



# Lucid Force Health Center

## Seminar Assessment Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list the 3 major health concerns in your order of importance:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please circle 'Yes' or 'No' next to your symptoms below:**

### **Digestive**

Feeling that bowels do not empty completely	Yes	No
Alternating constipation and diarrhea	Yes	No
Diarrhea	Yes	No
Constipation	Yes	No
Aches, pains, and swelling throughout the body	Yes	No
Frequent bloating and distention after eating	Yes	No
Excessive belching, burping, or bloating	Yes	No
Difficulty digesting fruits and vegetables; undigested food in stools	Yes	No
Stomach pain, burning or aching 1 – 4 hours after eating	Yes	No
Temporary relief by using antacids, food , milk, carbonated beverages	Yes	No
Indigestion and fullness last 2 – 4 hours after eating	Yes	No
Excessive passage of gas	Yes	No
Greasy or high-fat foods cause distress	Yes	No
Larger bowel gas and/or bloating several hours after eating	Yes	No
Dry or flaky skin and/or hair.	Yes	No

### **Environmental & Detoxification**

Intolerance to smells	Yes	No
Intolerance to lotion, shampoo, detergent, etc	Yes	No
Constant skin outbreaks	Yes	No
Excessively foul-smelling sweat	Yes	No
Acne and unhealthy skin	Yes	No
Muscle cramping	Yes	No
Shallow rapid breathing	Yes	No

**Energy**

Irritable if meals are missed	Yes	No
Eating relieves fatigue	Yes	No
Poor memory/forgetful	Yes	No
Fatigue after meals	Yes	No
Crave sweets during the day	Yes	No
Increased thirst and appetite	Yes	No
Crave salt	Yes	No
Slow starter in the morning	Yes	No
Headaches with exertion or stress	Yes	No
Cannot fall asleep	Yes	No
Weight gain under stress	Yes	No
Wake up tired even after 6 or more hours of sleep	Yes	No
Tired/sluggish	Yes	No
Gain weight easily	Yes	No
Morning headaches that wear off as the day progresses	Yes	No
Thinning of hair on scalp, face, or genitals, or excessive hair loss	Yes	No
Mental sluggishness	Yes	No
Heart palpitations	Yes	No
Insomnia	Yes	No

**Brain & Hormones**

Diminished sex drive	Yes	No
Increased inability to eat sugars without symptoms	Yes	No
Increased sex drive	Yes	No
Tolerance to sugars reduced	Yes	No
Frequent urination	Yes	No
Spells of mental fatigue	Yes	No
Mood swings	Yes	No
Depression	Yes	No

**Total of all answers with Yes circled:** \_\_\_\_\_