



HOLISTIC FITNESS

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How Can We Help?

2009 Consultation with Cindy Caldwell

How would you like your life to change in 2009? Would you like to lose weight, eat better, get healthy and feel better? All of these goals rank in the Top Ten most common New Year's Resolutions. The problem is that New Year's resolutions seldom work for long. A Lifestyle Consultation can provide ideas and motivation far beyond a New Year's resolution.

A Lifestyle Consultation from Holistic Fitness is designed to help you improve your life and health as a way of life, not just one more resolution you have dropped by February. During our 30 minute consultation, we will identify the issues which are most important to you, and then we will tailor our consultation based on that information.

Your consultation will help you clarify the areas in which you would like to focus, and then you can choose which area is most important to you. We can focus on the physical, emotional or spiritual aspects of your life. I am here as a resource to help you get healthier. I will make suggestions, give you ideas, offer referrals for services we may or may not provide, or help you brainstorm for solutions. We have a vast database of professionals we trust in every area and want to share those resources with you as well. It would be helpful if I have basic information on you and your life, so we can focus our energy and time to your greatest benefit.

Holistic Fitness's vision is to educate and empower our clients to live the healthiest life possible, in every area of life. Our intention with this consultation is to help improve your life and health in 2009, and we are starting with our members. At the moment, we are offering this service free to members only. We wish you the best health and happiness in every area of life. Best wishes in 2009 and always!

Namaste',

Cindy Caldwell

Name:

Age:

Please answer a few basic health & wellness questions:

1)Have you had your yearly wellness exam?

a)mammogram

b)prostate

c)colonoscopy

2)Do you have a doctor? Are you happy with her? Are you comfortable asking him questions? Do you get answers that satisfy you?

3)How is your overall health?

4)What medications and supplements, herbs, homeopathics, etc. do you take, and what are they for?

5)How much exercise do you get? How consistently? Do you enjoy it or does it feel like a chore?

6)Would you say that you are happy? Is there something you know you could do to improve your life or that would make you happier?

7)What do you do for stress release? For example, exercise, yoga, art, etc.

8)Do you have a regular spiritual practice? Are you happy with it? Do you feel like you have a place to discuss your spiritual questions and concerns with anyone?

9) Have you had a major life event in the last year, such as a death, birth, major loss or change? What are your major stressors?

10) If you could change 3 things in your life, what would they be? What have you repeatedly tried to change but never seem to be able to stick with consistently?

General Medical Information & Release from Liability

The following questions apply to past or current problems, concerns, and/or experiences. If you answer Yes to any of the following questions, please circle and explain. Feel free to write on the back if you need more room. Thank you for your honesty.

1. Do you experience frequent headaches? Do you know what kind?
2. Are you or have you been pregnant? How many times? How many children do you have?
3. Are you diabetic or hypoglycemic?
4. Do you have high or low blood pressure?
5. Have you had any surgeries (childhood or adult) ?
6. Have you ever had any broken bones? How long ago? Cause?
7. Do you have tension, pain, numbness, or tingling in a specific area?
8. Do you have cardiac or circulatory problems?
9. Do you have allergies of any kind? Worse at a certain time of year?
10. Do you or have you ever had asthma? At what age did it begin?
11. Do you suffer from back or neck pain?
12. Are you sensitive to touch/pressure in any area?
13. Are you, or have you ever been, in an emotionally, spiritually, sexually, or physically abusive environment, situation or relationship?
14. Have you ever suffered from depression or anxiety? Ever been suicidal?
15. Have you been to counseling/psychotherapy (past/currently) ?
16. Have you ever been diagnosed with or suffered from any addictions, eating disorders, or compulsive behaviors?
17. Have you ever participated in a 12-step program? Which one? Still attend?
18. Have you seen a medical doctor, chiropractor, or counselor for any of the above conditions? What were you told about your condition?
19. Have you tried massage, energy work, or "alternative" methods of treatment before? (Including chiropractic, acupuncture, etc) When?
20. Do you take any prescribed or OTC meds, vitamins, herbs, etc?
21. Do you have any other conditions we should be aware of?

Comments, Clarifications, or Additional Information (write on the back if you need more space. Thanks.)

SYMPTOM SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. If a symptom does not apply, leave it blank.
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),
or (3) for **SEVERE** symptoms (occurs almost constantly).

