

Submission Date	2018-05-09 22:03:24
What additional survey(s) do you want to complete today other than the Optimal Wellness Survey?	Both Amino Acid & Detoxification Surveys
Name	David Kanfer
Gender	Male
Date	05.08.2018
Age	70
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Height	5 Foot 8.5 Inch
Weight	140
Address	Street Address: 9239 Fern City: Des Plaines State: IL Zip Code: 60016 Country: United States
Color of Eyes	hazel
Email	dkanfer@sbcglobal.net
Check any that you harbor or are experiencing for yourself or towards others at this time.	Anger Fear Grief Helplessness Hopelessness Insecurity Inpatient Sorrow Regret
Check what currently applies to you	Always Indoors Have plenty of green plants in my living space
Check which currently applies	Weakness Drink less than eight 8 ounce glasses of water daily
Check which currently applies	Depression Poor Bone Health Low Vitamin D levels
Check what you are currently experiencing	Live near electrical towers Fatigue Bouts of unexplained fear or anxiety Tingling or prickly sensation across face or other parts of body
Check which applies to you	Exercise regularly at least twice a week Fatigue Weakness Muscle atrophy Depression Lack of flexibility and good balance
Check what applies to you presently	50% of my diet is made up of raw foods I consume very little dairy or gluten (2 to 3 meals a week)

Eat fresh and/or organic foods as much as possible
Vegetarian

Fried Foods	daily
Fatty meats/lunch meats	none
Soft Drinks/Sodas	none
Candy or Gum	none
Commercial Pizza	none
Pork Meat	none
Bottom dwelling fish (Shrimp, lobster, clams, etc.)	none
Refined white flour products (Bread, rice, pasta, etc.)	more than once a week
Commercial Cookies/Desserts	weekly
Margarine	none
Breakfast	11am organic cereal flax meal drink almond or coconut milk smoothie
Lunch	scrambled organic eggs organic yogurt organic peanut butter canned wild salmon
Dinner	all organic black beans pickled beets rice or quinoa green salad humus whole grain chips avocado
Snacks	organic preserves organic or non-gmo corn chips breakfast organic or non-gmo whole wheat bars
Check which blood type you are	A
Check which body type you are	Ectomorph (Thin boned, small frame)
Section A: Check which currently applies	Autoimmune disease Difficulty sleeping Depression/poor mood Sore muscles or stiff joints
Section B: Check which currently applies	High Blood Pressure Numbness and tingling in extremity Twitching of face and other muscles Tremors or shakes of hands, feet, head, etc. Jumpy, jittery, nervous Depression Unexplained irritability Sudden, unexplained or unsolicited anger Constant or frequent ringing in the ears Frequent urination during the night Unexplained chronic fatigue Constant or frequent pain in joints Frequent insomnia
Check which presently or frequently applies to you	Fatigue
Check which presently or frequently applies to you	Fatigue Depression Itchy ears or ringing in the ears Chemical and fume intolerance

Biotin	Loss of muscle control Insomnia Muscle weakness
Calcium	Depression Irritability Insomnia Osteoporosis Tooth decay
Chromium	Anxiety Fatigue
Copper	Depression Fragile Bones Fatigue Weakness
Protein	Increased secretion from mouth/nose/eyes. Low Exercise Tolerance Fatigue
Carbohydrates	Muscle weakness Inability to concentrate
Folic Acid	Fatigue Insomnia Weakness Anemia
Iodine	Fatigue
Iron	Anemia Depression Fatigue
Magnesium	Anxiety Nervousness Muscular irritability Weakness Restlessness
Manganese	Loss of muscle control Ringing in ears
Niacin	Depression Emotional Instability Fatigue Irritability
Pantothenic Acid (B6)	Burning Feet Depression Fatigue Insomnia Irritability
Potassium	Depression Fatigue Glucose Intolerance Insomnia Mental Impairment Nervousness Muscle Weakness
Pyridoxine (B6)	Anemia Depression Fatigue Loss of Appetite
Riboflavin	Dermatitis Nervousness Neurological Symptoms (Numbness/Loss Of Sensation/"Electric Shock" Sensations)
Selenium	Insufficiency (Inability to secrete adequate amounts of digestive enzymes)
Thiamin	Nervousness Numbness of Hands & Feet Weakness
Vitamin A	Fatigue
Vitamin B-12	Depression Fatigue Low Stomach Acid Moodiness Numbness Spinal Cord Degeneration
Vitamin C	Depression Easy Bruising Joint Pains Malaise Tiredness
CoQ10	Fatigue Seizures Muscle Weakness Kidney Failure Scoliosis Cerebellar Atrophy
Vitamin D	Insomnia Nervousness
Zinc	Amnesia Depression Fatigue

