GLOBAL
INTEGRATIVE MEDICINE ACADEMY

Confidential Nutrition Screening Questionnaire

Name_____Age_____Male ❒ Female ❒ Date_____
(print first & last name clearly)

In addition to standard medical treatment, specific nutrition and supplementation practices have been shown to enhance the management of many health conditions, and help prevent health problems from developing that may run in your family. This questionnaire is designed to help identify the specific dietary modifications and supplements that are best suited to your individual health profile.

General Health Conditions*: Have you ever been diagnosed with or do you suffer from any of the following health conditions? Check box to indicate "Yes"*

❒ High Cholesterol	❒ Cataracts	❒ Underactive Thyroid
❒ High Triglycerides	❒ Macular Degeneration	❒ Osteoporosis
❒ High Blood Pressure	❒ Fibromyalgia	❒ Osteopenia
❒ Intestinal Ulcers	❒ Varicose Veins	❒ Osteoarthritis
❒ Irritable Bowel Syndrome	❒ Frequent Constipation	❒ Multiple Sclerosis
❒ Crohn's Disease	❒ Scleroderma	❒ Parkinson's Disease
❒ Ulcerative Colitis	❒ Sarcoidosis	❒ Gout
❒ Bloating after Meals	❒ Raynaud's Syndrome	❒ Lactose Intolerance
❒ Celiac Disease (gluten sensitivity)	❒ Restless Leg Syndrome	❒ HIV positive test
❒ Pancreatitis	❒ Tardive Dyskinesia	❒ Lingering Symptoms of Lyme disease
❒ Eczema	❒ Atrial Fibrillation	❒ Mild Cognitive Impairment
❒ Rosacea	❒ Central Serous Retinopathy	❒ Prostate Enlargement (males only)
❒ Acne	❒ Retinal Tear	❒ Chronic Hepatitis from liver infection
❒ Seborrhea	❒ Post Concussion Syndrome	❒ Hayfever or seasonal allergies
❒ Diabetes (Insulin Dependent)	❒ Migraine Headaches	❒ Chronic Bronchitis
❒ Diabetes (Non-insulin Dependent)	❒ Rheumatoid Arthritis	❒ Chronic Asthma
❒ Chronic Sinusitis	❒ Any other Autoimmune Disease affecting Joints? (e.g., Ankylosing Spondylitis) If YES, please explain	
❒ Kidney Stone		

❒ Fatigue and Weakened Immunity due to stress?	❒ Gastro Esophageaal Reflux Disease (GERD) or Gastritis
❒ Chronic Fatigue, Epstein-Barr or Chronic Mononucleosis	❒ Insomnia or frequently interrupted sleep due to Night Pain
❒ Chronic Kidney Disease (chronic renal failure)	❒ Insomnia or frequently interrupted sleep NOT due to Night Pain
❒ Peripheral neuropathy from Diabetes, Chemotherapy or Nerve Injury	❒ Frequent Canker sores, Chronic Shingles or Herpetic Infections
	❒ Intermittent Claudication or Peripheral Vascular Disease
❒ Food Allergy: If YES, please explain	❒ Overactive Thyroid: If YES, please explain
❒ Liver Damage due to prescription or over-the-counter drugs: If YES, please explain	❒ Cancer: If YES, please explain
❒ Liver Damage from alcohol, drugs or fatty liver from diabetes: If YES, please explain	❒ Pre-diabetes (Metabolic Syndrome): If YES, please explain

Females Only Section

❒ PMS (premenstrual syndrome)	❒ Uterine Fibroids	❒ Polycystic Ovarian Disease
❒ Currently experiencing menopausal symptoms	❒ Endometriosis	❒ Fibrocystic Breast Disease

Family History Section: *Have any of your biological parents or siblings had:*

❒ Colon Cancer	❒ Prostate Cancer	❒ Alzheimer's Disease
❒ Breast Cancer	❒ Ovarian Cancer	❒ Parkinson's Disease
❒ Heart Attack before age 60		

