

# Weston Wellness Center SCLEROLOGY/IRIDOLOGY

## Patient Health Intake Questionnaire

**Important Instructions:** Item headings are in **bolded black**. Start your answers at the end of each **black bolded** line unless it has a **gray** elaborating question under it. In the latter case, type your answers below each **gray** question. Your answers should always appear in **dark blue**. Answer every lettered and numbered item as best you can. The **red** items in the first section below are for your practitioner to fill in.

If you don't know the information, or if it doesn't apply, please write "Don't know" or "doesn't apply." Try not to answer every item and not leave anything blank. Take as long as you like, writing as much as you feel you need to in your response. This information is completely confidential and will not be shared with anyone.

a. **Today's date:**

b. **Current Time of day:**

c. **Client's Name:**

d. **Client File #**

e. **Medical Dx**

Have you ever been medically diagnosed with any diseases, especially recently?

What disease or diseases are you currently suffering from?

f. **Email address:**

g. **Postal Address**

Please list your home address and regular postal mailing address, if different.

h. **Phones:** home:

work:

cell:

i. **Marital Status:**

j. **Apparent color of your eyes** (irises):

k. **Occupation:**

l. **Do you like your work?** Yes \_\_\_\_\_ No \_\_\_\_\_ Somewhat \_\_\_\_\_

What emotions or qualities do you associate with the work you do?

Are you a workaholic?

What is your relationship to money?

m. **Who referred you to this questionnaire?**

n. **What is your date of birth?**

o. **What time of day were you born?**

p. **Your current weight:**

q. **Your current height:**

r. **Body Frame**

s. **Iris-1 Density**      **Iris-1 Structure**

t. **Blood Pressure:** /

u. **Heart Rate:**

v. **Blood Type:**

Rh factor:

w. **Neoplasm #**

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- x. **Iris-2 Structure:**    **Polarity:**            **Dominance:**            **Rings:**  
y. **Birth Order data**  
z. **Strategy:**
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## ***Your Illness***

### **Complaints, concerns, signs and symptoms**

Where does it hurt? Please describe the particular symptoms that are currently bothering you.

What help do you feel you need and for what illnesses?

Are there any actual medical diagnoses, and if so, what is it/are they?

### **What is your relationship to this illness?**

How do you feel about it or related to it? Do you refer to it as “My cancer,” “My diabetes,” or “My arthritis,” etc.?—in other words “owning” the disease?

To what degree, if any, do you feel (or otherwise act like) you want to hold onto this disorder, keep it going, keep it happening?

### **Do you want to continue being sick?**

This is not a trick question! Most of us, at one time or another, got some special attention or strokes from being sick. People took notice of us, pampered us, or otherwise gave us what we felt was some much-needed energy. So, consider: what do you have invested in this illness?

### **What do you feel is being brought to a crisis by this illness?**

In other words, what is the “reason for it”? What do you think or feel you are supposed to be learning from it?

### **What is your sense of the cause of the disorder?**

To your best understanding, how did the difficulty develop?

### **Goals and objectives**

With our help, what would you like to achieve with your health?

And how do you feel we can help you accomplish this?

### **What is your relationship to life and health?**

What do you feel you do to obstruct the Life Force and thus contribute to your current disease or to disease in general? In other words, what is it that you do that ends in disease?

What is the fundamental thing you need to do to restore well-being? What particular changes of action do you need to do?

### **Are you currently taking any medications, and if so, for what problems?**

List any and all medications you are now taking and why—for what problems or disorders—they were prescribed.

## ***Past and/or Occasionally Recurring Problems***

### **Are there any problems that recur or are otherwise ongoing?**

This would include things like colds that occur in cycles, like once, twice, three times or more yearly, the flu, or other apparently cyclic disorders or events.

**Have you had any surgeries, accidents, or injuries?**

Please include tonsillectomies, adenoidectomies, appendectomies, rhinoplasties, breast surgeries and other plastic surgeries, etc. It also includes falls from horses, trees and bicycles, automobile accidents, and the like.

**Please list all other physical, mental, and emotional traumas**

This includes the deaths and/or other separations involving loved ones; divorce, prolonged illnesses, terrible suffering, etc., in which you felt wounded at the heart.

***Toxic Exposure***

**Have you had any vaccinations/Inoculations/Immunizations?**

Please list any and all vaccinations for childhood, military, travel, or for other reasons.

