

Kristi Carni Lea Holistic Health Intake Form

Name: _____ Birthdate: _____

Date _____

Your Health Concerns:

Any Diagnosis/When:

Any Medication/Used For:

Please indicate the frequency by each symptom. 0- Never 1- Sometimes 2- Almost always;

*** S- Severe symptom***

DIGESTION		
Gas/Bloating/Indigestion	Constipation	Coated Tongue
Acid Reflux/ Heartburn	Diarrhea shortly after meals	Hemorrhoids
Nausea after eating	Diverticulitis	Bad Breath/Strong body odor
Gallbladder attacks/removed	Fatigue	Feel like skipping breakfast
Use Zantac/Prilosec/Tums/etc.	Acne	Use laxatives
Sleepy after meals	Stomach upset by taking vitamins	Undigested food in stool
Loss taste for meat	Vegan/ Vegetarian	Consumes Gluten & Dairy
Pulse speeds after eating	Asthma/exercise induced asthma	Sinus congestion/infections
Stool has corners, ridges, flat or ribbon like	Blood or mucus in stool	Foul smelling gas
Has at least 1 bowel movement every day	Autoimmune issues	Intestinal pain
Eat fast or processed foods	Eat 5 servings of fruit and vegetables a day	Drink sodas
Painful to press along outer thighs (iliotibial bands)	Dark circles under eyes	Yeast symptoms increase with sugar or alcohol consumption

BLOOD SUGAR INSTABILITY		
Irritable/"Hangry" if meals are delayed	Weakness if meals are delayed	Headache if meals are delayed
Shaky/Lightheaded if meals are delayed	Feel better after eating	Feel exhausted after eating
Hypoglycemia	Crave sugar	Needs to snack frequently
Excessive appetite	Feel worse after eating	Diabetes I or II

LIVER/GALLBLADDER		
Acid Reflux/ Heartburn	Stomach upset by greasy fatty foods	Drinks Alcohol
Gallbladder attacks/removed	Pain under right rib cage	Taken Prescriptions regularly
Nausea /motion / morning sickness	Fatigue	High Blood Pressure/Cholesterol
Allergies/Rashes/Acne	Overweight; especially in middle	Diabetes
Chemical Hypersensitivity	Hypoglycemia	Pain between shoulder blades
Greasy or shiny stools	Light or Clay colored Stools	Dry cracked heels, skin
Easily intoxicated/hung over	Chronic fatigue	Family history of heart disease

ADRENAL		
Tend to be a night owl	Clench or grind teeth	Afternoon exhaustion/headache
Slow starter in the morning	Chronic low back pain, worse with fatigue	Pain on inner side of knee(s)
Calm on the outside, troubled inside	Become dizzy when standing up suddenly	Tendency to need sunglasses
Big reaction if startled	Crave salty foods	Irritability/Anxiety/nervousness
Difficulty falling asleep	Chronic fatigue/Drowsy frequently	Hypoglycemia
Always feel cold	Low blood pressure	Poor memory/Concentration
Phobias / PTSD/ Severe stress	Less than normal perspiration	Slow recovery from stress/infections/trauma/surgery/exercise

THYROID		
Weight gain/loss	Cold hands & Feet/ Feel cold	Loss of lateral 1/3 of eyebrow
Difficulty losing weight	Constipation	Flush easily
Excessive fatigue	Depression	Intolerant to high temperatures
Coarse hair/ hair loss /dry skin	Decreased libido	Mood swings / Emotional
Forgetful	Insomnia	Seasonal sadness

MEN (Current or past history)		
Prostate problems	Erectile Dysfunction	Decreased libido
Difficulty with urination; dribbling	Interrupted stream during urination	Waking up to urinate
Autoimmune diagnosis	Cancer diagnosis	Sexually transmitted disease

WOMEN (Current or past history)		
PMS	Crave chocolate	Breast fibroids
Irregular periods	Breast tenderness	Painful intercourse
Heavy, clotty periods	Skipped or absent periods	Vaginal discharge
Migraines	Vaginal dryness	Hot flashes
Uterine fibroids	Endometriosis	Night sweats
Excess facial or body hair	Thinning skin	Weight gain around middle
Menopause	Miscarriage(s)	Hysterectomy
Morning sickness in pregnancy	Headaches with birth control pill	Neurological symptoms with Birth control
Can focus on a task for hours	Clotting disorder (Factor V)	Adrenalin junkie
Prone to anxiety or depression	Difficulty falling asleep	Craves carbs
Autoimmune diagnosis	Cancer diagnosis	Family history of cancer/hysterectomy
Abnormal pap smear	Infertility	Sexually transmitted disease

CARDIOVASCULAR

High Blood Pressure	Ankles swell	Stroke or heart attack
High Cholesterol	Cough at night	Shortness of breathe with moderate exertion
Aware of heavy or irregular breathing	Blush or face turns red for no reason	Muscle cramps with exertion
Air hunger or sigh frequently	Dull pain or chest tightness	Family history of heart disease, High blood pressure, etc.

