

# **BioChemical Individualism**

Thank you for your interest in our Biochemical Individualism program. Please complete the enclosed questionnaire to help us identify your biochemical type as well as develop an enzyme protocol and nutrition plan to help you achieve a healthy balance.

It is very important that you take the time to fill out the forms completely. If necessary you may also include additional information you feel is pertinent on the last page of the questionnaire or on a separate sheet of paper.

The information is usually processed within one week's time. You will receive an explanation about your designated biochemcial type, nutritional recommendations, and an individualized enzyme protocol. Please call us with any questions or comments about the products recommended for your unique biochemical body type.

When you have completed the questionnaire, please mail, fax, or email it to us. Also please let us know the best way for you to receive your response (phone, fax, or email).

Thank you, looking forward to working with you!

## BIOCHEMCIAL INDIVIDUALISM QUESTIONNAIRE

Name					
Address					
Phone (Day)		_(Evening)		E-mail	
How did you hear	about us?				
Height\	Weight	Date of Birt	h	Male / F	emale (circle one)
What do you cons	ider your idea	I weight?	_Any recent ch	nanges in wei	ght?
What are your ma	jor nutritional /	/ health goals?		<del></del>	
Are you a Vegetar	ian? If	yes, for how long	]?	<del></del>	
Do you consider y	our lifestyle st	ressful?			····
Do you now or ha	ve you ever co	onsumed alcohol	regularly?		
If yes, how many	drinks per wee	ek?			
Have you ever us	ed tobacco?_	# of years _	Amount	per day	Year quit
Are you now or we	ere you ever re	egularly exposed	to second har	nd smoke? _	
If yes, when?					
Have you ever us	ed recreationa	l drugs? If yes, p	lease specify:		<del></del>
Do you typically e	at breakfast, lu	unch, and dinner	?lf n	o, please expl	lain:
	ritional nature a	and not a medical	diagnosis. It is	considered con	am seeking is of an fidential information, s only.
Signature			Date		

Name
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## **DIET SECTION**

# PLEASE CIRCLE THE FOODS YOU ARE NOW OR HAVE BEEN IN THE PAST DRAWN TO

ΡΔ	$R\Delta$

Snacks / Crackers / Chips

Sweets / Candy Coffee / Tea

Bread

Cakes / Pies / Desserts

Toast / Jam Pasta

Potatoes

Rice Fruit

Honey

Vegetarian meals

### **ESTRO**

Rich or Heavily seasoned Foods

Spicy Foods

Fried Foods

Mexican or Chinese Foods

Pizza

French Fries

Creamy Dips

Sauces / Gravies / Toppings

Whipped Cream

Ice Cream

Butter

Chocolate

### **SUPRA**

Alcohol Chicken

Pork Chops / Ham / Bacon

Steak / Hamburger

Seafood

Hot Dogs / Salami

Pickles Olives Garlic

Nuts / Peanuts

Eggs

Salt / Salty Foods

### **NEURO**

**Dairy Products** 

Milk

Cheese (hard / cream)

Ice Cream

Yogurt

Frozen Yogurt

**Cottage Cheese** 

Fruit

Cereal

Whipped Cream

**Routine Meals** 

**Sweets** 

What foods do you like that cause digestive problems (gas, rash, allergies, belching)?
Pretend you have no health concerns and can have any meal or food. What would it be?

Name

### **PAST HISTORY**

# PLEASE CIRCLE ANY OF THE FOLLOWING PROBLEMS WHICH YOU HAVE NOW OR HAVE EXPERIENCED IN THE PAST

### PARA

PMS Mood Swings

Cold hands/ feet Neck/ Shoulder aches

Depression Pancreatitis
Eczema Skin eruptions

Fatigue Sprue/ Wheat intolerance

Brain Fog Thyroid

Headaches Low Blood Pressure

Hypoglycemia

### **ESTRO**

Aching feet Hepatitis/Jaundice
Arthritis High Cholesterol
Diabetes Gallbladder problems

Cirrhosis Hysterectomy

Cataracts Breast lumps/tumors
Psoriasis Menstrual problems
Cystitis Urinary problems
Hay Fever Prostate problems

#### SUPRA

Alcohol addiction

Sciatica

Back problems Belching Gout

Loss of hearing

Ear infections

Arteriosclerosis

High Blood Pressure

Gingivitis/Bleeding gums Kidney Disease (stones) Cardio vascular disease

Acid Reflux

Heartburn/indigestion

#### **NEURO**

Aching knees Crohn's Disease
Diverticulosis Frequent Infections
Hives Irritable Bowel
Colds Milk intolerance

Colitis Asthma

Weak Constitution

Chronic Allergies (seasonal/food) Chemical/Environmental Sensitivity

Abscesses Allergies Anemia Bronchitis Cancer (type:) Candidiasis Chicken Pox Chronic Viral Infections Constipation	Diarrh Dizzir Emph Fainti Funga Goite Gono Hemo Hiata
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Diarrhea
Dizziness
Emphysema
Fainting spells
Fungal Infections
Goiter
Gonorrhea
Hemorrhoids
Hiatal Hernia

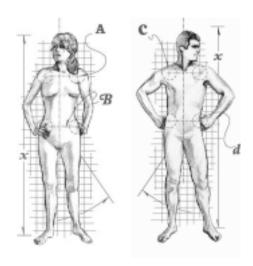
HIV/ AIDS
Insomnia
Lupus
Malaria
Measles
Mononucleosis
Mumps
Nervous Breakdown
Neuralgia

Night blindness Osteoporosis Pneumonia Polio Rheumatic Fever Scarlet Fever Sinus Infection Stroke Ulcers

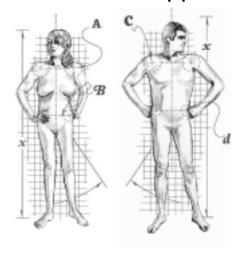
Other health concerns not listed:		

## WHICH ONE BEST DESCRIBES YOUR BODY?

### PARA

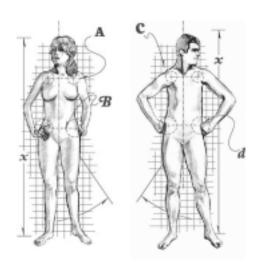


- Carries weight evenly, but can be held in the waist / stomach area
- Buttocks are high and round
- Width of clavicle and hips is equal
- Carry weight in upper body, especially the stomach
- No buttocks
- Width of clavicle is wider than distance between the hip points

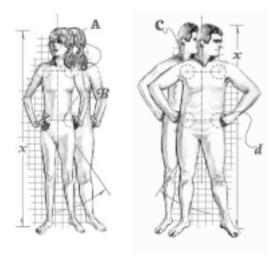


SUPRA

### ESTRO/ TESTRO



- Carries weight in the hips and thighs
- Buttocks are low and flat
- Width of clavicle is narrower than distance between the hip points
- Carry weight fairly evenly and body is soft
- Remained similar since teens
- No real distinction between width of clavicle, waist, and hip points



NEURO \_\_\_\_\_