



# LONGEVITY MOUNTAIN HERBS

# & HEALTH CLINIC

Mark Hammer, CMH-III

## Client Intake Form

Cell: (832) 691-5333

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[*https://traditional-chinese-herbs.com*](https://traditional-chinese-herbs.com)

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| --- | --- |
| Email Address: | Date: |
| Name: | Hm Phn: | Wk Phn: |
| Address: | City: | State: | Zip: |
| DOB | Age | Sex:  M F | Ht: ft. inch | Wt. lbs. |
| Marital Status: (circle)  single married divorced other | Profession: |
| Blood Pressure: | Pulse: | Temperature: | Cholesterol |
| Referral Source: |
| Purpose of Consult: |
| Medications: |
| Past Operations:­­­­­­­­ |

Payment is due at time of service unless special arrangements are made in advance. Signature below authorizes and consents to care by Longevity Mountain, Health Clinic & staff. I will call the staff, if there is any problem and come in for appointment(s) for adjustment in formulation, if needed. I understand that diet, weather, lifestyle, thought, emotions and physicality all have bearing on outcome and may determine the term of correction. With severe chronic conditions, it took time to arrive at imbalance and will need your patience to naturally resolve without causing further adverse effects.

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 Client signature Date Parent signature if minor

**DO NOT WRITE BELOW THIS LINE**

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| Constitution: |
| Herbal Remedy: |
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| Regimen: |
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| Credit Card: Date: Code: |

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| **Patient Information Form** |
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| **In your own words describe your chief complaint** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please check any symptoms that apply to you now or in the last 3 months.****Part A:**cough\_\_\_phlegm\_\_\_wheezing\_\_\_short of breath\_\_\_hoarseness\_\_\_sneezing\_\_\_loss of smell\_\_\_nasal congestion\_\_\_nasal discharge\_\_\_asthma\_\_\_allergies\_\_\_hay fever\_\_\_itching eyes\_\_\_sinus headaches\_\_\_acne\_\_\_perspire easily\_\_\_itchy skin\_\_\_swollen glands\_\_\_vocal problems\_\_\_sore throats\_\_\_painful lymph nodes\_\_\_dry skin\_\_\_dry brittle hair\_\_\_smoker\_\_\_ fatigues after perspiring\_\_\_catch colds easily\_\_\_grief\_\_\_melancholy- sadness\_\_\_crave spicy foods\_\_\_dislike dry weather\_\_\_dislike wind\_\_\_dislike damp weather\_\_\_ | **Part B:**drooping eyelid\_\_\_prolapsed uterus\_\_\_prolapsed stomach\_\_\_gums bleed easily\_\_\_nose bleeds\_\_\_appetite - high\_\_\_ low\_\_\_diarrhea\_\_\_loose stool\_\_\_bowel movements per day\_\_\_#heartburn\_\_\_constipation\_\_\_ulcers\_\_\_stomach pain\_\_\_gas\_\_\_intestinal rumbling\_\_\_alternating constipation & diarrhea\_\_\_butterfly sensation in stomach\_\_\_bad breath\_\_\_poor short-term memory\_\_\_poor long-term memory\_\_\_inability to concentrate\_\_\_known food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ loss of taste\_\_\_crave sweets\_\_\_chocolate especially\_\_\_cookies - cakes\_\_\_bruise easily\_\_\_slow wound healing\_\_\_poor digestion\_\_\_abdominal bloating\_\_\_fatigue after eating\_\_\_discomfort after eating\_\_\_nausea\_\_\_vomiting\_\_\_belching - burping\_\_\_flatulence\_\_\_hemorrhoids\_\_\_hernia\_\_\_ |

