

Waller Wellness Center - HCG Diet Program: Patient Information

Applicants will need to fill out a Health History Form and send it in. You will be contacted by the nurse or nutritionist who will ask some screening questions and decide if you require a consultation with our physicians.

If you have significant chronic diseases, or are on multiple medications you will need a 30 minute “HCG consultation visit” with the physician first before you can enroll in the program. This will help us evaluate the best way to monitor you during the program and make recommendations to your primary care physician about reducing your medications if needed.

After your screening consultation is approved, we will be ready to set up your initial appointment. Payment of \$795 must be made before the initial visit can be scheduled. A lab slip will be sent to you, and must be completed 1 -2 weeks before the first visit. Please be advised that: **No refunds will be given once payment is taken, and any services (BIA testing or visits) that are not used when they are scheduled will be forfeited.** Consider this carefully before you make your decision. Full commitment helps ensure your success!

Initial Visit (Week “0”):

During this visit you will meet with a Nutritionist/Registered Dietician. The visit will be about an hour long. During that time you will be instructed on the diet, have a Bio-impedance analysis (BIA) body composition test done, have your hCG reconstituted and be taught how to do your injections. Your questions will be answered and your 1st three weekly appointments with the nutritionist will be set up. You will receive your supplies which will include a vial of hCG & 40 syringes (which will last for the entire course), a Patient Instruction Booklet / Weight Loss Log, and lab slips to be done at the end of weeks 3 & 6. (The hCG must be kept refrigerated and is good for 40 days after reconstitution – write the date on it).

Follow-up Visits (Weeks 1 – 6):

Once a week you will meet with the nutritionist, weigh-in, bring your weight loss log, and any questions you may have. You will have a BIA every two weeks (Weeks 2, 4 & 6) to make sure you are losing fat and not muscle. At the end of Weeks 3 and 6 you will have labs done and any abnormal results will be reviewed by the physician. If there are any abnormalities requiring attention, you will be contacted with instructions. At the end of week 5 you will be instructed on a Dysglycemia (low carb) diet, which you will need to follow for the 3 weeks after the HCG diet (Weeks 7-9). At the end of Week 6 you will be instructed on the FLT diet which will be your “Maintenance” diet, to be followed from Week 10-12 (or forever more if you are done with your weight loss)

Transition/Maintenance Visits- (Week 10-12 and beyond):

The FLT diet is a maintenance eating plan, designed to keep insulin levels low and help maintain your healthy new weight. (If you plan to do another course of hCG you must be on this diet for at least 3 weeks first.) After the HCG diet we strongly recommend that you continue seeing the nutritionist to help you practice this new way of eating. As with any new skill, reinforcement helps you stay on track, and helps prevent relapse into “old habits”. Research shows that it takes 60-90 days to solidify a new habit. Transition/Maintenance Visits are not covered in the initial program fee. They are \$50 per visit.

The cost for a 2nd course of hCG is \$495. It will not include the nurse visit or the FLT diet instruction (because you will already have learned those things). The BIA's will be done at week 3 & 6, and the nutritionist visits will be every 3 weeks (week 0, 3 & 6). Labs will be at 3 & 6 weeks – at the physician's discretion only. You must have completed an **entire** 1st HCG Course to be eligible for a 2nd.

If you are on multiple medications and have chronic diseases such as diabetes or high blood pressure, you must see your regular physician at least monthly during the diet to monitor your conditions and adjust your medications. Failure to do so may increase your risk of adverse reactions, such as low blood sugar or hypotension (low blood pressure).

The only supplies you will need to purchase are alcohol wipes, cotton balls or gauze pads and band-aids. If you lose your patient information booklet, there is a \$7.50 fee for another.

Waller Wellness Center

HCG Weight Loss Therapy – Fact Sheet

HCG or human chorionic gonadotropin is a hormone naturally produced in women during pregnancy. It has many functions and is used medically to treat men & women for many different conditions including infertility and hormone regulation.

Overview of HCG weight loss therapy

HCG therapy involves daily injections of the hormone combined with a very low calorie diet of 500 calories per day, to utilize the abnormal fat stores of the body for fuel. Average weight loss is 1/2 to 1 pound per day. Each course of therapy lasts about six weeks. If another course of HCG therapy is desired, a minimum of 6 weeks wait is required.

How does the HCG hormone help with weight loss?

