



# Wellness Pathways Holistic Health & Nutrition LLC

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PATIENT \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_ DOB: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Vegetarian? Yes \_\_\_\_ No \_\_\_\_

**Instructions:** Record the number that applies to you. **If symptom doesn't apply, leave blank.** Use (1) for **MILD** symptoms (occurs once or twice a month), (2) for **MODERATE** symptoms (occurs several times a month), and (3) for **SEVERE** symptoms (you are aware of it almost constantly).

## GROUP ONE

- |                                    |   |                                   |
|------------------------------------|---|-----------------------------------|
| 1 2 3 1 -Acid foods upset          | 1 2 3 8 -Gag easily                       | 1 2 3 15 - Appetite reduced       |
| 1 2 3 2 -Get chilled, often        | 1 2 3 9 - Unable t relax; startles easily | 1 2 3 16 - Cold sweats often      |
| 1 2 3 3 - "Lump" in throat         | 1 2 3 10 - Extremities cold, clammy       | 1 2 3 17 - Fever easily raised    |
| 1 2 3 4 - Dry mouth-eyes-nose      | 1 2 3 11 - Strong light irritates         | 1 2 3 18 - Neuralgia-like pains   |
| 1 2 3 5 - Pulse speeds after meals | 1 2 3 12 - Urine amount reduced           | 1 2 3 19 - Staring, blinks little |
| 1 2 3 6 - Keyed up – fail to calm  | 1 2 3 13 - Heart pounds after retiring    | 1 2 3 20 - Sour stomach frequent  |
| 1 2 3 7 - Cuts heal slowly         | 1 2 3 14 - "Nervous" stomach              |                                   |

## GROUP TWO

- |  |  |   |
|--|--|---|
| 1 2 3 21 -Joint stiffness after arising                      | 1 2 3 29- Digestion rapid                        | 1 2 3 37 – "Slower starter"                       |
| 1 2 3 22 – Muscle-leg-toe cramps at night                    | 1 2 3 30 – Vomiting frequent                     | 1 2 3 38 – Get "chilled" infrequently             |
| 1 2 3 23 – "Butterfly" stomach, cramps                       | 1 2 3 31 – Hoarseness frequent                   | 1 2 3 39 – Perspire easily                        |
| 1 2 3 24 – Eyes or nose watery                               | 1 2 3 32 – Breathing irregular                   | 1 2 3 40 – Circulation poor, sensitive<br>To cold |
| 1 2 3 25 - Eyes blink often                                  | 1 2 3 33 – Pulse slow; feels "irregular"         | 1 2 3 41 - Subject to colds, asthma<br>Bronchitis |
| 1 2 3 26 - Eyelids swollen, puffy                            | 1 2 3 34 – Gaggng reflex slow                    |   |
| 1 2 3 27 – Indigestion soon after meals                      | 1 2 3 35 – Difficulty swallowing                 |   |
| 1 2 3 28 – Always seems hungry; feels<br>"lightheaded" often | 1 2 3 36 – Constipation, diarrhea<br>alternating |   |

## GROUP THREE

- |                                    |   |  |
|------------------------------------|---|--|
| 1 2 3 42 – Eat when nervous        | 1 2 3 48- "lightheaded" if meals delays                   | 1 2 3 52 - awoken after few hours<br>sleep - hard to get back to sleep |
| 1 2 3 43 – Excessive appetite      | 1 2 3 49 – Heart palpitates if meals missed<br>or delayed | 1 2 3 53 – Crave candy or coffee in<br>afternoon                       |
| 1 2 3 44 – Hungry between meals    | 1 2 3 50 – Afternoon headaches                            | 1 2 3 54 – Moods of depression –<br>"blues" or melancholy              |
| 1 2 3 45 – Irritable before meals  | 1 2 3 51 – Overeating sweets upsets                       | 1 2 3 55 – Abnormal craving for<br>sweets or snacks                    |
| 1 2 3 46 – Get "Shaky" if hungry   |   |  |
| 1 2 3 47- Fatigue, eating relieves |   |  |