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| **Part C:**headache\_\_\_- where on your head? \_\_\_\_\_\_\_\_\_\_\_\_migraine\_\_\_tight or constricted chest\_\_\_anger easily\_\_\_pains increase with stress\_\_\_clear throat often\_\_\_high blood pressure\_\_\_\_ last reading \_\_\_\_/\_\_\_\_acid regurgitation\_\_\_vertigo\_\_\_eyes red\_\_\_yellow eyes/skin\_\_\_spots before eyes\_\_\_hiccups\_\_\_irritable\_\_\_lower rib pain\_\_\_bitter taste in mouth\_\_\_depression\_\_\_frustration\_\_\_sensation of something in throat\_\_\_Premenstrual symptoms – Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dizziness\_\_\_eyes tired\_\_\_eyes sensitive\_\_\_blurred vision\_\_\_eyes sore\_\_\_high cholesterol\_\_\_high triglycerides\_\_\_history of hepatitis\_\_\_**Part D: Women Only**age at first period\_\_\_age of menopause\_\_\_painful menses\_\_\_cycle (ie. every 28 days)\_\_\_irregular cycle\_\_\_length of flow (ie. 4-7 days)\_\_\_blood clots\_\_\_cramps later in flow\_\_\_recent change in cycle\_\_\_history of vaginal warts\_\_\_vaginal pain\_\_\_irregular pap test\_\_\_ | breast distension\_\_\_breasts painful\_\_\_fibroid tumors\_\_\_fibrocystic breast/ovary\_\_\_cramps early in flow\_\_\_Color of flow: dark\_\_ light\_\_ bright\_\_# of pregnancy\_\_\_miscarriages\_\_\_infertility\_\_\_gyn surgeries\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date of last period\_\_\_/\_\_\_/\_\_\_**regular breast exam or mammogram** \_\_\_**Part E:** (men & women)fatigue\_\_\_\_ slump time of day\_\_\_\_ am/pmawakens fatigued\_\_\_cold feet\_\_\_cold hands\_\_\_urine color: dark\_\_\_ light\_\_\_ clear\_\_\_**urination daily**: (important) 4-6 times\_\_\_ 6-10 times\_\_\_ 10+ times\_\_\_night urination\_\_\_decreased stream or amount\_\_\_urgent urination\_\_\_painful urination\_\_\_ear ringing\_\_\_ high\_\_\_ low\_\_\_hearing loss\_\_\_dark circles under eyes\_\_\_weak/sore knees\_\_\_rheumatoid arthritis\_\_\_hair loss\_\_\_impotence\_\_\_chronic urinary infections\_\_\_intolerant of cold\_\_\_history of Kidney infection\_\_\_joints stiff\_\_\_difficulty breathing\_\_\_fear\_\_\_anxiety\_\_\_morning diarrhea\_\_\_excess energy\_\_\_sex drive-high\_\_\_ low\_\_\_ normal\_\_\_incontinence\_\_\_ |

