Stage 1 & 2 Intake Checklist

Name:	Age	Gender Identity

List Current Concerns (Emotional, Mental, Physical)

1	3
2	4

Important Considerations

- ◯ Pregnant
- ◯ Breastfeeding
- ◯ Current use of Hormonal Birth Control
- ◯ History of UTI's
- ◯ History of Kidney Stones/ Infections

Current Medications and Supplements

- ◯ Steroids, Birth Control, Anti-Depressants
- ◯ All other prescription meds:
- ◯ Magnesium or Stool Softener
- ◯ Other Supplements:
- ◯ Indicate inflammatory items currently consumes: Alcohol, Tobacco, Marijuana, Meat, Dairy, Sugar, Grains with Gluten

Bowel Elimination Symptoms

Without The Use Of Stool Stimulators Or Softeners

Consistency (See stool chart)

- ◯ #1- #2
- ◯ #2- #3
- ◯ #4-4.5
- ◯ #5- #6
- ◯ #6- #7

Frequency

- ◯ Morning # of stools _____
- ◯ Midday # of stools _____
- ◯ Evening # of stools _____
- ◯ Skip days between stools

Nervous System Symptoms

Sensory Experience

- ◯ Overwhelmed by sensory input
- ◯ Irritated, angered by sensory input
- ◯ Unaware, disconnected from sensory input
- ◯ Soothed by sensory input

Somatic Experience

- ◯ Head (Top, Sides, Back, Eyes), ache, tension, constriction
- ◯ Neck, Shoulders, tension
- ◯ Throat, constriction or sense of something stuck
- ◯ Physical Heart, Energetic Heart, aching, heaviness
- ◯ Diaphragm, constiction
- ◯ Stomach, nausea, cramping, or constriction
- ◯ Lungs, shortness of breath, constriction
- ◯ Kidney, weakness or discomfort
- ◯ Thighs, weakness or tension
- ◯ Full body, buzzing or disconnect

Organizational Experience

- ◯ Unable to prioritize, focus, or concentrate
- ◯ External circumstances prevent regulation

Additional Factors

- ◯ Period of extreme emotional or mental or physical stress
- ◯ Fear or Anxiety
- ◯ Overwhelms easily
- ◯ Grief or Sadness
- ◯ Periods of anger or rage
- ◯ Difficulty Falling Asleep
- ◯ Night Wakings (11pm-1am) (1am-3am) (3am-5am)
- ◯ Lack of joy

Vitality Symptoms

Current

- ◯ Perspiration that occurs on back, head or back of neck
- ◯ Skin discoloration (dark spots or loss of pigmentation)
- ◯ Eczema, Dry patches, Rashes
- ◯ Warts
- ◯ Acne
- ◯ Premature wrinkles
- ◯ Reocurring hives
- ◯ Dull, dry, brittle hair
- ◯ Premature receding hairline, shedding or thinning of hair
- ◯ Mercury fillings in place
- ◯ Root canal(s) or missing permanent teeth
- ◯ Swelling in corners of upper or lower lids
- ◯ Circles with discoloration under eyes
- ◯ Irregular nail surfaces on toes or fingers, nail biting
- ◯ Tendency for lip, mouth or gum sores or bleeding gums
- ◯ Wake unrefreshed after 7-8 hours of sleep
- ◯ 20lbs or more overweight or 5lbs or more underweight
- ◯

Historical

- ◯ Self or direct family member with cancer, diabetes, heart disease

Vitality Analysis

Indicate Vitality Level (total of current and historical symptoms)

- ◯ High: 0-4 symptoms
- ◯ Medium: 5-7 symptoms
- ◯ Low: 8 or more symptoms

Additional Symptoms

- ◯ Urgent or explosive stool
- ◯ Pain or Discomfort passing stools (Before/During/After)
- ◯ Flatulence/Burping/Abdominal Discomfort
- ◯ Bloating after meals
- ◯ Acid reflux
- ◯ Urgent or Frequent urination
- ◯ Leakage of urine
- ◯ Nighttime urination: 11pm-1am, 1am-3am, 3am-5am
- ◯ Menses: # of days_____
- ◯ Menstrual cycle length: 28-30 days, other: _____
- ◯ Menses starts, stops, restarts
- ◯ Pain before, during, after menses
- ◯ Spotting before menses, end of menses, midcycle
- ◯ Clotting during menses
- ◯ Brown bleeding at beginning or end of menses
- ◯ Tendency for morning or evening cough or asthmatic cough