The diet's founder, Dr. ATW Simeons believed that the hCG diet "reset" the hypothalamus ("central hormone control station" in the brain) improving metabolism and allowing the body to release abnormal fat stores and use them for fuel.

What patients can expect

- The weight loss stage begins with the first injection and includes a "forced feeding," or consuming as much fattening food as you can for two days to increase the body's fat reserves. These reserves are lost within the first three days, and help limit discomfort during the initial phase of the diet.
- Patients can expect to have normal energy and activity levels during the diet, but should not engage in unusually strenuous exercise while on the 500 calories per day diet
- The self-administered injections, are given daily in the mid-thigh for 23 to 40 days, depending on how much weight patients want to lose. The diet must be continued for three days past the last injection.
- During the injection period, patients will be closely monitored with Bio-impedance analysis (BIA) body composition tests, lab tests and weekly visits with a nutritionist. At the end of week 6, patients will be instructed on a low-carbohydrate diet, which they will follow for an additional three weeks.
- Patients will then begin a maintenance program to help them maintain their ideal body weight for life.

What is the diet like?

The diet includes 100 grams of protein and a serving of fruit, vegetables and a breadstick eaten at lunch and at dinner. No alcoholic beverages or oil, butter or dressings are allowed. Rochester Center for Healthy Living provides patients utilizing HCG therapy with detailed food guidelines, recipes and restaurant recommendations.

Who is eligible for this treatment?

Men and women who have at least 20 pounds to lose. Patients with significant chronic diseases will require a visit with one of our physicians before they can begin the program.

What are the side effects, if any?

The most frequently experienced side effects are pain at the site of injection and bruising. Headache, irritability and restlessness are the next most common but are short-lived, if they occur at all. Fluid retention, breast tenderness and depression may occur infrequently. Allergic reactions are possible but very rare.

A word about this program

HCG in this program is being used "off-label" for the treatment of obesity, which means it was originally not intended for weight loss but can be used by any physician who feels it is clinically effective. Studies done in the 1970's and 1990's on the HCG diet concluded that although the observed ½ to 1 pound per day weight loss was real, it may have been due to the calorie restriction alone. More studies were recommended. Clinically, Rochester Center for Healthy Living has found HCG to be an effective tool for our patients desiring significant weight loss. However, given the individual differences from one person to another, it is important to note that it may not be beneficial in every patient.

How much does it cost?

The first course of HCG is \$795 and includes: RN (Registered Nurse) consultation and instruction on injection technique, One – 60 minute visit and Six - 30 minute visits with the nutritionist, one vial of HCG and supplies (will last for the entire course), physician review of lab tests at week 3 & 6, four BIA's (Bio-impedance analysis), Patient information booklet and weight loss log, and various handouts.

***To schedule a consultation, please contact Dr. Catherine Waller, MD at (248) 844-1414.
To learn more about the Waller Wellness Center visit our website at www.wallerwellness.com***

What is a BIA? (And why do you need one?)

Bioelectrical Impedance Analysis or Bioimpedance Analysis (BIA) is a method of assessing your “body composition”—the measurement of body fat in relation to lean body mass. It is an integral part of a health and nutrition assessment.

Improving your BIA measurement by lowering your percentage of unhealthy body fat can help reduce your risk to a variety of serious health conditions.

Why is Body Composition Important to My Health?

Research has shown that body composition is directly related to health. A normal balance of body fat is

associated with good health and longevity. Excess fat in relation to lean body mass, a condition known as altered body composition, can greatly increase your risks to cardiovascular disease, diabetes, and more. BIA fosters early detection of an improper balance in your body composition, which allows for earlier intervention and prevention. BIA also provides a measurement of fluid and body mass that can be a critical assessment tool for your current state of health.

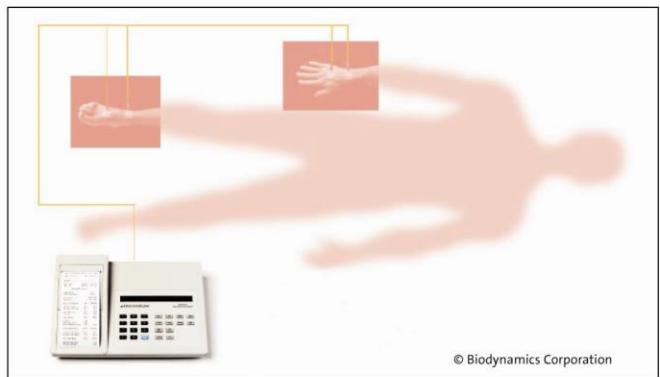
BIA also serves to measure your progress as you work to improve your health. Improving your BIA measurement, or maintaining a healthy BIA measurement, can help keep your body functioning properly for healthy aging and reduced risk to illness. With your BIA results, we can recommend a

personalized dietary plan, nutritional supplements, and exercise to help you support optimal health and well-being for a lifetime.

