



HAHNEMANN CLINIC FOR HEILKUNST

General Regimen Questionnaire

**Please note that the following information will be kept confidential and is not required, but will help us to help you become healthier.*

Name: _____ **Date:** _____ **Practitioner:** _____

Water

1. How much water do you drink in a day (cups, fluid oz., litres or ml.) _____
2. What kind of water do you drink? (tap, bottled, spring, artesian, etc.) _____
3. How much natural, fresh fruit or vegetable juice do you drink in a day/week? _____

Beverages

4. How much do you drink of the following:
 - a. alcohol _____ per day/week/month (circle one)
 - b. coffee/tea _____ per day/week/month (circle one)
 - c. commercial fruit juices _____ per day/week/month (circle one)
 - d. milk (also list what type) _____ per day/week/month (circle one)
 - e. miscellaneous _____

Food

5. Describe what you eat on a regular basis: _____

6. Please list any food cravings: _____

7. How would you characterize your appetite? _____

Sleep

8. How much sleep do you get a night (in hours)? _____
9. What kind of sleep do you get? (restful, sound, deep, refreshing, restless, fitful, light, etc.)?

10. What time do you normally go to sleep? _____
When do you normally wake up? _____
11. Do you wake with or without an alarm clock? _____

Energy

12. How would you characterize your energy level? _____

13. Do you have energy lows and highs during the day, and if so, when? _____

Exercise

14. Are you fairly active during the day, or more sedentary? _____

15. What kind(s) of formal exercise do you do and how often do you do it (them)? _____

Stress

16. How would you characterize your stress level on a daily basis? _____

Nutritional Supplements

17. List any specific nutritional supplements (e.g., greens, vitamins, probiotics, power bars, drinks, etc.) you take regularly _____

Drugs and Herbs

18. List all prescribed and over-the-counter drugs that you are currently taking: _____

19. List all herbal products you are regularly: _____

Miscellaneous

20. Please provide any other information about your lifestyle that you think we should know, or that might be helpful to us in treating you. _____



Hahnemann Clinic for Heilkunst

Diet Typologies Questionnaire

**Please note that the following information will be kept confidential and is not required, but will help us to help you become healthier.*

THREE TYPOLOGIES

There are three typologies that we use to help provide better guidance for your daily diet and nutrition, in addition to the general rules for healthy eating as set out in the *Basic Foundations of Health* in your *Patient Guide* booklet.

Metabolic Type

Glandular Type

Blood Type

The dietary rules that go with each type will be important at various stages of your health.

Metabolic Type – when your health is quite poor you should follow these rules more strictly; otherwise you need to pay attention to whether you need to emphasize protein/fat or carbohydrates (essentially vegetables).

Glandular Type – as your health improves, or if you are more recently in poorer health, particularly in terms of energy and sleep, you should pay attention to the rules for your glandular type; otherwise, your glandular type will tell you whether to emphasize proteins/fats or carbohydrates (vegetables) in your diet, and which foods tend to be your power foods (if used judiciously).

Blood Type – this is the guide you need when in relative health and also to find out the specifics about various items of food and drink that fit you best.

DETERMINING BLOOD TYPE

If you know your blood type, state it here: _____

If you don't know, this can be done at the Clinic, or you can purchase a blood typing kit from the following sources:

www.dadamo.com in the Blood Type Store section

My blood type is (circle one): A B AB O

DETERMINING GLANDULAR TYPE

There are four glandular types. Their basic structure and weight gain pattern are as follows:

Pituitary: seldom puts on weight/fat and is generally tall and lanky.

Thyroid: balanced between upper and lower, definite waist and fat goes on first around the thighs

Adrenal: upper body is larger, and extra weight first goes on around the abdomen (“spare tire”)

Gonadal: lower body is larger and extra weight first goes on around the buttocks

Consult the attached typologies chart and then indicate which type you think you are here:

I am a _____ GLANDULAR type.

DETERMINING METABOLIC TYPE

There are two steps to this process:

First, to determine if you are oxidative or autonomic dominant.

Oxidative types are generally more analytical and less emotional (though they can be sensitive).

Autonomic types are more emotional and instinctual in their reactions.

I am _____ dominant.

Second, you need to determine which sub-type you are.

Oxidative

A. Fast oxidizer – needs protein to sustain energy

B. Slow oxidizer – can sustain energy with a carbohydrate dominant meal (grains, salads, etc.)

Autonomic

A. Sympathetic – can sustain energy with a carbohydrate dominant meal (grains, salads, etc.)

B. Para-sympathetic – needs protein to sustain energy

I am a _____ METABOLIC type.