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| difficult urination\_\_\_burning/painful urination\_\_\_swelling ankles\_\_\_puffy beneath eyes\_\_\_lower back pain\_\_\_loss teeth\_\_\_osteoarthritis\_\_\_infertility\_\_\_\_spermatorrhea\_\_\_abnormal thirst\_\_\_craves salt\_\_\_history of kidney stones\_\_\_joints painful\_\_\_pains get worse with exercise\_\_\_phobias\_\_\_asthma\_\_\_seminal emission\_\_\_memory loss\_\_\_**Part F**:Palpitations (feeling of heart beating, racing, or skipping beats) \_\_\_speech problems\_\_\_delirium\_\_\_jittery\_\_\_sweat at night\_\_\_hot palms\_\_\_insomnia\_\_\_pale skin\_\_\_missed pulse beats\_\_\_feeling of impending doom\_\_\_dry mouth\_\_\_chest pain\_\_\_restlessness\_\_\_irritability\_\_\_short of breath\_\_\_flushing in afternoon\_\_\_numb hands\_\_\_sore tongue\_\_\_mouth sores\_\_\_heart murmur\_\_\_chest congested\_\_\_scanty, yellow urine\_\_\_**Part G:**sense of heaviness\_\_\_favor warm drinks\_\_\_favorite color\_\_\_physical labor\_\_\_ | muscle cramps\_\_\_fever/chills\_\_\_brittle nails\_\_\_favors cold drinks\_\_\_sedentary work\_\_\_regular exercise\_\_\_twitches/spasms\_\_\_weakness\_\_\_**Part H:** (Please Circle What Applies to You)**Medications:**AntacidsAntidepressantsAntibiotic/AntifungalGlucose Regulator/InsulinAnti-inflammatoryAspirin/Tylenol/AdvilChemotherapyHeart MedicationsHigh Blood Pressure RxHormonesLaxativesOral ContraceptivesRadiationRecreational DrugsThyroidRelaxants/Sleeping PillsUlcer MedicationsOther Meds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Do You Eat, Drink or Use (Circle):**AlcoholCoffeeDecafCandyCigarettesCarbonated BeveragesDiet SodasDistilled WaterFried FoodsFast foods, regularlyRefined sugarsRed meat, regularlyMargarineVitamins\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minerals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Herbs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homeopathics\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Check if you:**diet often\_\_\_exercise\_\_\_salt foods w/o tasting\_\_\_are under excessive stress\_\_\_exposed to chemicals\_\_\_work at a computer\_\_\_**Check any you have had:**appendicitis\_\_\_scarlet fever\_\_\_typhoid fever\_\_\_HIV\_\_\_Rheumatic fever\_\_\_nephritis\_\_\_\_malaria\_\_\_anemia\_\_\_mumps\_\_\_measles\_\_\_small pox\_\_\_eczema\_\_\_diabetes\_\_\_diphtheria\_\_\_heart disease\_\_\_pneumonia\_\_\_polio\_\_\_jaundice\_\_\_hearing loss\_\_\_tuberculosis\_\_\_herpes\_\_\_tonsillectomy\_\_\_hepatitis\_\_\_epilepsy\_\_\_obesity\_\_\_asthma\_\_\_cancer\_\_\_heart attack\_\_\_goiter\_\_\_influenza\_\_\_pleurisy\_\_\_meningitis\_\_\_chemical poisoning\_\_\_drug reaction\_\_\_allergic reaction\_\_\_whooping cough\_\_\_alcoholism\_\_\_mental disorders\_\_\_eating disorders\_\_\_venereal infection\_\_\_ | **Anything else you would like us to be aware of?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Family History of: (list who)**Stroke\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Heart Disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cancer (who & what kinds)\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Diabetes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mental Disorders\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gallbladder Disease\_\_\_\_\_\_\_\_\_\_\_\_Thyroid Disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alzheimer's\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Neurologic Disease\_\_\_\_\_\_\_\_\_\_\_\_\_**Emotional Scale**: (circle # how you feel usually)**Depressed** **5 – 4 – 3 – 2 – 1 – 0 – 1 – 2 - 3 - 4 - 5** **Anxious** # of hours you sleep at night? (average) \_\_\_Did you get the Vaccine? (Circle) Yes NoAny boosters? How many? \_\_\_\_\_ Any Long Covid issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please send by phone or email images of your: * tongue (sticking out)
* Face
* Fingernails
* thumbnails

Send to 832-691-5333 or *herbmaster@traditional-chinese-herbs.com* **Please send your assessment word docs by email.***To:**herbmaster@traditional-chinese-herbs.com*  |