How Does a BIA Work?

BIA is much more sophisticated than your bathroom scale, but just as painless—and almost as quick. BIA is a simple procedure that can be performed right in our office in a matter of minutes with the help of a sophisticated, computerized analysis.

This analyzer “calculates” your tissue and fluid compartments—using an imperceptible electrical current passed through pads placed on one hand and foot as you lie comfortably clothed on an exam table. In just minutes, we’ll have very accurate measurements to help create an effective, personalized program to improve your health status.



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***** BIOIMPEDANCE ANALYSIS *****			
Date:	02/21/03	Time:	11:40 am
Patient: _____			
Sex:	Male	Height:	75.0 in
Age:	35	Weight:	160.0 lbs
MEASUREMENTS RESULTS			
Phase Angle:	6.5 °		
Body Capacitance:	617 pF		
Resistance:	583.5 ohms		
Reactance:	66.8 ohms		
Mass Distribution	lbs	percent	
-----	-----	-----	
Body Cell Mass:	63.9	39.9	
Extracellular Mass:	68.9	43.2	
-----	-----	-----	
Fat Free Mass:	132.8	83.1	
Fat Mass:	27.2	16.9	
-----	-----	-----	
Total Weight:	160.0	100.0	
ECM/BCM:	1.08		
Body Mass Index:	20.0		
Basal Metabolic Rate:	1881	cals	
Water Compartments	liters	percent	
-----	-----	-----	
Intracellular Water:	24.3	57.3	
Extracellular Water:	18.1	42.7	
-----	-----	-----	
Total Body Water:	42.4	100.0	
TBW/Fat Free Mass:	70.4		
TBW/Total Weight:	58.4		

Interpreting Your BIA Results

Your healthcare provider will go over your results in detail. Briefly, here are the measurements your BIA will provide:

Phase Angle—Calculated using the measurements of resistance and reactance, which are indicators of cellular health independent of weight. Normal values with age and gender.

Body Capacitance—The body's energy storage amount due to intact cellular membranes.

Resistance—The flow of electrical current related to body water found in healthy cells. Since fat cells contain very little water in comparison to healthy cells, a higher resistance indicates more fat mass. Healthy lean tissue is indicated by a lower resistance.

Reactance—The ability of cells to store energy (related to body capacitance). A low reactance indicates a breakdown in cell membranes' selective permeability. A higher reactance means healthier cells.

Body Cell Mass—The “living” cells of the body, such as those found in muscle, organs, blood, and immune cells. Also includes intracellular water (water contained within your cells).

Extracellular Mass—Includes bone, cartilage, ligaments, and other non-metabolically active tissues along with extracellular water.

Fat-Free Mass—A measure of total nonfat body compartments (also called lean body mass). Contains most of the body's water.

Fat Mass—The amount of stored fat in the body.

ECM/BCM—Ratio of extracellular mass (ECM) to body cell mass (BCM). A lower value, indicating a higher ratio of living to inactive mass, is desirable. Normal values are near 1.0 (a 50/50 distribution).

Body Mass Index (BMI)—A ratio of weight to height used as a quick measure of health status. Values from 19-24 are desirable.

Basal Metabolic Rate—Based on fat-free mass, the number of calories your body uses each day, not counting the extra calories you burn through exercise.

Intracellular Water (ICW)—Water volume of body cell mass (i.e., water in the “living” cells).

Extracellular Water (ECW)—Water volume outside the body cell mass.

