

SYMPTOM SURVEY -

Check any of the following which you currently have or experience on a regular basis:

ACID FOODS UPSET
KEYED UP FAIL TO CALM - STARTLES EASILY
CUTS HEAL SLOWLY
SUBJECT TO COLDS, ASTHMA, BRONCHITIS, ALLERGIES
MUSCLE CRAMPS AT NIGHT
CRAVE CANDY OR COFFEE IN AFTERNOONS
EYES OR NOSE WATERY
CONSTIPATION/DIARRHEA ALTERNATING (USE LAXATIVES)
INDIGESTION/LOWER BOWEL GAS SEVERAL HOURS AFTER EATING
GET SHAKY IF HUNGRY

HEART PALPITATES
BRUISE EASILY
FREQUENT SKIN RASHES
FATIGUE EASILY
HISTORY OF GALL BLADDER ATTACKS/STONES
INSOMNIA
MENTAL SLUGGISHNESS
ARTHRITIC TENDENCIES
WEIGHT GAIN AROUND HIPS OR WAIST
IRRITABILITY AND RESTLESSNESS

List the three (3) Main Complaints you have in the order of their importance:

1. _____
2. _____
3. _____

Nutritional changes can help alleviate many of these symptoms!

Would you or an immediate family member be interested in receiving a nutritional consultation at our office to find out more about what you can do to eliminate these problems?

YES NO

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