## GROUP FOUR

- |   |  |  |
|---|--|--|
| 1 2 3 56 – Hands and feet go to sleep<br>Easily, numbness | 1 2 3 63 – Get "drowsy" often  | 1 2 3 68 – Bruise easily, "black and<br>blue" spots  |
| 1 2 3 57 – Sigh frequently, "air hunger"                  | 1 2 3 64 – Swollen ankles worse at night                                       | 1 2 3 69 – Tendency to anemia  |
| 1 2 3 58 – Aware of "breathing heavily"                   | 1 2 3 65 – Muscle cramps, worse during<br>Exercise; get "charley horses"       | 1 2 3 70 – "Nose bleeds" frequent  |
| 1 2 3 59 – High altitude discomfort                       | 1 2 3 66 – Shortness of breath on exertion                                     | 1 2 3 71 – Noises in head, or "ringing<br>in ears"   |
| 1 2 3 60 – Susceptible to colds and fevers                | 1 2 3 67 – Dull pain in chest or radiating<br>into left arm, worse on exertion | 1 2 3 72 – Tension under the<br>breastbone, or feeling of<br>"tightness" worse on exertion |
| 1 2 3 62 – Afternoon "yawner"                             |  |  |

**GROUP FIVE**

- |  |  |   |
|--|--|---|
| <b>1 2 3</b> 73 – Dizziness                                  | <b>1 2 3</b> 82 – Worrier, feels insecure              | <b>1 2 3</b> 90- History of gallbladder attacks or gallstones |
| <b>1 2 3</b> 74 – Dry skin                                   | <b>1 2 3</b> 83 – Feeling queasy; headache over eyes   | <b>1 2 3</b> 91 – Sneezing attacks                            |
| <b>1 2 3</b> 75 – Burning feet                               | <b>1 2 3</b> 84 – Greasy foods upset                   | <b>1 2 3</b> 92 – Dreaming, nightmare type, bad dreams        |
| <b>1 2 3</b> 76 – Blurred vision                             | <b>1 2 3</b> 85 – Stools light-colored                 | <b>1 2 3</b> 93 – Bad breath (halitosis)                      |
| <b>1 2 3</b> 77 – Itching skin and feet                      | <b>1 2 3</b> 86 – Skin peels on foot soles             | <b>1 2 3</b> 94 – Milk products cause distress                |
| <b>1 2 3</b> 78 – Excessive falling hair                     | <b>1 2 3</b> 87 – Pain between shoulder blades         | <b>1 2 3</b> 95 – Sensitive to hot weather                    |
| <b>1 2 3</b> 79 – Frequent skin rashes                       | <b>1 2 3</b> 88 – Use laxatives                        | <b>1 2 3</b> 96 – Burning or itching anus                     |
| <b>1 2 3</b> 80 – Bitter, metallic taste in mouth in morning | <b>1 2 3</b> 89 – Stools alternate from soft to watery | <b>1 2 3</b> 97 – Crave sweets                                |
| <b>1 2 3</b> 81 – Bowel movements painful or difficult       |  |   |

**GROUP SIX**

- |   |   |  |
|---|---|--|
| <b>1 2 3</b> 98 – Loss of taste for meat                        | <b>1 2 3</b> 101 – Coated tongue  | <b>1 2 3</b> 104 – Mucous colitis or “irritable bowel” |
| <b>1 2 3</b> 99 – Lower bowel gas several hours After eating    | <b>1 2 3</b> 102 – Pass large amounts of foul- Gas                              | <b>1 2 3</b> 105- Gas shortly after eating             |
| <b>1 2 3</b> 100 – Burning stomach sensations, Eating relieves, | <b>1 2 3</b> 103 – Indigestion½ - 1 hour after eating; May be up to 3 -4 hours. | <b>1 2 3</b> 106 – Stomach “bloating” after eating     |