#  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

## CONSTITUTION ASSESSMENT

# *Scoring: Give yourself 1 point for mild symptoms (1-2xs per month), 2 points for moderate symptoms (3-6xs per month), 3 points for a severe condition (7xs+ per month). If a symptom doesn’t apply, then leave the item blank. Men and women fill out both Yin and Yang sections. For unclear items, consult your Chinese Medicine practitioner.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YIN CONSTITUTION** | **Mild****(1)** | **Moderate****(2)** | **Critical****(3)** | **Score** |
|  |
| Give yourself two Yin points, if you are a woman  |  |  |  |  |
| Do you predominantly have feminine characteristics? (Men incl.) |  |  |  |  |
| Do you appear timid? |  |  |  |  |
| Do you stay indoors? |  |  |  |  |
| Easily tired? |  |  |  |  |
| Are you predominantly sluggish in your behavior? |  |  |  |  |
| Easily fall asleep when traveling by plane, train, or bus? |  |  |  |  |
| Are you more comfortable in winter-cold compared to summer-heat? |  |  |  |  |
| Overweight? (If yes, score 1 point for every 10 lbs. over normal weight for your sex & build.)  |  |  |  |  |
| Is food more than or just as appealing as sex? (libido question) |  |  |  |  |
| Is your sex drive weaker than normal |  |  |  |  |
|  **General Yin Score** |  |
|  |
| **YIN: Cold Constitution** | **Mild** | **Moderate** | **Critical** | **Score** |
|  |  |
| Is your thirst usually quenched? |  |  |  |  |
| Do you like hot drinks more than cold drinks? |  |  |  |  |
| Do you normally have a pale complexion? |  |  |  |  |
| Is your urine usually plentiful and clear? |  |  |  |  |
| Bowel movements are normally soft? |  |  |  |  |
| Do you often have cold hands or feet?  |  |  |  |  |
| During cold weather do you experience muscular or joint pain?\* |  |  |  |  |
| Is the skin surface of your stomach, cool or cold? (1 pt.=cool, 2pt.=cold 3pt=very cold)  |  |  |  |  |
| **Cold Constitution Score** |  |
|  |
| **YIN: Damp Constitution** | **Mild** | **Moderate** | **Critical** | **Score** |
|  |
| Do you often feel tired? |  |  |  |  |
| Are you overweight? |  |  |  |  |
| Is your complexion usually dull? |  |  |  |  |
| Are you often sad or depressed? |  |  |  |  |
| Do your palms sweat? |  |  |  |  |
| Is your tongue usually glossy or greasy? |  |  |  |  |
| Do your joints ache when its raining? |  |  |  |  |
| Does your tongue have indentations on the side?  |  |  |  |  |
| **Damp Constitution Score** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YIN: Deficient Constitution** | **Mild** | **Moderate** | **Critical** | **Score** |
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| Do you drink fluids throughout the day?  |  |  |  |  |
| Are you often tired but appear to have abundant energy? |  |  |  |  |
| Are you skinny or underweight? |  |  |  |  |
| Do you sweat a lot? |  |  |  |  |
| Do you sometimes suffer from heart palpitations |  |  |  |  |
| Do you have a pale complexion? |  |  |  |  |
| Is your tongue white or light pink without coating? |  |  |  |  |
| Do you experience insomnia, irritability, worry, excess thought?   **○** Circle which applies to you. |  |  |  |  |
| **Deficient Constitution Score** |  |
|  |
| **Total YIN Score** |  |
| ***Both Men & Women Fill Out Below*** |
| **YANG CONSTITUTION** | **Mild****(1)** | **Moderate****(2)** | **Critical****(3)** | **Score** |
|  |
| If you are a man, give yourself 2 Yang points.  |  |  |  |  |
| Do you consider yourself masculine? |  |  |  |  |
| Are you generally self-confident? |  |  |  |  |
| Are you the outdoor type? |  |  |  |  |
| Can you work for long stints without tiring? |  |  |  |  |
| Do you consider yourself energetic? |  |  |  |  |
| Do you find it difficult to sleep when traveling by plane, train, or bus? |  |  |  |  |
| Are your hands often hot? |  |  |  |  |
| Do your feet sweat? |  |  |  |  |
| Do you prefer the heat of summer to the cold of winter? |  |  |  |  |
| Are you underweight? (If your answer is yes, score 1 point for every 10 pounds below the normal weight for your sex and build.) |  |  |  |  |
| Is sex better than food? |  |  |  |  |
| Do you consider your sex drive to be higher than normal?  (Give yourself 2 points if you answer yes.) |  |  |  |  |
|  |
|  **General Yang Score** |  |
|  |
| **YANG: Hot Constitution** | **Mild** | **Moderate** | **Critical** | **Score** |
|  |  |
| Do you normally prefer cold drinks to warm or hot ones? |  |  |  |  |
| Is your complexion generally reddish? |  |  |  |  |
| Is your urine usually scanty and of a reddish or yellowish hue? |  |  |  |  |
| Are you often constipated? |  |  |  |  |
| Are your stools usually dry? |  |  |  |  |
| Is your tongue normally red with a yellowish coating or no coating? |  |  |  |  |
| Do you suffer from frequent skin eruptions? |  |  |  |  |
| Do you stay up past 12 midnight?  |  |  |  |  |
|  |
| **Hot Constitution Score** |  |

