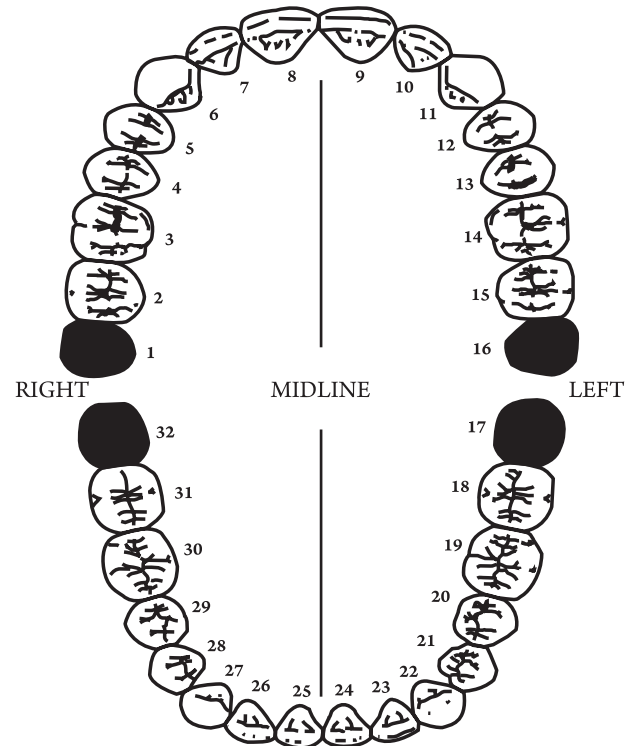


DENTAL CHART

Please use the numbered teeth to indicate which teeth have had dental intervention. Please use the KEY to mark appropriately on the dental chart, and answer upper /lower, if appropriate.

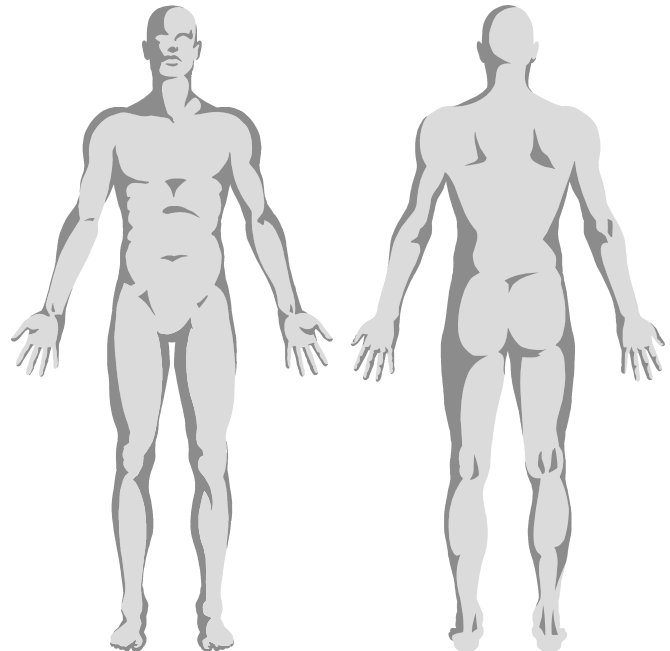
KEY	
Pulled teeth	X
Cavities filled	•
Crowns	0
Bridge	B
Root canals	R
Dentures?	_____
	upper lower
Braces?	_____
	upper lower
Retainer or Night Guard?	_____
	upper lower



Write your chief complaint(s) below and indicate the approximate age of onset.

HEALTH COMPLAINT	AGE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Mark with an "X" where you have pain or dysfunction.



PRINT



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FAX to 708-221-7108
& bring to your appointment.

ADRENAL QUICK CHECK

Name: _____ DATE: _____

Rate the following from 0 to 5, with 0 being no problem and 5 being a severe problem.

1. _____ Difficulty getting up in the morning.
2. _____ Continuing fatigue, not relieved by sleep and rest.
3. _____ Lethargy, lack of energy to do normal daily activities.
4. _____ Sugar cravings.
5. _____ Salt cravings.
6. _____ Allergies.
7. _____ Digestion problems.
8. _____ Increased effort needed for everyday tasks.
9. _____ Decreased interest in sex.
10. _____ Decreased ability to handle stress.
11. _____ Increased time needed to recover from illness, injury or traumas.
12. _____ Light-headed or dizzy when standing up quickly.
13. _____ Low mood.
14. _____ Less enjoyment or happiness with life.
15. _____ Increased PMS.
16. _____ Symptoms worsen if meals are skipped or inadequate.
17. _____ Thoughts are less focused, brain fog.
18. _____ Memory is poorer.
19. _____ Decreased tolerance for stress, noise, disorder.
20. _____ Don't really wake up until after 10:00A.M.
21. _____ Afternoon low between 3:00P.M.and 4:00 P.M.
22. _____ Feel better after supper.
23. _____ Get a "second wind" in the evening, and stay up late.
24. _____ Decreased ability to get things done-less productive.
25. _____ Have to keep moving-if I stop, I get tired.
26. _____ Feeling overwhelmed by all that needs to be done.
27. _____ It takes all my energy to do what I have to. There's none left over for anything or anyone else.

_____ TOTAL

A score of 20-40 suggests mild adrenal stress; 40-70 suggests moderate adrenal fatigue; over 70 suggests significant adrenal fatigue problem.



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