Dr, Bernard Bloom Proactive Health

GENERAL INFORMATION SHEET

Name_____ **Age**____ **Sex: M F** **Date**_____

Address_____

_____ City_____

State/Prov._____ **Postal Code**_____ **Country**_____

Home Phone_____ **Business Phone**_____

E-Mail Address_____ **Height**_____ **Weight**_____

Occupation_____ **How were you referred?**_____

What are your main health concerns or conditions?_____

_____

Please list any medications or food supplements you are currently taking:

_____

_____

Please list any recent medical tests results you have, such as blood tests:

_____

Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis._____

DIET: What are examples of typical breakfasts for you? **Beverages**

_____|_____

_____|_____

Mid-morning Snacks_____|_____

What are typical lunches for you? **Beverages**

_____|_____

_____|_____

Mid-afternoon Snacks_____|_____

What are typical dinners for you? **Beverages**

_____|_____

_____|_____

Evening Snacks_____|_____

How often and what kind of exercise do you do?_____

_____

About how many hours of sleep do you get per day?_____

I understand that nutritional balancing is a means to reduce stress and balance body chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease. Dr. Bloom is not taking place of your own Medical Doctor.

Signed_____ **Date**_____

Name_____

SYMPTOMS SHEET

CIRCLE any conditions or symptoms that presently describe you.
PLACE A STAR next to the symptoms most important to you.

Joint Pain
Joint Stiffness
Arthritis, Osteo
Arthritis, Rheumatoid
Muscle Pain
Muscle Weakness
Muscle Cramps
Bursitis
Fractures
Osteoporosis
Gout

Sweet Cravings
Sugar Reactions
Irritable before meals
Can't Skip Meals
Hypoglycemia
Crave Starches
Fat Cravings
Other Food Cravings
Food Allergies
Excessive hunger
No hunger
Diabetes

Rapid Heart Rate
Skipped Heart Beats
Heart Palpitations
Heart Attack
Poor Circulation
Dizziness
Low or High Blood Pressure
Angina
Arteriosclerosis
High Cholesterol_____
High Triglycerides____

Cough
Bronchitis
Asthma
Post-nasal Drip
Sinus Congestion
Allergies
Emphysema

Fatigue

Hypothyroidism
Low Body Temperature
Cold in Winter/Dry Skin
Tend to Gain Weight
Hyperthyroidism
Acne
Eczema
Fungal Infections/Candida
Psoriasis
Hives
Hair Loss
Slow Wound Healing
Cataracts
Glaucoma
Meniere's Disease
Tooth Decay
Excessive Plaque on Teeth
Gum Disease

Infections/Viruses
Tumors/Cancer
Multiple Sclerosis
Parkinson's Disease
Scleroderma
Fear
Anger
Anxiety
Bipolar Disorder
Brain Fog
Confusion
Depression
Irritability
Mind Races
Mood Swings
Obsessive/Compulsive
Panic Attacks
Poor Memory
Schizophrenia
Trouble Sleeping
Suicidal thoughts
Autism
Attention Deficit
Hyperkinesis
Dyslexia
Seizures
Learning Disability

Mental Retardation
Delayed Development

Bladder Infections
Kidney Infections
Trouble Urinating
Frequent Urination
Painful Urination
Kidney Stones
Water Retention
Kidney Stones
Water Retention
Sinus Headaches
Tension Headaches
Migraine Headaches
Neuritis
Eye diseases
Constipation
Diarrhea
Intestinal Gas
Bloating
Heartburn
Ulcer
Stomach Pain
Colitis
Gall Stones
Fissures
Hemorrhoids
Cirrhosis
Diverticulitis
Tend to Gain Weight
Tend to Lose Weight

Anemia
Easy Bruising

Dental Amalgams
Drug Addiction
Alcoholism
Smoking

WOMEN:
Premenstrual Syndrome
Water Retention
Cramps
No Menstruation

Heavy periods	Fibrocystic Breasts	Rape
Light/Irregular Periods	Breast Tumors	
Ovarian Cysts	Yeast Infections	**MEN:**
Fibroid Tumors	Hot Flashes	Prostate Problems
Abnormal Pap Smear	Currently pregnant	Impotence
Menopause	Abuse	Infertility

Other Symptoms or Comments: _____