GROUP ONE

- | | | |
|-----------------------------------|--|-----------------------------------|
| 1 - 1 2 3 Acid foods upset | 8 - 1 2 3 Gag Easily | 15 - 1 2 3 Appetite reduced |
| 2 - 1 2 3 Get chilled, often | 9 - 1 2 3 Unable to relax, startles easily | 16 - 1 2 3 Cold sweats often |
| 3 - 1 2 3 "Lump" in throat | 10 - 1 2 3 Extremities cold, clammy | 17 - 1 2 3 Fever easily raised |
| 4 - 1 2 3 Dry mouth-eyes-nose | 11 - 1 2 3 Strong light irritates | 18 - 1 2 3 Neuralgia-like pains |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring | 20 - 1 2 3 Sour stomach frequent |
| 7 - 1 2 3 Cuts heal slowly | 14 - 1 2 3 "Nervous" stomach | |

GROUP TWO

- | | | |
|---|--|--|
| 21 - 1 2 3 Joint stiffness after arising | 29 - 1 2 3 Digestion rapid | 37 - 1 2 3 "Slow starter" |
| 22 - 1 2 3 Muscle-leg-toe cramps at night | 30 - 1 2 3 Vomiting frequent | 38 - 1 2 3 Get "chilled" infrequently |
| 23 - 1 2 3 "Butterfly" stomach, cramps | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor,
sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | 41 - 1 2 3 Subject to colds,
asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seem hungry;
feels "lightheaded" often | 36 - 1 2 3 Constipation,
diarrhea alternating | |

GROUP THREE

- | | | |
|---|--|---|
| 42 - 1 2 3 Eat when nervous | 49 - 1 2 3 Heart palpitates if meals
missed or delayed | 53 - 1 2 3 Crave candy or coffee
in afternoons |
| 43 - 1 2 3 Excessive appetite | 50 - 1 2 3 Afternoon headaches | 54 - 1 2 3 Moods of depression -
"blues" or melancholy |
| 44 - 1 2 3 Hungry between meals | 51 - 1 2 3 Overeating sweets upsets | 55 - 1 2 3 Abnormal craving for
sweets or snacks |
| 45 - 1 2 3 Irritable before meals | 52 - 1 2 3 Awaken after few hours sleep
- hard to get back to sleep | |
| 46 - 1 2 3 Get "shaky" if hungry | | |
| 47 - 1 2 3 Fatigue, eating relieves | | |
| 48 - 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|---|---|--|
| 56 - 1 2 3 Hands and feet go to sleep
easily, numbness | 63 - 1 2 3 Get "drowsy" often | 68 - 1 2 3 Bruise easily, "black
and blue" spots |
| 57 - 1 2 3 Sigh frequently, "air
hunger" | 64 - 1 2 3 Swollen ankles
worse at night | 69 - 1 2 3 Tendency to anemia |
| 58 - 1 2 3 Aware of "breathing
heavily" | 65 - 1 2 3 Muscle cramps, worse
during exercise; get
"charley horses" | 70 - 1 2 3 "Nose bleeds" frequent |
| 59 - 1 2 3 High altitude discomfort | 66 - 1 2 3 Shortness of breath
on exertion | 71 - 1 2 3 Noises in head, or
"ringing in ears" |
| 60 - 1 2 3 Opens windows in
closed room | 67 - 1 2 3 Dull pain in chest or
radiating into left arm,
worse on exertion | 72 - 1 2 3 Tension under the
breastbone, or feeling
of "tightness",
worse on exertion |
| 61 - 1 2 3 Susceptible to colds
and fevers | | |
| 62 - 1 2 3 Afternoon "yawner" | | |