Questionnaire continues on Side 2 - Please turn OVER

Bone Density Test Inclusion Criteria Section	
❒ Have you ever undergone treatment with oral glucocorticosteroid drugs (e.g., prednisone, cortisone) for more than 3 months?	
❒ Are you taking thyroid replacement therapy (thyroid hormone)?	❒ Are you a man over 65 yrs old?
❒ Do you have poor muscle development and strength?	❒ Are you a woman over age 50?
❒ Have you ever taken anti-convulsant drugs for 5 yrs or more?	❒ Do you have hyperparathyroidism?
❒ Do you have Rheumatoid Arthritis or Ankylosing Spondylitis?	❒ Do you take the drug Methotrexate?
❒ Are you older than 45 and a doctor told you that you are under weight?	
❒ Have you ever had a previous fracture as an adult from minimal trauma or fall?	
❒ Have you ever suffered from anorexia nervosa, bulimia or an eating disorder?	
❒ Are you a woman who has had both ovaries removed surgically before normal menopause (45-55yrs of age)?	
❒ Are you a woman, who entered into early menopause (age 40-45), or premature menopause (before age 40)?	
❒ Are you a woman with a mother or biological sister who was diagnosed with osteoporosis?	
❒ Are you a woman under 45 yrs who routinely misses menstrual cycles or has greatly diminished menstrual flow due to estrogen or progesterone deficiency?	
❒ Are you a woman, who at some point in your life exercised excessively or competitively to the point where your body fat was very low and you missed menstrual cycles?	
❒ Have you had a bone density test? If YES, what were the results?	

Nutrient Deficiencies Section: ***Check any that apply to you***		
❒ Soft nails that chip, crack or peel easily?	❒ Nails that contain ridges (not smooth)	❒ White spots under your nails
❒ Small red dots on your skin	❒ Frequent cracks at corner ofyour lips	❒ Frequent burning or sore tongue
❒ Gums bleed easily	❒ Bruise easily	❒ Slow wound healing
❒ Chronically tired	❒ Greasy scaling skin at margins of nose	❒ Hair falls out easily
❒ Decreased ability to taste food (not caused by blow to head)?	❒ Dry, brittle hair with loss of luster and sheen	

Contra-indications Section: ***Do any of the following apply to you? Place a check mark for "Yes" answer:***	
❒ I am pregnant or breast feeding	❒ Suffer from kidney failure or taking dialysis treatments
❒ Suffer from Wilson's disease	❒ Suffer from Hemochromatosis
❒ Had a liver, lung, heart or kidney transplant	❒ Taking immuno-suppressivedrugs
❒ Have only one functioning kidney	❒ Taking the drug digitalis ordigoxin
❒ Currently have an active ulcer	❒ Taking anti-inflammatory drugs
❒ Taking anti-coagulant drugs	❒ Taking the drug warfarin or coumadin
❒ Have a pacemaker	❒ Taking drugs to correct a heart arrhythmia
❒ Taking drugs for Alzheimer's disease or dementia	❒ Allergic to aspirin
❒ Suffer from hemophilia	❒ Currently having an attack of gout
❒ Have advanced liver disease	❒ Taking the drug methotrexate
❒ Taking the drug accutane (usually for acne)	❒ Taking a sleeping aid drug
❒ Known to be allergic to morphine or opiod-containing drugs	❒ Currently taking radioactive iodine treatments
❒ Had an allergic reaction to a vitamin supplement or herbal supplement	
❒ Suffer from Hemolytic Anemia due to a glucose-6 phosphate dehydrogenasedeficiency	
❒ Suffer from hyperparathyroidism, sarcoidosis, active tuberculosis, silicosis or lymphoma	
❒ Presently undergoing chemotherapy treatment or radiation treatment	
❒ Currently taking anti-depressant medication or any drug treating a psychological or anxiety disorder	
❒ Taking a narcotic drug for pain (e.g. Percodan, Percacet, Oxycontin, Oxycodone, Morphine, Hydromorphine)	