SUMMARY

Summarize the results of the above determinations in your case:

BLOOD TYPE: _____

GLANDULAR TYPE: _____

METABOLIC TYPE: _____

	Pituitary	Thyroid	Adrenal	Gonadal
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OVERALL STRUCTURE	Childlike Body Not many curves Rounded shoulders Head forward Small buttocks Not much waist Head large for body Medium chest Small breasts (F)	Fine boned, graceful Curvy/curvaceous (f) Arms, legs long Face - long, slender Balanced body Defined waist Average head Small chest Med/Large breasts (F)	Strong, sturdy Strong upper body Full-figured Square, round face Low, flat buttocks Little curved waist Solid head Large chest Large breasts (F)	Smaller above waist Strong legs Small shoulders Small face for body (male - more angular) Weight in rear Long waist Small head Small chest Small breasts (F)
Overweight	Pudgy - baby fat - all over	Spare tire -hips, thighs	Front, upper body	Buttocks
Cellulite	Knees	Thighs	Stomach, back, arms	Buttocks
Cravings	Dairy	Sweets, starches	Greasy, salty	Rich and spicy
Caffeine	No	High need	Minimal	Minimal
Energy	Morning person	Up and down all day	All day - wears out in PM	Good AM - > PM
Exercise	To get a "high"	To eat more	Because they should	To feel good
Minor Complaint	Colds	Fatigue	Constipation	UTIs
Major Complaint	Chronic allergies	Ulcers	High Blood Pressure	Breast lumps
General Temperament	Intellectual, detached Idealistic	Needs to feel passionate Creative	Friendly, open, sociable Practical	Sensuous, warm, Comfortable (F) Cold, distant (M)
When Positive	Giggly	Sparkly and funny	Friendly, outgoing	Radiant/loving (F) Sociable (M)
When Negative	Withdrawn, obsessed	Depressed, irritable	Angry	Weepy (F) Withdrawn (M)
General	Needs serenity	Needs change, travel Impatient, depressed when thwarted	Anger – needs to talk Work for self or in org. with upward mobility	Quick temper, but open to flattery or apologies Loves teaching
				Prefers work at home(F)/office (M)



HAHNEMANN CLINIC FOR HEILKUNST

Adrenal Stress Questionnaire

**Please note that the following information will be kept confidential and is not required, but will help us to help you become healthier.*

Name: _____ Practitioner: _____ Date: _____

Please indicate in the left-hand space below, the following indicators:

- 1** = Symptoms you've had in the past
- 2** = Symptoms that occur *occasionally*
- 3** = Symptoms that occur often
- 4** = Symptoms that occur **frequently**

- | | |
|--|-------------------------------------|
| _____ Symptoms present since stressful event (e.g., divorce) | _____ Dizziness upon rising |
| _____ Blurred vision | _____ Arthritis, bursitis |
| _____ History of asthma /bronchitis | _____ Irritability |
| _____ Prolonged exposure to stress | _____ Increase/loss of skin pigment |
| _____ Headaches | _____ Nervousness/anxiety |
| _____ Environmental sensitivities | _____ Aching muscles/calves |
| _____ Hypoglycemia | _____ Shortness of breath |
| _____ Food allergies | _____ Tired feet/weak ankles |
| _____ Poor concentration | _____ Cold extremities |
| _____ Low energy, excessive fatigue | _____ Low back pain/flat feet |
| _____ Hemorrhoids | _____ Insomnia |
| _____ Post-exertion fatigue | _____ Knee problems |
| _____ Varicose veins | _____ Depression |

- _____ Ulcers
- _____ Excessive urination
- _____ Excessive perspiration
- _____ Muscle twitches
- _____ Heart palpitations
- _____ Edema of extremities
- _____ Eyes light-sensitive/photophobia
- _____ Crave salt
- _____ Crave sugar/junk food
- _____ Crave coffee/tobacco
- _____ Alcohol intolerance
- _____ Recurrent infections
- _____ Digestive problems

_____ **TOTAL SCORE**

Score Interpretation:

Between 30 and 50: This score provides an early-warning that your adrenal glands may be stressed.

Between 50 and 70: This score indicates you may be in need of adrenal gland support.

Between 70 and 90: This score indicates your adrenal glands may be at their maximum capacity.

Over 90: This score indicates you are likely suffering from adrenal exhaustion.