GROUP FIVE

- | | | |
|---|--|---|
| 73 - 1 2 3 Dizziness | 83 - 1 2 3 Feeling queasy; headache over eyes | 91 - 1 2 3 Sneezing attacks |
| 74 - 1 2 3 Dry skin | 84 - 1 2 3 Greasy foods upset | 92 - 1 2 3 Dreaming, nightmare type bad dreams |
| 75 - 1 2 3 Burning feet | 85 - 1 2 3 Stools light-colored | 93 - 1 2 3 Bad breath (halitosis) |
| 76 - 1 2 3 Blurred vision | 86 - 1 2 3 Skin peels on foot soles | 94 - 1 2 3 Milk products cause distress |
| 77 - 1 2 3 Itching skin and feet | 87 - 1 2 3 Pain between shoulder blades | 95 - 1 2 3 Sensitive to hot weather |
| 78 - 1 2 3 Excessive falling hair | 88 - 1 2 3 Use laxatives | 96 - 1 2 3 Burning or itching anus |
| 79 - 1 2 3 Frequent skin rashes | 89 - 1 2 3 Stools alternate from soft to watery | 97 - 1 2 3 Crave sweets |
| 80 - 1 2 3 Bitter, metallic taste in mouth in mornings | 90 - 1 2 3 History of gallbladder attacks or gallstones | |
| 81 - 1 2 3 Bowel movements painful or difficult | | |
| 82 - 1 2 3 Worrier, feels insecure | | |

GROUP SIX

- | | | |
|--|--|--|
| 98 - 1 2 3 Loss of taste for meat | 101 - 1 2 3 Coated tongue | 104 - 1 2 3 Mucous colitis or "irritable bowel" |
| 99 - 1 2 3 Lower bowel gas several hours after eating | 102 - 1 2 3 Pass large amounts of foul-smelling gas | 105 - 1 2 3 Gas shortly after eating |
| 100 - 1 2 3 Burning stomach sensations, eating relieves | 103 - 1 2 3 Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hours | 106 - 1 2 3 Stomach "bloating" after eating |

GROUP SEVEN

(A)

- 107** - 1 2 3 Insomnia
- 108** - 1 2 3 Nervousness
- 109** - 1 2 3 Can't gain weight
- 110** - 1 2 3 Intolerance to heat
- 111** - 1 2 3 Highly emotional
- 112** - 1 2 3 Flush easily
- 113** - 1 2 3 Night sweats
- 114** - 1 2 3 Thin, moist skin
- 115** - 1 2 3 Inward trembling
- 116** - 1 2 3 Heart palpitates
- 117** - 1 2 3 Increased appetite without weight gain
- 118** - 1 2 3 Pulse fast at rest
- 119** - 1 2 3 Eyelids and face twitch
- 120** - 1 2 3 Irritable and restless
- 121** - 1 2 3 Can't work under pressure

(B)

- 122** - 1 2 3 *Increase in weight*
- 123** - 1 2 3 Decrease in appetite
- 124** - 1 2 3 Fatigue easily
- 125** - 1 2 3 Ringing in ears
- 126** - 1 2 3 Sleepy during day
- 127** - 1 2 3 Sensitive to cold
- 128** - 1 2 3 Dry or scaly skin
- 129** - 1 2 3 *Constipation*
- 130** - 1 2 3 Mental sluggishness
- 131** - 1 2 3 Hair coarse, falls out
- 132** - 1 2 3 Headaches upon arising wear off during day
- 133** - 1 2 3 Slow pulse, below 65
- 134** - 1 2 3 Frequency of urination
- 135** - 1 2 3 Impaired hearing
- 136** - 1 2 3 Reduced initiative

(C)

- 137** - 1 2 3 Failing memory
- 138** - 1 2 3 Low blood pressure
- 139** - 1 2 3 Increased sex drive
- 140** - 1 2 3 Headaches, "splitting or rendering" type
- 141** - 1 2 3 Decreased sugar tolerance
- 142** - 1 2 3 Abnormal thirst
- 143** - 1 2 3 Bloating of abdomen
- 144** - 1 2 3 Weight gain around hips or waist
- 145** - 1 2 3 Sex drive reduced or lacking
- 146** - 1 2 3 Tendency to ulcers, colitis
- 147** - 1 2 3 Increased sugar tolerance
- 148** - 1 2 3 Women: menstrual disorders
- 149** - 1 2 3 Young girls: lack of menstrual function

(D)

(E)

- 150** - 1 2 3 Dizziness
- 151** - 1 2 3 Headaches
- 152** - 1 2 3 Hot flashes
- 153** - 1 2 3 Increased blood pressure
- 154** - 1 2 3 Hair growth on face or body (female)
- 155** - 1 2 3 Sugar in urine (not diabetes)
- 156** - 1 2 3 Masculine tendencies (female)