I. Check which you are frequently or presently experiencing

Sleepy after meals

II. Check which presently or frequently applies

Stomach upset by greasy foods
History of drug or alcohol abuse
Long term use of prescription or recreational drugs
Sensitive to chemicals
Chronic fatigue or fibromyalgia

III. Check which currently or frequently applies

Dairy sensitivity
Use over the counter pain medications

V. Check which presently or frequently applies

Sleepy in the afternoon
Fatigue that is relieved by eating
Frequent Urination

VI. Check which presently or frequently applies

Tend to be a night person
Difficulty falling asleep
Slow starter in the morning
Keyed up, trouble calming down
Chronic low back pain, worse with fatigue
Salt foods before tasting
Weakness, dizziness

VII. Check which presently or frequently applies

Nervous, emotional, can't work under pressure
Inward trembling
Easily fatigued, sleepy during the day

VIII (Men Only). Check which presently or frequently applies

Prostate problems
Difficulty with urination or dribbling
Difficult to start or stop urine stream
Waking to urinate at night
Interruption of stream during urination

X. Check which presently or frequently applies

Numbness in certain parts of the body
Lack of energy or frequent exhaustion
Low libido (sex drive)
Dark circles under eyes
Problems with sleep
Chronic pain or muscular and joint stiffness

XI. Check which presently or frequently applies

Pain in mid-back region
Puffy around the eyes, dark circles under eyes
Urine has a strong odor

XII. Check which presently or frequently applies

History of Epstein Bar
History of Mono, Herpes

List the Medications you presently take: Prescription and over the counter

tamsulosin .04 mg sinemet or carbidopa-levodopa 25/100 baby aspirin sometimes 81mg

List the Vitamin Supplements You Presently Take:

lots

List the Medical Conditions You Have Been Diagnosed as Having:

parkinsons disease osteopenia depression

List Any Operations You Have Had:

left side partial hip surgery right side hip pins and screws i right side hernia surgery

List the Medical Conditions that Run in Your Family

diabetes glaucoma shingles nervousness joint problems heart disease dementia shaking and possible tremours

What Have You Come Here For?

healing as much as possible esp parkinsons disease and all tremours shaking etc need relief

Check which conditions or states apply to you at this time

Fatigue

Isoleucine. Check the conditions that apply currently

Depression Irritation

Leucine. Check the conditions that apply currently

Irritation Fatigue

Lysine. Check the conditions that apply currently	Lack of energy Herpes simplex Inability to concentrate High Triglycerides Anemia
Methionine. Check the conditions that apply currently	Depression Parkinson's disease Allergic chemical sensitivities
Phenylalanine. Check the conditions that apply currently	Fatigue Anxiety Depression/moodiness
Threonine. Check the conditions that apply currently	Agitation Poor nutrient absorption Decreased protein uptake
Tryptophan. Check the conditions that apply currently	Depression Anxiety/Panic attacks Insomnia Restless legs Aggression
Valine. Check the conditions that apply currently	Myelin sheath deterioration Insomnia Muscle function and mental health deterioration
Histidine. Check the conditions that apply currently	Joint pain
L'Carnitine. Check the conditions that apply currently	Physical stress/Mental Stress Lack of energy
Tyrosine. Check the conditions that apply currently	Depressed mood Muscle weakness and shrinkage despite exercise Restless legs
Taurine. Check the conditions that apply currently	Ringin in the ears Muscle problems Reduced endurance
Glutamine. Check the conditions that apply currently	Leaky Gut Syndrome/Gastrointestinal Problems Bowel changes
Glycine. Check the conditions that apply currently	Depression Muscle and Joint problems Gastro-Intestinal problems
Proline. Check the conditions that apply currently	Connective tissue diseases
Cysteine. Check the conditions that apply currently	Muscle loss Weakness Oxidative stress
Aspartic Acid. Check the conditions that apply currently	Loss of energy Poor concentration Irritability Chronic fatigue
Citrilline. Check the conditions that apply currently	Fatigue Weakness of Muscles Poor circulation Low Sex Drive
Nitric Oxide. Check the conditions that apply currently	Poor concentration and low memory Irritability/anxiety/or depression Poor sleep Less energy during body workouts Stressful lifestyle Aging (look older than should)
Dimethylglycine. Check the conditions that apply currently	Chronic fatigue syndrome
Glutathione. Check the conditions that apply currently	Weakness/lack of energy
Glutamic Acid. Check the conditions that apply currently	Neurological conditions Parkinson's disease Benign prostate hyperplasia

