

WELLNESS SCREEN

Name: _____

Email: _____

Date: _____

Physician: _____

Symptoms (please circle)	NEVER 1	MILD 2	MODERATE 3	SEVERE 4
1. Decline in general well being	1	2	3	4
2. Joint pain/muscle ache	1	2	3	4
3. Excessive sweating/hot flash	1	2	3	4
4. Sleep problems	1	2	3	4
5. Increase need for sleep	1	2	3	4
6. Irritability	1	2	3	4
7. Nervousness	1	2	3	4
8. Anxiety	1	2	3	4
9. Depressed mood	1	2	3	4
10. Exhaustion/lacking vitality	1	2	3	4
11. Declining mental ability/focus/concentration	1	2	3	4
12. Decreased muscle strength	1	2	3	4
13. Weight gain/belly fat/inability to lose weight	1	2	3	4
14. Breast tenderness	1	2	3	4
15. Rapid hair loss	1	2	3	4
16. Migraine headaches	1	2	3	4
17. Decreased desire/libido	1	2	3	4
18. Decreased ability to perform sexually/climax	1	2	3	4
19. Dry skin	1	2	3	4
20. Cold all of the time	1	2	3	4
21. Constipation	1	2	3	4
22. White spots on nails	1	2	3	4
23. Bruise easily	1	2	3	4
24. Loud noises bother me	1	2	3	4
25. Frequent heartburn	1	2	3	4

- 0 - 25 Fairly Healthy
- 25 - 50 Hormonal Imbalance is Beginning
- 50 and above Hormonal Deficiency/Deficient in Nutrients

Total Points =

* Scores of 25 or higher: Blood tests strongly recommended