



Participant Name: _____

Identify Root Causes

Scan the root causes list and highlight any that relate to you. This is for your benefit to see if any of these root causes of health issues applies to you. Schedule a lab assessment for additional testing by calling 1-800-447-7276 x1385 or x1302.

- Toxins**
Fatigue / malaise
Poor memory
Headaches
Irritability
Dizziness
Trembling
Poor sleep
Muscle achiness
Nausea
Diarrhea
Impaired thinking
Personality change
Unstable emotions
Nerve pain
Daytime sleepiness
Joint pain
Constipation
IBS / diarrhea
Irregular heartbeat
Pesticide use
Dental fillings
Parkinson's / MS

- Thyroid Imbalanced**
Fatigue / depressed
Daytime sleepiness
Headaches
Muscle / joint aches
Low motivation
Poor concentration
Hair / eyebrow loss
Anxiety / moodiness
Ear ringing
Acne or dry skin
Cold hands / feet
Cold intolerant
Puffy face in morning
Slow morning start
Constipated / IBS
Frequent infections
Sinusitis or UTIs
Poor sleep quality
Infertility issues
Heavy periods
PMS history
High cholesterol
Short of breath
Anxious / panicky
Bad breath
Low libido/drive
Brain fog
Irregular periods
Infertility history
Attention deficit

- Candida Overgrowth**
Recent antibiotics
Extended use of antibiotics
Steroid usage
Sugar cravings
Birth control pills
Pregnancy
Yeast vaginitis
Painful intercourse
Athlete's foot
Jock or anal itch
Itchy scalp
Nail fungus
Anti-fungal meds
Gas or bloating
Extreme fatigue
Mercury fillings
Brain fog
Mood disorder
Hives

- Overstimulated Thyroid**
Shakiness
Heart palpitations
Nervousness
Sweatiness
Sleep disruption
Feels caffeinated

Toxic Emotions

Angry often
Depressed
Suicidal thoughts
Often frustrated
Troublesome relationship(s)
Recent breakup
Headaches
Poor sleep
Anxiety / fears
No stress relief
Upset stomach
Hateful thoughts
Delusional thinking
Deep regrets
Hallucinations
Pessimistic attitude
Job-related issues

Adrenal Fatigue

Exhaustion
Weakness
Irritability
Depression
Can't focus
Poor memory
Frustrated feeling
Light-headedness
Insomnia
Sweet cravings
Headaches
Alcohol intolerance
Shoulder pains
Hypoglycemia
Infection prone
Scanty perspiration
Food allergies
Can't build muscle
Indigestion
Stomach pains

Non-Whole Food or Drink

Pop or diet sodas
Sweet rolls
Cookies
Milk: ___glasses/day
Ice cream
Donuts
Sweetened tea
Sweetened coffee
Candy (any sort)
Sweetened yogurt
Whole wheat
Chewing gum
White bread / rice
Pancakes
Fast food junkie
Frequent fried food
Eat out often
Boxed cereals

Digestive Issues

Stomach pains
Heartburn
Reflux / GERD
Bloating / gas
Bad breath
Coated tongue
Sleepy after food
Cravings
Headaches
Unhealthy nails
Use an acid blocker (Tums)
Mood disorders
General fatigue
Joint pains
Skin disorders

Sleep — Lack of

Hard to fall asleep
Wake up tired
Daytime drowsiness
Grouchy
Up more than once to urinate
Room spinning
Grogginess
Drunk feeling
Water retention
More appetite
Candida flares
Weight gain
Drowsy driving

Low Magnesium Correlates

Craves sugar / starch
Blood sugar > 90
Muscle spasms
Use of acid blocker
Poor sleep
Fatigue or anxiety
Constipation
Water retention
Urinary frequency
Back / leg pain
Shoulder / neck pain
Headaches
Weight gain
Often drinks colas
High recent stress
Daily caffeine intake
High calcium intake
Diuretic use

Missing Nutrients

On more than 1 or
2 medications
Digestive issues
Poor stomach acid
Stretch marks
Missing meals
Fast foods > 1-2x per week
Anemia
Abnormal blood sugar
Mood disorders
ANY chronic illness
Fatigue and/or pain
Sleep disruption
Irritability
Recurrent infection
Accelerated aging

Stress — Dysregulated

Can't relax
Turn to alcohol or drugs often
Worry a lot
Feels "tight"
Stomach upset
Disrupted sleep
Low anger / fear threshold
General frustration
Overloaded feeling
Muscle achiness
Irritable bowel
Wants to "give up"
Blaming others
Complaining
Pointing fingers
Relationship issues
Work dissatisfaction

Hormonal Disruption

Perimenopause (change in periods)
Menopausal (no periods)
Andropause (men over age 50)
Bodily changes:
Loss of hair
Loss of libido
Loss of muscle
Dry skin/eyes
Loss of energy
Loss of focus
Loss of motivation
Exposure to:
Plastics
Pesticides
Toxic metals
Cigarettes
Dental fillings
Cosmetics (lead)

Systemic Inflammation

Gingivitis
Root canal(s)
Sinusitis
Seasonal allergies
Lupus
Thyroiditis
"Leaky gut"
Psoriasis
Colitis
High CRP
High sugar intake
Prediabetes
Low veggie intake
Autoimmunity
Food sensitivities
Pot belly syndrome

Low Vitamin D3/K2 Correlates

Darker skin
Over the age of 50
Rarely outdoors
Depression prone
Infection prone
Prone to pain
Cancer prone
Obesity prone
High blood sugar
Muscle achiness
Sweaty head
Low bone density
Autoimmunity
Uses sunscreen

Focal Infection

Root Canals - #____
Fatigue
Pain in mouth
Infected gums
Sinus congestion
Low-grade fevers
Night sweats
History of mono
Recurrent infection
Slow recovery from colds or flu
Swollen glands
Prior heart attack
Smoking history
Prior heart cath
Canker sores
Adrenal fatigue
Gas / bloating
Frequent antibiotics