Carnosine. Check the conditions that apply currently

Low exercise tolerance Parkinson's disease Oxidative stress

Creatine. Check the conditions that apply currently

A muscle disease Muscle weakness Muscle stiffness and pain / decreased mobility such as muscular dystrophy

Ornithine. Check the conditions that apply currently

Low exercise tolerance

Serine. Check the conditions that apply currently

Chronic fatigue Delayed or reduced cognitive and physical skills Parkinson's disease Slow muscle growth ADHD ADD

Serotonin. Check the conditions that apply currently

Anxiousness Compulsiveness Depressed mood Sleep-cycle disturbances Low libido Irritability Sense of overwhelming Feeling of sadness and loss of pleasure

GABA. Check the conditions that apply currently

Ringing in ear Muscle tension (especially in the neck and back) Trembling/twitching

Dopamine. Check the conditions that apply currently

Depression Inability to handle stress Fatigue Mood swings Inability to concentrate ADHD Forgetfulness Failure to finish tasks

Head

	0	1	2	3	4
Headaches	✓	-	-	-	-
Dizziness	✓	-	-	-	-
Insomnia	-	✓	-	-	-
Faintness	✓	-	-	-	-

Ears

	0	1	2	3	4
Itchy Ears	✓	-	-	-	-
Ringing in ears/Loss of hearing	-	-	✓	-	-
Ear-aches/Ear infections	✓	-	-	-	-
Drainage from ear	✓	-	-	-	-

Eyes

	0	1	2	3	4
Bags or dark circles under eyes	-	-	-	✓	-
Watery or itchy eyes	-	-	-	✓	-
Swollen, Reddened, or Sticky Eyelids	✓	-	-	-	-
Blurred or tunnel vision (excluding near- or far- sightedness)	✓	-	-	-	-

Nose

	0	1	2	3	4
Stuffy nose	-	-	-	✓	-
Sinus congestions, sinus infection	-	✓	-	-	-
Constant sneezing	-	✓	-	-	-
Hay fever/allergies	✓	-	-	-	-
Excess mucus formation	-	✓	-	-	-

Mouth/Throat

	0	1	2	3	4
Chronic coughing	✓	-	-	-	-

Sore throat, hoarseness, loss of voice		-	-	-	-
Gagging, frequent need to clear throat	-		-	-	-
Swollen tongue, gums, or lips		-	-	-	-
Swollen lymph nodes		-	-	-	-
Canker sores, mouth ulcers		-	-	-	-

Heart

	0	1	2	3	4
Chest pain		-	-	-	-
Irregular or skipped heartbeat		-	-	-	-
Rapid or pounding heartbeat		-	-	-	-

Lungs

	0	1	2	3	4
Asthma, bronchitis		-	-	-	-
Chest congestion		-	-	-	-
Shortness of breath	-		-	-	-
Difficulty breathing		-	-	-	-

Skin

	0	1	2	3	4
Acne or brown "age/liver spots"		-	-	-	-
Hives, rashes, cysts, boils		-	-	-	-
Eczema or psoriasis		-	-	-	-
Itchy skin/dermatitis		-	-	-	-
Hair loss/ hair thinning	-		-	-	-
Body odor	-		-	-	-
Excessive sweating		-	-	-	-

Joints/Muscles

	0	1	2	3	4
Pain or aches in joints or lower back	-	-	-		-
Stiffness or limitation of movement	-	-		-	-
Arthritis		-	-	-	-
Pain or aches in muscles	-	-		-	-

Mental/Emotional

	0	1	2	3	4
Poor memory	-		-	-	-
Difficulty concentrating	-		-	-	-
Mood swings	-	-		-	-
Depression	-	-	-		-
Anxiety, fear, or nervousness	-	-		-	-
Anger, irritability, or aggressiveness	-	-	-		-
Insomnia	-	-	-		-

Energy Level

0 1 2 3 4

Fatigue/Low Energy	-	-	-		-
Restlessness	-	-	-		-
Hyperactivity	-		-	-	-
Feeling of weakness	-	-	-		-

Weight

	0	1	2	3	4
Underweight	-		-	-	-
Overweight		-	-	-	-
Difficulty losing weight		-	-	-	-
Crave certain foods	-		-	-	-

Other

	0	1	2	3	4
PMS		-	-	-	-
Frequent colds, flus		-	-	-	-
Chemical or environmental sensitivities	-	-	-		-
Food allergies/sensitivities	-		-	-	-