EMOTIONAL STRESS

Acute Childhood Stress(es)	Impacted by mental illness	Low self-esteem/self-worth
Difficult relationship(s)	Anxiety	Unable to ask for what you need or want
Stressful Job	Depression	Unable to forgive yourself/others
Impacted by alcoholism or addiction	Unresolved anger, bitterness or resentment	Unable to confront or say no
Have to please others excessively	Unable to allow yourself to relax or have fun	Unable to express sadness, fear or anger
Feel need to be sneaky or tell "white lies"	Severe fears and phobias that limit you	Feel like a victim
Addictions to alcohol, drugs, sex, work, food, etc.	Rarely touch or get touched	Lonely, isolated, lacking meaningful relationship

VITAMIN & MINERAL NEEDS

Muscles easily fatigued	Slow or weak pulse	Can hear heartbeat on pillow
Feel exhausted after moderate exercise	Ringing in the ears (Tinnitus)	Whole body or limb jerks as falling asleep
Vulnerable to insect bites	Numbness/ tingling in hands and feet	Night sweats
Loss of muscle tone, heaviness in arms and legs	Worrier, anxious, insecure	Restless leg syndrome
Enlarged heart/congestive heart failure	Heart races	Cracks in the corners of mouth (Cheilosis)
Polyps or warts	Wake up without remembering dreams	Small bumps on back of arms
Strong light at night irritates eyes	Nosebleeds/ Bruise easily	Bleeding gums when brushing teeth
Carpal tunnel syndrome	Poor night vision	Heart palpitations
Birth defects in offspring	Arthritis	Arteriosclerosis
High cholesterol	MTHFR snp's	Diabetes
Bone loss/Osteopenia/Osteoporosis	Shorter now than you used to be	Calf, foot or toe cramps at rest
Cold sores, fever blisters or herpes lesions	Hives/ skin rashes	Excessively flexible joints
Joints pop or click	Pain or swelling in joints	Bursitis or tendonitis
History of bone spurs	Morning stiffness	Crave chocolate
Stinky feet	History of anemia	Hoarseness
Difficulty swallowing	Lump in throat	Dry mouth, eyes and/or nose
Gag easily	White spots on fingernails	Decreased sense of taste or smell
History of any dental cavities, root canals, crowns, dentures, gum disease	Heavy metal toxicity	Vitamin D level from lab work:

HISTAMINE INTOLERANCE

History of nosebleeds	Acid reflux	Frequent headaches/migraines
Chronic hives/ rashes	Difficulty falling asleep	Unable to tolerate red wine, salad bars, alcohol
Facial or limb swelling	Anxiety	Unable to tolerate NSAIDS

SLEEP

Difficulty falling asleep	Difficulty staying asleep	Awaken without feeling rested
Sleep apnea	Whole body or limb jerks as falling asleep	Awaken frequently at the same time during the night

KIDNEY/BLADDER

Pain in mid-back region	Puffy around the eyes	Dark circles around the eyes
History of kidney stones	Cloudy, bloody or darkened urine	Urine has a strong odor

IMMUNE SYSTEM

History of Epstein Barr Virus (Mono)	Frequent colds or flu	Eczema/Psoriasis
Chronic Fatigue syndrome	Frequent infections (sinus, UTI, Strep, ear infections)	Lupus
Hashimoto's/Graves disease	Ulcerative Colitis/IBS	Diabetes
Rheumatoid Arthritis	Chronic Inflammation	Multiple Sclerosis
Yeast overgrowth	Coated tongue	History of Lyme disease/fibromyalgia

BACKGROUND INFORMATION & FAMILY HISTORY

For your mother's pregnancy with you:

Were there any complications in pregnancy or birth?	Were you born vaginally or Cesarean?
Were you breastfed?	Were you a healthy baby?
Do you have a history of Strep throat, asthma or ear infections?	How was mom's dental during the pregnancy? Now? Any Silver fillings, Crowns, Root canals, Dentures?
Mother's health history:	
Father's health history:	
Grandparents health	Grandparents health
Grandparents health	Grandparents health
Sibling's health	

ADDITIONAL INFORMATION

Please email your completed Symptom Survey back to me prior to your appointment at: KristiCarniHolic@gmail.com or mail it back to me at:
7870 Eagle View Drive Chesapeake Beach, MD 20732.