**(A)****GROUP SEVEN****(E)**

- |   |  |   |
|---|--|---|
| <b>1 2 3</b> 107 Insomnia                                     |  | <b>1 2 3</b> 150 – Dizziness                          |
| <b>1 2 3</b> 108 Nervousness                                  |  | <b>1 2 3</b> 151 – Headaches                          |
| <b>1 2 3</b> 109 – Can’t gain weight                          |  | <b>1 2 3</b> 152 – Hot Flashes                        |
| <b>1 2 3</b> 110 – Intolerance to heat                        |  | <b>1 2 3</b> 153 – Increased blood pressure           |
| <b>1 2 3</b> 111 – Highly emotional                           |  | <b>1 2 3</b> 154- Hair grown on face or body (female) |
| <b>1 2 3</b> 112 – Flush easily                               |  | <b>1 2 3</b> 155 – Sugar in Urine (not diabetes)      |
| <b>1 2 3</b> 113 – Night sweats                               | <b>( C )</b>   | <b>1 2 3</b> 156 – Masculine tendencies (female)      |
| <b>1 2 3</b> 114 – Thin, moist skin                           | <b>1 2 3</b> 137 – Failing memory                          | <b>(F)</b>  |
| <b>1 2 3</b> 115 – Inward trembling                           | <b>1 2 3</b> 138 – Low blood pressure                      | <b>1 2 3</b> 157 – Weakness, dizziness                |
| <b>1 2 3</b> 116 – Heart palpitates                           | <b>1 2 3</b> 139 - Increased sex drive                     | <b>1 2 3</b> 158 – Chronic fatigue                    |
| <b>1 2 3</b> 117 – Increased appetite without weight gain     | <b>1 2 3</b> 140 – headaches, “splitting or rending” type  | <b>1 2 3</b> 159 – Low blood pressure                 |
| <b>1 2 3</b> 118 – Pulse fast at rest                         | <b>1 2 3</b> 141 – Decreased sugar tolerance               | <b>1 2 3</b> 160 – Nails weak, ridged                 |
| <b>1 2 3</b> 119 – Eyelids and face twitch                    |  | <b>1 2 3</b> 161 – Tendency to hives                  |
| <b>1 2 3</b> 120 – Irritable and restless                     | <b>( D )</b>   | <b>1 2 3</b> 162 – Arthritic tendencies               |
| <b>1 2 3</b> 121 – Can’t work under pressure                  | <b>1 2 3</b> 142 – Abnormal thirst                         | <b>1 2 3</b> 163 – Perspiration increase              |
| <b>( B )</b>  | <b>1 2 3</b> 143 – Bloating of abdomen                     | <b>1 2 3</b> 164 – Bowel disorders                    |
| <b>1 2 3</b> 122 – Increase in weight                         | <b>1 2 3</b> 144 – Weight gain around hips or waist        | <b>1 2 3</b> 165 – Poor circulation                   |
| <b>1 2 3</b> 123 – Decrease in appetite                       | <b>1 2 3</b> 145 – Sex drive reduced or lacking            | <b>1 2 3</b> 166 – Swollen ankles                     |
| <b>1 2 3</b> 124 – Fatigue easily                             | <b>1 2 3</b> 146 – Tendency to ulcers, colitis             | <b>1 2 3</b> 167 – Crave salt                         |
| <b>1 2 3</b> 125 – Ringing in ears                            | <b>1 2 3</b> 147 – Increased sugar tolerance               | <b>1 2 3</b> 168 – Brown spots or bronzing of skin    |
| <b>1 2 3</b> 126 – Sleepy during day                          | <b>1 2 3</b> 148 – Women: menstrual disorders              | <b>1 2 3</b> 169 – Allergies – tendency to asthma     |
| <b>1 2 3</b> 127 – Sensitive to cold                          | <b>1 2 3</b> 149 – Young girls: lack of menstrual function | <b>1 2 3</b> 170 – Weakness after colds, influenza    |
| <b>1 2 3</b> 128 – Dry or scaly skin                          |  | <b>1 2 3</b> 171 – Exhaustion – muscular and nervous  |
| <b>1 2 3</b> 129 – Constipation                               |  |   |
| <b>1 2 3</b> 130- Mental sluggishness                         |  |   |
| <b>1 2 3</b> 131 – Hair course, falls out                     |  |   |
| <b>1 2 3</b> 132 – headaches upon arising wear off during day |  |   |
| <b>1 2 3</b> 133 – Slow pulse, below 65                       |  |   |
| <b>1 2 3</b> 134 – Frequency of urination                     |  |   |
| <b>1 2 3</b> 135 – Impaired hearing                           |  |   |
| <b>1 2 3</b> 136- Reduced initiative                          |  | <b>1 2 3</b> 172 – Respiratory disorders              |