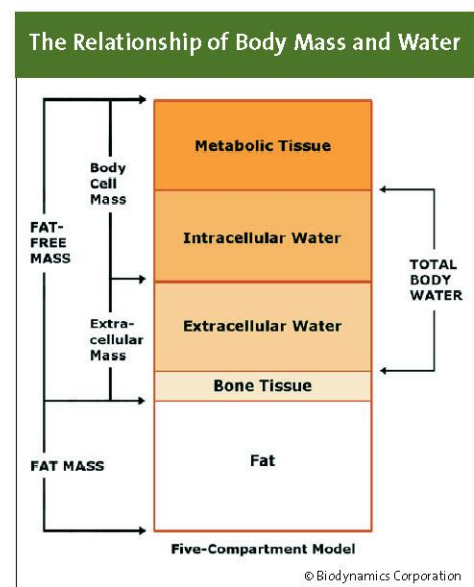
Total Body Water (TBW)—Sum of ICW and ECW.

TBW/Fat-Free Mass—The percentage of fat-free mass that is water.

TBW/Total Weight—The percentage of total weight that is water.

Follow-Up Tests

Your healthcare provider may recommend a series of follow-up BIA tests to monitor your health or measure your progress.



Body Composition Testing

Bioimpedance analysis (BIA) is a reliable method of measuring body composition, including percentage of body fat and lean body mass. Measurements are taken with a bioimpedance analyzer, which uses electrodes similar to EKG electrodes. The machine passes a harmless, ultra-low level electrical current through the body. Lean tissue, which is over 70% water, is a good conductor of electrical current. Fatty tissue—low in water, is not. Thus, the resistance to the flow of electrical current measured by the analyzer can be used to calculate body composition.

Participants will need to remove their right shoe and sock or stocking. The electrodes are placed on the right hand and foot while the individual is lying down on an exam table. This whole procedure takes only a few minutes and a computer prints out the results. Optimal body fat ranges from 12%-25% for women, and 5%-20% for men.

Over 100 independent studies, conducted by researchers over the past 20 years, have demonstrated that bioimpedance analysis can provide an accurate and clinically useful assessment of body composition. However, for the most accurate results, the following guidelines should be followed:

- 1. Do not eat for 4 hours prior to testing.**
- 2. Do not exercise for 12 hours prior to testing.**
- 3. Do not consume alcohol for 24 hours prior to testing.**
- 4. Drink at least 1 quart of water one hour before your test (you may void as needed).**
- 5. Do not drink caffeine the day of your test.**
- 6. Do not wear pantyhose.**

Please follow these guidelines for your next visit.

Follow-up Appointment:

Waller Wellness Center

HCG Patient Health History

Demographic Information

Name (last, first, MI)			Social Security No.		Birthdate
Age	Sex	Marital Status M / S / D	Home Phone ()	Work Phone ()	
Home Address (street, city, state and zip code)			Cell Phone ()		
			Email Address		
Employer		Job Title			
Emergency Contact (Name)	Contact (Phone)		Who referred you?		
Personal Physician (Name and Address)			Preferred Pharmacy Name/Phone		
			Office Phone:		

History

This section is for the purpose of learning more about your health history. Please read and answer all of the following questions to the best of your knowledge.

Reason for Consultation

What health concern and symptoms brings you to the clinic?

HEALTH HISTORY

Name _____ Date _____

Occupation _____ Age _____ Height _____ Sex _____ Number of Children _____

Marital Status: Single Partner Married Separated Divorced Widow(er)

Are you recovering from a cold or flu? _____ Are you pregnant? _____

Reason for office visit: _____ Date began: _____

List current health problems for which you are being treated: _____

What types of therapies have you tried for these problem(s) or to improve your health over-all:

- diet modification fasting vitamins/minerals herbs homeopathy chiropractic acupuncture conventional drugs
 other _____

Do you experience any of these general symptoms EVERY DAY?

- | | | | | |
|--|--|-----------------------------------|---|--|
| <input type="checkbox"/> Debilitating fatigue | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Constipation | <input type="checkbox"/> Chronic pain/inflammation |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Nausea | <input type="checkbox"/> Fecal incontinence | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Disinterest in sex | <input type="checkbox"/> Headaches | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Disinterest in eating | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Low grade fever | <input type="checkbox"/> Itching/rash |

Current medications (prescription or over-the-counter): _____

Laboratory procedures performed (e.g., stool analysis, blood and urine chemistries, hair analysis):

Outcome _____

Major Hospitalizations, Surgeries, Injuries: Please list all procedures, complications (if any) and dates:

Year	Surgery, Illness, Injury	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle the level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest): 1 2 3 4 5 6 7 8 9 10

Identify the major causes of stress (e.g., changes in job, work, residence or finances, legal problems): _____

Do you consider yourself: underweight overweight just right Your weight today _____

Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months? _____

Is your job associated with potentially harmful chemicals (e.g., pesticides, radioactivity, solvents) or health and/or life threatening activities (e.g., fireman, etc.)? _____

What are your current health goals: _____

Medical History

- Arthritis
- Allergies/hay fever
- Asthma
- Alcoholism
- Alzheimer's disease
- Autoimmune disease
- Blood pressure problems
- Bronchitis
- Cancer
- Chronic fatigue syndrome
- Carpal tunnel syndrome
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Dental problems
- Depression
- Diabetes
- Diverticular disease
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Eyes, ears, nose, throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux disease
- Genetic disorder
- Glaucoma
- Gout
- Heart disease
- Infection, chronic
- Inflammatory bowel disease
- Irritable bowel syndrome
- Kidney or bladder disease
- Learning disabilities
- Liver or gallbladder disease (stones)
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological problems (Parkinson's, paralysis)
- Sinus problems
- Stroke
- Thyroid trouble
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease
- Seasonal affective disorder
- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins
- Other _____

Medical (Men)

- Benign prostatic hyperplasia
- Prostate cancer

- Decreased sex drive
- Infertility
- Sexually transmitted disease
- Other _____

Medical (Women)

- Menstrual irregularities
- Endometriosis
- Infertility
- Fibrocystic breasts
- Fibroids/ovarian cysts
- Premenstrual syndrome (PMS)
- Breast cancer
- Pelvic inflammatory disease
- Vaginal infections
- Decreased sex drive
- Sexually transmitted disease
- Other _____
- Date of last GYN exam _____
- Mammogram + -
- PAP + -
- Form of birth control _____
- # of children _____
- # of pregnancies _____
- C-section _____
- Age of first period _____
- Date - last menstrual cycle _____
- Length of cycle _____ days
- Interval of time between cycles _____ days
- Any recent changes in normal menstrual flow (e.g., heavier, large clots, scanty) _____
- Surgical menopause
- Menopause

Family Health History (Parents and Siblings)

- Arthritis
- Asthma
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorder
- Genetic disorder
- Glaucoma
- Heart disease
- Infertility
- Learning disabilities
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological disorders (Parkinson's, paralysis)
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other _____

Health Habits

- Tobacco:
- Cigarettes: #/day _____
- Cigars: #/day _____
- Alcohol:
- Wine: #glasses/d or wk _____
- Liquor: #ounces/d or wk _____
- Beer: #glasses/d or wk _____
- Caffeine:
- Coffee: #6 oz cups/d _____
- Tea: #6 oz cups/d _____
- Soda w/caffeine: #cans/d _____
- Other sources _____
- Water: #glasses/d _____

Exercise

- 5-7 days per week
- 3-4 days per week
- 1-2 days per week
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- Less than 30 minutes
- Walk - #days/wk _____
- Run, jog, other aerobic - #days/wk _____

- Weight lift - #days/wk _____
- Stretch - #days/wk _____
- Other _____

Nutrition & Diet

- Mixed food diet (animal and vegetable sources)
- Vegetarian
- Vegan
- Salt restriction
- Fat restriction
- Starch/carbohydrate restriction
- The Zone Diet
- Total calorie restriction
- Specific food restrictions:
- dairy wheat eggs
- soy corn all gluten
- Other _____

Food Frequency

- Number of servings per day: _____
- Fruits (citrus, melons, etc.) _____
- Dark green or deep yellow/orange vegetables _____
- Grains (unprocessed) _____
- Beans, peas, legumes _____
- Dairy, eggs _____
- Meat, poultry, fish _____

Eating Habits

- Skip meals - which ones _____
- One meal/day
- Two meals/day
- Three meals/day
- Graze (small frequent meals)
- Generally eat on the run
- Eat constantly whether hungry or not

Current Supplements

- Multivitamin/mineral
- Vitamin C
- Vitamin E
- EPA/DHA
- Evening Primrose/GLA
- Calcium, source _____
- Magnesium
- Zinc
- Minerals, describe _____
- Friendly flora (acidophilus)
- Digestive enzymes
- Amino acids
- CoQ10
- Antioxidants (e.g., lutein, resveratrol, etc.)
- Herbs
- Homeopathy
- Protein shakes
- Superfoods (e.g., bee pollen, phytonutrient blends)
- Liquid meals (Ensure)
- Others _____

I Would Like To:

- ENERGY - VITALITY
- Feel more vital
- Have more energy
- Have more endurance
- Be less tired after lunch
- Sleep better
- Be free of pain
- Get less colds and flu
- Get rid of allergies
- Not be dependent on over-the-counter medications like aspirin, ibuprofen, anti-histamines, sleeping aids, etc.
- Stop using laxatives and stool softeners
- Improve sex drive
- BODY COMPOSITION
- Loose weight
- Burn more body fat
- Be stronger
- Have better muscle tone
- Be more flexible
- STRESS, MENTAL, EMOTIONAL
- Learn how to reduce stress
- Think more clearly and be more-focused
- Improve memory
- Be less depressed
- Be less moody
- Be less indecisive
- Feel more motivated
- LIFE ENRICHMENT
- Reduce my risk of degenerative disease
- Slow down accelerated aging
- Maintain a healthier life longer
- Change from a "treating-illness" orientation to creating a wellness lifestyle

FirstLineTherapy™ Health Profile

NAME _____

DATE _____

WEEK _____

Rate each of the following symptoms based upon your typical health profile for: Past 30 days Past 48 hours

Point Scale	0 Never or almost never have the symptom	3 Frequently have it, effect is not severe
	1 Occasionally have it, effect is not severe	4 Frequently have it, effect is severe
	2 Occasionally have it, effect is severe	

HEAD _____ Headaches
 _____ Faintness
 _____ Dizziness
 _____ Insomnia
 _____ TOTAL

DIGESTIVE TRACT _____ Nausea, vomiting
 _____ Diarrhea
 _____ Constipation
 _____ Bloating feeling
 _____ Belching, passing gas
 _____ Heartburn
 _____ Intestinal/stomach pain
 _____ TOTAL

EYES _____ Watery or itchy eyes
 _____ Swollen, reddened or sticky eyelids
 _____ Bags or dark circles under eyes
 _____ Blurred or tunnel vision
 (does not include near- or far-sightedness)
 _____ TOTAL

JOINTS/ MUSCLE _____ Pain or aches in joints
 _____ Arthritis
 _____ Stiffness or limitation of movement
 _____ Pain or aches in muscles
 _____ Feeling of weakness or tiredness
 _____ TOTAL

EARS _____ Itchy ears
 _____ Earaches, ear infections
 _____ Drainage from ear
 _____ Ringing in ears, hearing loss
 _____ TOTAL

WEIGHT _____ Binge eating/drinking
 _____ Craving certain foods
 _____ Excessive weight
 _____ Compulsive eating
 _____ Water retention
 _____ Underweight
 _____ TOTAL

NOSE _____ Stuffy nose
 _____ Sinus problems
 _____ Hay fever
 _____ Sneezing attacks
 _____ Excessive mucus formation
 _____ TOTAL

ENERGY/ ACTIVITY _____ Fatigue, sluggishness
 _____ Apathy, lethargy
 _____ Hyperactivity
 _____ Restlessness
 _____ TOTAL

MOUTH/ THROAT _____ Chronic coughing
 _____ Gagging, frequent need to clear throat
 _____ Sore throat, hoarseness, loss of voice
 _____ Swollen or discolored tongue, gums
 or lips
 _____ Canker sores
 _____ TOTAL

MIND _____ Poor memory
 _____ Confusion, poor comprehension
 _____ Poor concentration
 _____ Poor physical coordination
 _____ Difficulty in making decisions
 _____ Stuttering or stammering
 _____ Slurred speech
 _____ Learning disabilities
 _____ TOTAL

SKIN _____ Acne
 _____ Hives, rashes, dry skin
 _____ Hair loss
 _____ Flushing, hot flashes
 _____ Excessive sweating
 _____ TOTAL

EMOTIONS _____ Mood swings
 _____ Anxiety, fear, nervousness
 _____ Anger, irritability, aggressiveness
 _____ Depression
 _____ TOTAL

HEART _____ Irregular or skipped heartbeat
 _____ Rapid or pounding heartbeat
 _____ Chest pain
 _____ TOTAL

OTHER _____ Frequent illness
 _____ Frequent or urgent urination
 _____ Genital itch or discharge
 _____ TOTAL

LUNGS _____ Chest congestion
 _____ Asthma, bronchitis
 _____ Shortness of breath
 _____ Difficulty breathing
 _____ TOTAL

GRAND TOTAL _____