

Name:					
Program start date:		Date of birth:		Age:	

ASSESSMENT : 0 - No Symptoms	1 - Minimal	2 - Mild	3 - Moderate	4 - Severe	5 - Extreme
SKIN	Pre-treatment	Week 1	Week 2	Week 3	Week 4
Rash					
Eczema, dermatitis or psoriasis					
Hives					
Itching					
Dry or flaky skin					
Oozing lesions					
Acne					
Excessive sweating					
Redness of skin					
Swelling					

RESPIRATORY	Pre-treatment	Week 1	Week 2	Week 3	Week 4
Itchy eyes					
Red eyes					
Sore eyes					
Watery eyes					
Swollen eyes					
Ear infections					
Itchy ears					
Ringing in ears					
Sinus pressure					
Sinus infections					
Nose bleeds					
Runny nose					
Blocked nose					
Itchy nose					
Sneezing					
Post nasal drip					
Sore throat					
Tickle in throat					
Clearing of throat					
Swollen lymph nodes					
Throat tightness					
Coughing					
Wheezing					
Shortness of breath					
Asthma					
Shallow breathing					
Chest pain					
Bronchitis					
Pneumonia					

DIGESTIVE	Pre-treatment	Week 1	Week 2	Week 3	Week 4
Mouth ulcers					
Reflux					
Heartburn					
Indigestion					
Nausea					
Gastric ulcer					
Bloating					
Cramping					
Gas pains					
Abdominal pain					
Lower abdominal pain					
Flatulence					
Constipation					
Diarrhea					
Alternating constipation / diarrhea					
Undigested food in stool					
Loss of appetite					
Food cravings					
Undigested food in stool					

MISCELLANEOUS	Pre-treatment	Week 1	Week 2	Week 3	Week 4
Headaches					
Migraines					
Blurry vision					
Heart palpitations					
Chest pain					
Rapid heart rate					
High blood pressure					
Arthritis					
Muscle cramps					
Muscle stiffness					
Swollen feet					
Arthritis					
Trouble falling asleep					
Trouble staying asleep					
Difficulty waking up					
Sleep apnea					
Irritable					
Lethargic					
Dizziness					
Urinary tract infections					
Weight gain					