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| --- | --- | --- | --- | --- |
| **YANG: Dry Constitution** | **Mild** | **Moderate** | **Critical** | **Score** |
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| Are you often thirsty? |  |  |  |  |
| Are your nose & throat usually dry? |  |  |  |  |
| When you catch cold, is your cough usually dry without mucus? |  |  |  |  |
| Do your eyes and nose often itch? |  |  |  |  |
| Is your tongue frequently parched and dry? |  |  |  |  |
| Is it difficult for you to gain weight? |  |  |  |  |
| Are you often constipated? |  |  |  |  |
| Is your skin usually dry? |  |  |  |  |
|  |
| **Dry Constitution Score** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YANG: Excessive Constitution** | **Mild** | **Moderate** | **Critical**  | **Score** |
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| Are you usually full of energy? |  |  |  |  |
| Do you consider yourself to be normally high-spirited? |  |  |  |  |
| Is the tone of your voice high-pitched? |  |  |  |  |
| Is your complexion usually flushed? |  |  |  |  |
| Is your blood pressure higher than normal? |  |  |  |  |
| Are you restless and impatient? |  |  |  |  |
| Do you suffer from constipation?  |  |  |  |  |
| Do you have any acid regurgitation? |  |  |  |  |
|  |
| **Excessive Constitution Score** |  |
|  |
| **Total YANG Score** |  |

**Emotion**: 1) What emotion(s) do you experience most in your life? **Circle**.

2) What emotion do you feel when stressed? Put an **X** next to the emotion.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| anxiety |  | depression |  | anger |  | rage |  | fear |  |
|  |
| grief |  | sadness |  | worry |  | joy |  | hyper |  |

**Additional comments**:

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|  |

**Scoring:**

Your practitioner will score this for you. If you would like to learn how to score this aspect, then follow the procedures below. After completion of the questionnaire, first score only the main headings or the general Yin and Yang scores (don’t include cold, damp, deficient, hot, dry, and excessive constitution scores in your first tally.) The first general score will allow you to see which YIN/YANG characteristic is predominant. Note: No one is completely YIN or YANG. Therefore, a score of 0 for a YIN score for a man is not realistic. We are both with a predominance in one area. You can be a man who enjoys sex, outdoor life, etc. and still you will not have a 0 score.

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| ☯ Sub Body Type Criteria ☯ |
| 1-4 points-Mild indicator | 5-7 points-Moderate indicator | 8+ points-Critical indicator |

#

**Score your body constitution:**

Once each area has been scored, add the cold, damp, and deficient scores to your YIN score. Then add the hot, dry, and excessive measures to your YANG score. Usually, most people will find their YIN/YANG scores will more or less be equal.

The point of this survey is to determine your general tendencies. This will help you correct current choices, which contribute to imbalance. Before deciding what diet is best for you, climate factors need to be considered. For instance, if you have a 23 YIN score and a 18 YANG score, you might be tempted to add onion, pepper, or garlic in your diet for the heating effects. This would be a mistake. Summer also counters YIN or cold deficiencies in your body. Those hot choices would tip you on the scales on the YANG side. Here is a table to factor in the seasons relative to your food choices: (next page)

|  |
| --- |
| **YIN & YANG Effects of Climate** |
|  |
| **Spring** | **Cool summer** | **Hot Summer** | **Summer end****(Sept., Oct.)** | **Autumn** | **Warm winter** | **Cold winter** |
|  **3 Yang pts** |  **5 Yang pts** |  **8 Yang pts** |  **0 pts** |  **3 Yin pts** |  **5 Yin pts** |  **8 Yin pts** |

Add these scores to your total Yin/Yang scores for a more complete picture of your current constitution health.

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In modernized countries, food choice according to a food’s characteristics is not even considered relative to maintaining body balance and your health. Finally, if your Yin & Yang scores are obviously different then a slight adjustment in your food choices is recommended. Try to include more offsetting or balancing foods in your diet.

**Rule of thumb**: Increase your intake of Yin or Yang, cool or warm foods by 10 % for every five point spread on your total Yin/Yang scores. Include more warming, drying or nourishing foods if your score indicates you are a cold, damp, or deficient constitution. If the season is winter, eat a little more cold or cooling food if you are the hot, dry, or excessive type, or it is summer.

Health improving, food choices, need to be selected based on personal constitution, time of year, and the nature of your imbalance. Once you have a clear picture of your health, then you can choose your diet with awareness of the cooling or warming properties of foods, their taste, element and whether they lubricate or constrict.

Next, we will look at your food choices and how they relate to these prior mentioned characteristics.

Based on the scoring and special circumstances, I will send you:

***"Are the Foods You're Eating, Killing You?***

***“Foods to Avoid and Foods That Benefit Your Health!"***

The report is customized to support your general constitution requirements.

For complaints such as cancer, diabetes, heart disease, obesity, and hormonal disorders, please consult, in detail, with your practitioner.