<b>GROUP EIGHT</b>	<b>FEMALE ONLY</b>	<b>MALE ONLY</b>
<b>1 2 3</b> 173 – Apprehension <b>1 2 3</b> 174 – Irritability <b>1 2 3</b> 175 – Morbid fears <b>1 2 3</b> 176 – Never seems to get well <b>1 2 3</b> 177 – Forgetfulness <b>1 2 3</b> 178 – Indigestion <b>1 2 3</b> 179 – Poor appetite <b>1 2 3</b> 180 – Craving for sweets <b>1 2 3</b> 181 – Muscular soreness <b>1 2 3</b> 182 – Depression; feelings of dread <b>1 2 3</b> 183 – Noise sensitivity <b>1 2 3</b> 184 – Acoustic hallucinations <b>1 2 3</b> 185 – Tendency to cry without reason <b>1 2 3</b> 186 – Hair is coarse and/or thinning <b>1 2 3</b> 187 – Weakness <b>1 2 3</b> 188 – Fatigue <b>1 2 3</b> 189 – Skin sensitive to touch <b>1 2 3</b> 190 – Tendency toward hives <b>1 2 3</b> 191 – Nervousness <b>1 2 3</b> 192 – Headache <b>1 2 3</b> 193 – Insomnia <b>1 2 3</b> 194 – Anxiety <b>1 2 3</b> 195 – Anorexia <b>1 2 3</b> 196 – Inability to concentrate; confusion <b>1 2 3</b> 197 – Frequent stuffy nose; sinus infection <b>1 2 3</b> 198 – Allergy to some foods <b>1 2 3</b> 199 – Loose joints	<b>1 2 3</b> 200 – Very easily fatigued <b>1 2 3</b> 201 – Premenstrual tension <b>1 2 3</b> 202 – Painful menses <b>1 2 3</b> 203 – Depressed feelings <b>1 2 3</b> 204- Menstruation excessive and prolonged <b>1 2 3</b> 205 – Painful breasts <b>1 2 3</b> 206 – Menstruate too frequently <b>1 2 3</b> 207 – Vaginal discharge <b>1 2 3</b> 208 – Hysterectomy/ovaries removed <b>1 2 3</b> 209 – Menopausal hot flashes <b>1 2 3</b> 210 – Menses scanty or missed <b>1 2 3</b> 211 – Acne, worse at menses  <b>1 2 3</b> 212 – Depression of long standing	<b>1 2 3</b> 213 – Prostate trouble <b>1 2 3</b> 214 – Urination difficult or dribbling <b>1 2 3</b> 215 – Night urination frequent <b>1 2 3</b> 216 – Depression <b>1 2 3</b> 217 – pain on inside of legs or heels <b>1 2 3</b> 218 – Feeling of incomplete <b>1 2 3</b> 219 – Lack of energy <b>1 2 3</b> 220 – Migrating aches and pains <b>1 2 3</b> 221 – Tire too easily <b>1 2 3</b> 222 – Avoids activity <b>1 2 3</b> 223 – leg nervousness at night  <b>1 2 3</b> 224 – Diminished sex drive
<b>IMPORTANT</b> <b>TO THE PATIENT:</b> Please list below the five main physical complaints you have in order of their importance: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Pulse \_\_\_\_\_

Hema-Combistix Urine readings: pH \_\_\_\_\_ Albumin per cent \_\_\_\_\_ Glucose per cent \_\_\_\_\_

Occult Blood \_\_\_\_\_ pH of Saliva \_\_\_\_\_ pH of Stool specimen \_\_\_\_\_ Weight \_\_\_\_\_

Hemoglobin \_\_\_\_\_ Blood Clotting Time \_\_\_\_\_

**BARNES THYROID TEST**

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed – with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test – getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

**PRE-MENSES FEMALES AND MENOPAUSAL FEMALES**  
Any two days during the month  
**FEMALES HAVING MENRUAL CYCLES**  
The 2<sup>nd</sup> and 3<sup>rd</sup> day of flow OR any 5 days in a row.

**MALES**  
Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue for an additional 5 minutes. When using a regular one, shake down the night before.

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Date: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Date: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Date: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Date: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Date: \_\_\_\_\_ Temperature: \_\_\_\_\_