(F)

- 157** - 1 2 3 Weakness, dizziness
- 158** - 1 2 3 Chronic fatigue
- 159** - 1 2 3 Low blood pressure
- 160** - 1 2 3 Nails, weak, ridged
- 161** - 1 2 3 Tendency to hives
- 162** - 1 2 3 Arthritic tendencies
- 163** - 1 2 3 Perspiration increase
- 164** - 1 2 3 Bowel disorders
- 165** - 1 2 3 Poor circulation
- 166** - 1 2 3 Swollen ankles
- 167** - 1 2 3 Crave salt
- 168** - 1 2 3 Brown spots or bronzing of skin
- 169** - 1 2 3 Allergies - tendency to asthma
- 170** - 1 2 3 Weakness after colds, influenza
- 171** - 1 2 3 Exhaustion - muscular and nervous
- 172** - 1 2 3 Respiratory disorders

GROUP EIGHT

- 173 - 1 2 3 Apprehension
- 174 - 1 2 3 Irritability
- 175 - 1 2 3 Morbid fears
- 176 - 1 2 3 Never seems to get well
- 177 - 1 2 3 Forgetfulness
- 178 - 1 2 3 Indigestion
- 179 - 1 2 3 Poor appetite
- 180 - 1 2 3 Craving for sweets
- 181 - 1 2 3 Muscular soreness
- 182 - 1 2 3 Depression; feelings of dread
- 183 - 1 2 3 Noise sensitivity
- 184 - 1 2 3 Acoustic hallucinations
- 185 - 1 2 3 Tendency to cry without reason
- 186 - 1 2 3 Hair is coarse and/or thinning
- 187 - 1 2 3 Weakness
- 188 - 1 2 3 Fatigue
- 189 - 1 2 3 Skin sensitive to touch
- 190 - 1 2 3 Tendency toward hives
- 191 - 1 2 3 Nervousness
- 192 - 1 2 3 Headache
- 193 - 1 2 3 Insomnia
- 194 - 1 2 3 Anxiety
- 195 - 1 2 3 Anorexia
- 196 - 1 2 3 Inability to concentrate; confusion
- 197 - 1 2 3 Frequent stuffy nose; sinus infections
- 198 - 1 2 3 Allergy to some foods
- 199 - 1 2 3 Loose joints

FEMALE ONLY

- 200 - 1 2 3 Very easily fatigued
- 201 - 1 2 3 Premenstrual tension
- 202 - 1 2 3 Painful menses
- 203 - 1 2 3 Depressed feelings before menstruation
- 204 - 1 2 3 Menstruation excessive and prolonged
- 205 - 1 2 3 Painful breasts
- 206 - 1 2 3 Menstruate too frequently
- 207 - 1 2 3 Vaginal discharge
- 208 - 1 2 3 Hysterectomy/ovaries removed
- 209 - 1 2 3 Menopausal hot flashes
- 210 - 1 2 3 Menses scanty or missed
- 211 - 1 2 3 Acne, worse at menses
- 212 - 1 2 3 Depression of long standing

MALE ONLY

- 213 - 1 2 3 Prostate trouble
- 214 - 1 2 3 Urination difficult or dribbling
- 215 - 1 2 3 Night urination frequent
- 216 - 1 2 3 Depression
- 217 - 1 2 3 Pain on inside of legs or heels
- 218 - 1 2 3 Feeling of incomplete bowel evacuation
- 219 - 1 2 3 Lack of energy
- 220 - 1 2 3 Migrating aches and pains
- 221 - 1 2 3 Tire too easily
- 222 - 1 2 3 Avoids activity
- 223 - 1 2 3 Leg nervousness at night
- 224 - 1 2 3 Diminished sex drive

IMPORTANT

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.

1. _____
2. _____
3. _____
4. _____
5. _____

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row.

MALES

Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

- Date: _____ Temperature: _____
- Date: _____ Temperature: _____
- Date: _____ Temperature: _____
- Date: _____ Temperature: _____
- Date: _____ Temperature: _____
- Date: _____ Temperature: _____

BP SIT _____ BP STAND _____

PULSE SIT _____ PULSE STAND _____

SALIVA PH _____ BLOOD TYPE _____