

A logo of a mountain with leaves

AI-generated content may be incorrect.

# LONGEVITY MOUNTAIN HERBS

# & HEALTH CLINIC

Mark Hammer, CMH-III

## Client Intake Form

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## 

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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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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/pm  awakens 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:**  Antacids  Antidepressants  Antibiotic/Antifungal  Glucose Regulator/Insulin  Anti-inflammatory  Aspirin/Tylenol/Advil  Chemotherapy  Heart Medications  High Blood Pressure Rx  Hormones  Laxatives  Oral Contraceptives  Radiation  Recreational Drugs  Thyroid  Relaxants/Sleeping Pills  Ulcer Medications  Other Meds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do You Eat, Drink or Use (Circle):**  Alcohol  Coffee  Decaf  Candy  Cigarettes  Carbonated Beverages  Diet Sodas  Distilled Water  Fried Foods  Fast foods, regularly  Refined sugars  Red meat, regularly  Margarine  Vitamins\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 No  Any 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.*

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| **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** | | | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **YIN: Deficient Constitution** | **Mild** | **Moderate** | | **Critical** | | **Score** |
|  | | | | | |  |
| 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** |
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| 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** | | | |  |

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| --- | --- | --- | --- | --- |
| **YANG: Excessive Constitution** | **Mild** | **Moderate** | **Critical** | **Score** |
|  | | | |  |
| 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.

|  |  |  |
| --- | --- | --- |
| ☯ 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.