**What is your history of taking pharmaceutical medications?**

List any medications or drugs that you took in the past, especially in courses—like for a week or more. Opposite the drug, be sure to list the conditions for which the meds were prescribed or taken.

Were you ever given general or local anesthetics for surgeries? Please note the type of surgery (what it was for).

**Have you had any toxic exposure to any kind of radiation, animal bites, or insect poison?**

Were you ever treated for dog bites or snake bites or bee stings, etc?

Have you ever worked at a factory or in an industry where you were exposed to toxic fumes, solvents, gasses, liquids, or other such at least potentially hazardous substances?

Have you had several series of X-rays? If so, for what?

**Have you been involved in substance abuse and/or addiction, past &/or present?**

Do you currently or have you ever smoked cigarettes or marijuana? If so, for how long and at what daily or other rate?

Have you ever been addicted to or currently take alcohol daily?

Do you feel there may be an addiction to street drugs, OTC (over-the-counter) medications, or prescription drugs? If so, please list the length of time and the amount of daily use of any of these?

***Heritage / Genetics***

**What are the principal family diseases?**

Are your parents still alive or have they passed on?

If your parents are alive, what diseases do they suffer? If they are gone, what were their main complaints or otherwise their medically diagnosed diseases?

***Mind and Emotions***

**What is your general mood?**

Do you characteristically experience fear, sorrow or anger predominantly?

Describe your desires for power, control and self-esteem.

Do you experience regular wide mood swings?

Do you tend to be emotionally deep or are you usually superficial?

**What about your relationships and home life?**

Are you overly social, desiring more social contacts, or reclusive, seeking and desiring solitude?

If you are in a mate-type or marriage relationship, what is it like?

How would you rate it on a scale of 1 to 10, where 1 is best?

With whom do you live at the present time, if anyone, and if so, what is that like? Is it working out well or not? Please describe it—whether single and living alone, single and with others, or mated and living with one or more others.

Do you receive physical touch regularly and effectively? Do you either crave or avoid physical touch?

**Regarding the emotional-sexual, are your friends and relationships members of your own sex?**

Do you tend to be heterosexual, homosexual, or bisexual?

**To what things do your mind and attention tend to focus on?**

Do you tend to wander in your attention, fantasize or daydream?

Describe your use of the will in your daily life.

Are you prone to negative mind and doubt?

Do you desire any experiences or acquisitions?

**What are your top three Current Stressors?**

What three items, to the best of your understanding, cause the most stress in your life? These typically include work, the boss, your mate, relatives living with you, animals, noise, your health condition, etc.

***Bodily Relations*****How do you tend to relate to your body?**

Do you tend to feel victimized by it?

Do you feel you tend more to seek pleasure or try to avoid pain?

What part of your body tends to be weak?

Do you have bodily idiosyncrasies such as chronic clearing of the throat or otherwise anything that suggests an underlying weakness in an area of the body?

Do you have any fears about being afflicted by particular diseases—like cancer or heart disease, e.g.—or even premonitions or anxieties about dying from a particular disease?

Do you have desires to let the body go and die?

**What is your daily energy level like?**

Is your daily energy level steady or does it fluctuate?

Does it seem to sag in the late afternoon?

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***Environments***

**Do you enjoy where you live?**

Is your living environment conscious, neat, orderly and pleasant?

**What is your work environment like?**

Do you enjoy the environment at work? Please describe it. Is it pleasant? Is it fixed, like an office, or changing, like you are doing a lot of driving or flying? Are there flowers there, quiet music, good air circulation, or is it stuffy, noisy, mechanical and irritating? What's it like?

***Rest and Sleep*****Bedtime, sleep quality**

At what hour do you go to bed at night? Does bedtime fluctuate?

How many hours do you sleep nightly, on average?

Is your sleep sound? Do you wake up feeling rested?

Do you have to get up at night to urinate? If so, how many times?

Does partner snoring disturb your sleep?

Do you desire more rest and sleep than you have, get, take, or are allowed (by work restrictions or whatever)?

***Exercise*****Do you have an exercise routine?**

Yes? No?

If so, is it daily, 3x/week, or what? What do you do, exactly? Do you have any kind of rapid-movement exercise practice at all?

Are you conscious of how you walk, sit and stand? How is your posture?

