Dr. Michelle Robin

Body Talk

Please list 3 major health goals in order of priority: *Current Date:* _____ *Reassess Date:* _____

1. _____

2. _____

3. _____

Please circle the appropriate number 0-3 on all questions below. 0 as the least/never to 3 as the most/always:

DIGESTION

Alternating constipation and diarrhea	**0**	**1**	**2**	**3**
Diarrhea	0	1	2	3
Constipation	**0**	**1**	**2**	**3**
Coated tongue or "fuzzy" debris on tongue	0	1	2	3
Frequent use of laxatives	**0**	**1**	**2**	**3**
Stomach pain, burning or aching 1-4 hours after eating	0	1	2	3
Feeling hungry an hour or two after eating	**0**	**1**	**2**	**3**
Temporary relief from antacids, food, milk, carbonated beverages	0	1	2	3
Bitter metallic taste in mouth, especially in the morning	**0**	**1**	**2**	**3**
Unexplained itchy skin	0	1	2	3
Stool color alternates from clay colored to normal brown.	**0**	**1**	**2**	**3**
Excessive belching, burping or bloating	0	1	2	3
Difficulty digesting fruits/vegetables; undigested foods found in stools	**0**	**1**	**2**	**3**
Roughage and fiber cause constipation	0	1	2	3
Frequent urination.	**0**	**1**	**2**	**3**
Increased thirst and appetite	0	1	2	3
History of gallbladder attacks or stones	**0**	**1**	**2**	**3**
Have you had your gallbladder removed?	yes			no

BLOOD SUGAR

Crave sweets during the day	**0**	**1**	**2**	**3**
Irritable if meals are missed	0	1	2	3
Depend on coffee to keep yourself going or started	**0**	**1**	**2**	**3**
Eating relieves fatigue	0	1	2	3
Agitated, easily upset, nervous	**0**	**1**	**2**	**3**
Poor memory, forgetful	0	1	2	3
Blurred vision	**0**	**1**	**2**	**3**
Must have sweets after meals	0	1	2	3

NERVOUS SYSTEM

Have difficulty falling asleep	**0**	**1**	**2**	**3**
Have difficulty staying asleep; wake tired	0	1	2	3
Get ill often	**0**	**1**	**2**	**3**
Numbness and/or tingling in hands or feet	0	1	2	3
Frequent Headaches.	**0**	**1**	**2**	**3**
Multiple car accidents	0	1	2	3
Limited flexibility	**0**	**1**	**2**	**3**
History of severe falls	0	1	2	3
Have poor concentration	**0**	**1**	**2**	**3**
Wake up with pain	0	1	2	3
Go to bed with pain	**0**	**1**	**2**	**3**
Take over-the-counter pain medication	0	1	2	3
Take prescription pain medication	**0**	**1**	**2**	**3**
Have a condition that is unidentified by my medical doctor	0	1	2	3

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Body Talk *(continued...)*

HORMONES

Cannot stay asleep	**0**	**1**	**2**	**3**
Crave salt	0	1	2	3
Dizziness when standing up quickly	**0**	**1**	**2**	**3**
Headaches with exertion or stress	0	1	2	3
Weak nails	**0**	**1**	**2**	**3**
Tired, sluggish	0	1	2	3
Feel cold – hands, feet, all over	**0**	**1**	**2**	**3**
Depression, lack of motivation	0	1	2	3
Outer third of eyebrow thins	**0**	**1**	**2**	**3**
Thinning hair on scalp, face or genitals or excessive hair falling out	0	1	2	3
Mental sluggishness	**0**	**1**	**2**	**3**
Cannot fall asleep	0	1	2	3
Perspire easily	**0**	**1**	**2**	**3**
Excessive perspiration or perspiration with little or no activity	0	1	2	3
Heart palpations	**0**	**1**	**2**	**3**
Inward trembling	0	1	2	3
Increased pulse even at rest	**0**	**1**	**2**	**3**
Under high amounts of stress	0	1	2	3

FEMALE HORMONES

Pain and cramping during periods	**0**	**1**	**2**	**3**
Breast pain and swelling during menses	0	1	2	3
Irritable and depressed during menses	**0**	**1**	**2**	**3**
Pelvic pain during menses	0	1	2	3
Acne break outs	**0**	**1**	**2**	**3**
Hot flashes	0	1	2	3
Mental fogginess	**0**	**1**	**2**	**3**
Disinterest in sex	0	1	2	3
Mood swings	**0**	**1**	**2**	**3**
Facial hair growth	0	1	2	3

MALE HORMONES

Urination difficulty or dribbling	**0**	**1**	**2**	**3**
Frequent urination	0	1	2	3
Feeling of incomplete bowel evacuation	**0**	**1**	**2**	**3**
Leg nervousness at night	0	1	2	3
Decrease in libido	**0**	**1**	**2**	**3**
Decrease in fullness of erections	0	1	2	3
Spells of mental fatigue	**0**	**1**	**2**	**3**
Increase in fat distribution - chest and hips	0	1	2	3

OTHER

I don't enjoy food	**0**	**1**	**2**	**3**
I have negative thoughts about my body image	0	1	2	3
I don't eat with people I care about	**0**	**1**	**2**	**3**
I don't eat slowly and mindfully	0	1	2	3
I am concerned with my memory	**0**	**1**	**2**	**3**
I am not committed to making changes in my well being	0	1	2	3
I am concerned about my alcohol intake	**0**	**1**	**2**	**3**
I am concerned about taking medications	0	1	2	3

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Digestion

- Chew you food (20-30 times per bite)
- Drink 1⁄2 your body weight in ounces of water each day
- Increase your veggies and fruits (unprocessed fiber)
- Make time for restroom habits
- Limit dairy products
- Breathe deeply

Blood Sugar

- Start your day with 20 ounces of water
- Eat a good breakfast
- Eat before drinking any caffeine or alcohol
- Eat 3-5 times a day
- Limit processed food
- Get cardiovascular exercise

Nervous System

- Establish a healthy bedtime routine; try to get 8 hours of sleep a night
- Sleep on your back or side
- Stretch 15 minutes a day &/or use a foam roller
- Don't smoke
- Limit alcohol consumption
- Find an outlet for your stress

Hormones

- Get plenty of Vitamin D
- Eat healthy fats (walnuts, olive oil, coconut oil, etc.)
- Limit the amount of soy in your diet. Soy is used as a filler in many products; it is even used in plastic water bottles; soy increases the estrogen in your body
- Limit artificial sweeteners
- Do yoga
- Limit the amount of gluten in your diet
- Develop a great sleep routine

- Mostly 2's and 3's: You need to stop, make a course correction and take action in that area
- Mostly 1's and 2's: You need to use caution, pay attention and start making changes in that area
- Mostly 0's and 1's: You're doing good in that area, keep moving

Think of it as if you are driving across country with a GPS. The more often you stop, pull off the road or take a detour (red), the more the GPS has to reroute itself. When the GPS is having to constantly recalculate and reroute, more energy is used, and your journey can become complicated. You need to make a course correction and take action to stay on the clearest route to wellness.

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