HAHNEMANN CLINIC FOR HEILKUNST

Thyroid Stress Questionnaire

**Please note that the following information will be kept confidential and is not required, but will help us to help you become healthier.*

Name: _____ **Practitioner:** _____ **Date:** _____

Category One – Symptoms

Check off the symptoms you have:

- Significant fatigue, lethargy, sluggishness**
- Hoarseness for no particular reason
- Chronic recurrent infection(s)
- Decreased sweating even with mild exertion
- Depression, to the point of being bothersome
- Tendency to warm up slowly
- Constipation, despite adequate fiber and liquids
- Brittle nails that crack or peel easily
- High cholesterol despite good diet
- Frequent headaches, or migraines
- Irregular menstruation, severe PMS, ovarian cysts, or endometriosis
- Unusually low sex drive (libido)
- Red face with exercise
- Accelerated worsening of eyesight or hearing
- Palpitations or uncomfortably noticeable heartbeat
- Difficulty in drawing a full breath, for no apparent reason
- Mood swings, especially panic, anxiety or phobia
- Gum problems
- Mild choking sensation or difficulty swallowing
- Excessive menopause symptoms, not well relieved with estrogen
- Major weight gain
- Aches and pains of limbs, unrelated to exertion
- Skin problems of adult acne, eczema, or severe dry skin
- Vague and mildly annoying chest discomfort
- Feeling off balance
- Infertility
- Annoying burning or tingling sensations that come and go
- Colder than people around you
- Difficulty in maintaining standard weight with a sensible food intake
- Problems with memory, focus, or concentration
- More than usual hair loss
- Difficulty in maintaining stamina throughout the day

Scoring for Category 1: Give yourself 5 points for “Significant Fatigue” and one point for each additional “Yes”

Score for Category 1: _____

Category 2 – Related Conditions

Have you ever had:

- Any of the following auto-immune disorders: diabetes, rheumatoid arthritis, lupus, sarcoidosis, scleroderma, Sjogren’s syndrome, biliary cirrhosis, myasthenia gravis, MS, Crohn’s, ulcerative colitis, thrombocytopenia (decreased blood platelets).**
- Prematurely grey hair
- Anemia, especially of the B12 deficiency type
- Dyslexia
- Persistent unusual visual changes
- Rapid cycle bipolar disorder
- Raynaud’s syndrome (white or blue discoloration of fingers or toes when cold)
- Mitral valve prolapse
- Carpal tunnel syndrome
- Persistent tendonitis or bursitis
- Atrial fibrillation
- Alopecia (losing hair, especially in discrete patches)
- Calcium deficiency
- ADD
- Vitiligo (persistent large white patches on skin)
- Neck injury, such as whiplash or blunt trauma

Scoring for Category 2: Give yourself 5 points for autoimmune illness and one point for each additional “yes” answer.

Score for Category 2: _____

Category 3 – Family History

Have any of your blood relatives ever had:

- High or low thyroid, or thyroid goiter**
- Prematurely grey hair
- Complete or partial left-handedness
- Diabetes
- Rheumatoid arthritis
- Lupus
- Sarcoidosis
- Scleroderma,
- Sjogren’s syndrome
- Biliary cirrhosis
- Myasthenia gravis
- MS
- Crohn’s
- Ulcerative colitis
- Thrombocytopenia (decreased blood platelets)

Scoring for Category 3: Give yourself 5 points for a thyroid problem in the family and one point for each “yes” answer.

Score for Category 3: _____

Category 4 – Physical Signs

Have you or your doctor observed any of the following:

- Low underarm (basal) temperature in early morning (average of less than 97.8 degrees Fahrenheit over 7 days or oral temperature between 10AM-3PM less than 98.6)**
- Slow movements, slow speech, slow reaction time
- Muscle weakness
- Thick tongue (seemingly too big for mouth)
- Swelling of feet
- Swelling of eyelids or bags under eyes
- Decreased color of lips or yellowing of skin
- Swelling at base of neck (enlarge thyroid gland)
- Asymmetry, lumpiness, or other irregularity of thyroid gland
- Swelling of face
- Excess earwax
- Dry mouth and/or eyes
- Noticeably cool skin
- Excessively dry or coarse skin
- Especially low blood pressure
- Decreased ankle reflexes or normal reflexes with slow recovery phase
- Noticeably slow pulse rate without having exercise regularly
- Loss of outer one-third of eyebrows

Scoring for Category 4: Give yourself 5 points for low basal temperature and one point for each additional “yes” answer.

Score for Category 4: _____

Total Score for All Four Categories: _____

15 points – very suspicious for low thyroid

20 points – likely to indicate low thyroid

25 or more – very likely to indicate low thyroid