**What do you notice about your breathing?**

Is it tending to be shallow, uneven, or otherwise exaggerated?

How often are you conscious of deep, relaxed breathing? Do you ever consciously practice deep, relaxed breathing?

***Diet and Relationship with Food*****What do you usually have for Breakfast, lunch and dinner?**

List any cereals, including common boxed cereals, brown or white rice, millet, etc.

Do you use refined sugar on your cereal? How about dairy milk, rice milk, soy milk, etc.

At what hour you normally take breakfast—if you take breakfast at all?

Do you use regular coffee or decaf? What do you put into your coffee (non-dairy creamer, milk, sugar, etc)?

If bread is used at breakfast, is it white or wheat or rye or another kind?

Do you eat lunch at all? Is it taken at a typical time or randomly?

Is lunch your first meal of the day? Is lunch the biggest meal of the day for you?

What do you usually have for Dinner?

Do you typically eat meals with other people present?

Do you feel rushed when you eat?

Do you tend to chew your food carefully, or gulp it down quickly, wolfing it down, or even sometimes swallowing it whole?

Are your eating environments quiet and pleasant, or are they loud, noisy, or otherwise irritating?

**What do you usually have for Dessert?**

List favorite deserts and how often indulged.

Do you tend to like sweets and indulge this desire? If so, what kind?

**What is your Restaurant frequency?**

How often—like, per week, per month, or even per year—do you have a meal at a restaurant? Some people eat every meal during the week at restaurants. Some eat at restaurants only on Sunday. Note your own average frequency.

**Are you aware of the Minimum-Optimum Diet recommended by Grand Medicine?**

This diet involves hi percentages of raw, essentially vegetarian, food. If so, are you adapting to it?

Do you know about or have you read *The GREAT Liquid Diet* book? What percent of your daily diet is raw food?

**List any dietary addictions and strong food desires you currently have.**

If you've suffered from bulimia, anorexia, or other compulsive behavior regarding food, or if you just must have certain foods at certain times, or if you feel out of control and can't prevent yourself or discipline yourself from overeating or snacking on certain foods, list this behavior here.

**Do you have any aberrated, anxious, or even excessively private habits and patterns relative to food taking?**

Are there any habits with food that you tend to do alone, without anyone around that you wouldn't otherwise do with others present?

Do you make sure there is always food in your presence wherever you go, like in your car?

Do you have private stashes of food hidden away where others can't find it or learn of it?

**Describe your digestion, BM's (bowel movements) and waste elimination.**

Do you have problems digesting your food?

Are you eating your food too fast, not chewing it well, or otherwise not digesting it well?

How frequently do you have BMs—how many per day or week? Are they regular?

Do your BMs need to be stimulated, like via laxatives, bran, or any other means?

Is there any pain involved in having BMs? Is there any bleeding? Do you do enemas or colemas or get colonic irrigation regularly?

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***Religious / Spiritual***

**Do you have a spiritual orientation and/or an actual Spiritual Practice?**

What religious or spiritual tradition, if any, do you follow?

Do you engage actual practice disciplines—i.e., e.g., church attendance, meditation, scriptural study, puja, prayer, chanting, mantra, naama japa, rosary/mala, etc.? If so, list these.

If not, do you consider yourself not caring to be involved with such activities or associations because God is not known or knowable [*agnostic*] or that there is no God [*atheistic*]?)

**What is most precious to your heart?**

A person or persons? An animal? A principle or idea? What, exactly?

What are you living for? What do you feel is the purpose of your life?

**What, in your view, is most important for you (or anyone, for that matter) to do in life?**

Have you done it yet? Are you doing it? Do you have a plan to accomplish it?

**What legacy do you wish to leave for your children, this world, or otherwise to posterity?**

**What do you think or feel would be the best possible outcome of your life?**

What dynamite or wonderful thing could happen in your life that would be the ultimate?

**If, at the end of your life, you suddenly had one more moment to reflect and act, what would you do with it?**

***Additional***

**If you truly wish to be well, are you willing to do whatever that takes?**

Within reason, of course, are you willing to make the required and necessary changes offered by your health practitioner? Bear in mind that these will necessarily involve certain life-positive diet and lifestyle actions. Are you willing to submit to these, and, if so, to what degree?

**Are there any other comments that you wish to make?**

For example, about your health, our work together, or whatever, including anything you might have left out?

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