between meals | TRUE FALSE |
| 7. Fruits generally do not agree with me | TRUE FALSE |
| 8. Fasting makes me feel awful | TRUE FALSE |
| 9. I crave salt | TRUE FALSE |
| 10. Morning orange juice does not agree with me | TRUE FALSE |
| 11. A meal heavy with fat agrees with me | TRUE FALSE |
| 12. Going without food for 4 hrs is uncomfortable | TRUE FALSE |
| 13. I do not care for sweet desserts | TRUE FALSE |
| 14. Vegetarian meals are not satisfactory to me | TRUE FALSE |
| 15. Meat or fish for breakfast is energising for me | TRUE FALSE |
| 16. Meat or fish for lunch is energising for me | TRUE FALSE |
| 17. Meat or fish for dinner is energising for me | TRUE FALSE |
| 18. Eating meats or fatty foods restores my energy | TRUE FALSE |

SECTION B

- | | |
|---|------------|
| 1. I tend to cough occasionally or a lot | TRUE FALSE |
| 2. My ear colour is red or pink | TRUE FALSE |
| 3. I seem to have a good digestion | TRUE FALSE |
| 4. My eyes tend to be moist | TRUE FALSE |
| 5. My hands and feet tend to be warm | TRUE FALSE |
| 6. Cuts heal quickly | TRUE FALSE |
| 7. Strong bright light does not bother me | TRUE FALSE |
| 8. My nose tends towards being moist | TRUE FALSE |
| 9. I rarely get goose bumps | TRUE FALSE |
| 10. My skin tends towards oily and moist | TRUE FALSE |
| 11. I urinate large volumes daily | TRUE FALSE |
| 12. Often I need to urinate during the day | TRUE FALSE |
| 13. I cannot hold urine for long periods of time | TRUE FALSE |
| 14. Strong & lasting reactions to stings & insect bites | TRUE FALSE |

TOTAL Section A

TOTAL Section B

TOTAL Section C

TOTAL (All)

OFFICE USE ONLY:
METABOLIC TYPING

1. Slow Oxidisers (Symp domt)
2. Fast oxidisers (Para dom)

SECTION C

- | | |
|--|------------|
| 1. I accommodate easily & tend to give in | TRUE FALSE |
| 2. I am passive about my achievements | TRUE FALSE |
| 3. My activity level is sedentary or inactive | TRUE FALSE |
| 4. I easily show affection | TRUE FALSE |
| 5. I am not very ambitious | TRUE FALSE |
| 6. I am slow to anger | TRUE FALSE |
| 7. I like to go to bed later & get up late | TRUE FALSE |
| 8. I am not a detail-orientated person | TRUE FALSE |
| 9. I prefer not to take responsibility | TRUE FALSE |
| 10. I am careful, reserved and cautious | TRUE FALSE |
| 11. Challenges are not important to me | TRUE FALSE |
| 12. I prefer cooler and colder weather | TRUE FALSE |
| 13. I tend not to be competitive | TRUE FALSE |
| 14. I have poor concentration | TRUE FALSE |
| 15. I am bothered by confrontation | TRUE FALSE |
| 16. I react poorly to criticism | TRUE FALSE |
| 17. I do not like decision making | TRUE FALSE |
| 18. I tend not to be punctual | TRUE FALSE |
| 19. I would rather give in than argue | TRUE FALSE |
| 20. I often get drowsy | TRUE FALSE |
| 21. I have good endurance | TRUE FALSE |
| 22. I have even, steady energy patterns | TRUE FALSE |
| 23. I am not efficient in my daily tasks | TRUE FALSE |
| 24. I can easily express emotions | TRUE FALSE |
| 25. It is hard to put thoughts into words | TRUE FALSE |
| 26. I do not easily care to exercise | TRUE FALSE |
| 27. I am not goal orientated | TRUE FALSE |
| 28. I am easily hurt by harsh words | TRUE FALSE |
| 29. I make friends easily | TRUE FALSE |
| 30. I love eating and socialising | TRUE FALSE |
| 31. I rarely get impatient | TRUE FALSE |
| 32. I tend to have low levels of outside interests | TRUE FALSE |
| 33. I do not tend to make lists of things to do | TRUE FALSE |
| 34. Leaving loose ends does not bother me | TRUE FALSE |
| 35. I tend to have low drive and motivation | TRUE FALSE |
| 36. I am rarely or never obsessive | TRUE FALSE |
| 37. I tend to be somewhat disorganised | TRUE FALSE |
| 38. I am a feeling intuitive person | TRUE FALSE |
| 39. My pace of living and working is slow | TRUE FALSE |
| 40. I tend not to be concerned with perfection | TRUE FALSE |
| 41. I am an easy to please sort of person | TRUE FALSE |
| 42. My personality is warm and sociable | TRUE FALSE |
| 43. I often procrastinate | TRUE FALSE |
| 44. I am slow at completing tasks | TRUE FALSE |
| 45. I respond slowly to emotional reactions | TRUE FALSE |
| 46. I do not like to have routines | TRUE FALSE |
| 47. I like a little more sleep than average | TRUE FALSE |
| 48. Stress makes me depressed & seek comfort | TRUE FALSE |
| 49. I have a cool, calm, collected temperament | TRUE FALSE |
| 50. I am naturally prone to worrying about things | TRUE FALSE |