

Submission Date	2018-09-13 14:57:12
Which survey are you completing today?	Optimal Wellness Survey
Name	Karin Wolf
Gender	Female
Date	09.23.1976
Age	41
Contact Number	(1) (847) 6528173
Height	5 Foot 6 Inch
Weight	122
Address	Street Address: 10828 Allegheny Pass City: Huntley State: IL Zip Code: 60142 Country: United States
Color of Eyes	Brown
Email	karinwolf@att.net
(a) Check any that you harbor or are experiencing for yourself or towards others at this time	Grief
(b) Check what currently applies to you	Headaches Fatigue
(c) Check which currently applies	Headaches Leg and arm cramps Weakness
(d) Check which currently applies	Outdoors at least 30 minutes a day
(e) Check what you are currently experiencing	Headaches Brain fog Loss of memory On computer more than six hours Aching muscles Fatigue
(f) Check which applies to you	Fatigue Weakness
(g) Check which currently applies	Use lots of toilet paper to clean yourself
(h) Check what applies to you presently	Eat at least two types of fruit daily I consume very little dairy or gluten (2 to 3 meals a week)
Pork Meat	Weekly
Bottom dwelling fish (Shrimp, lobster, clams, etc.)	Weekly

Commercial Cookies/Desserts	More than once GF
Breakfast	8am Banana, strawberries and/or cantaloupe or pineapple handful of almonds
Lunch	12:30pm Chicken breast plain and salad with cucumber, tomato and carrot
Dinner	Some sort of meat protein with jasmine rice or egg white omelette
Snacks	Gluten free pretzels
Check which blood type you are	B
Check which body type you are	Ectomorph (Thin boned, small frame)
(i) Section A: Check which currently applies	Chronic Headaches/migraines Digestive problems Autoimmune disease Low energy Sore muscles or stiff joints
(j) Section B: Check which currently applies	Frequent diarrhea Unexplained irritability Frequent leg cramps Frequent urination during the night Unexplained chronic fatigue Poor or failing memory Constant or frequent pain in joints Frequent insomnia
(k) Check which presently or frequently applies to you	Gas Bloating Diarrhea Fatigue History of parasitic infections Difficulty overcoming intestinal yeast growth
(l) Check which presently or frequently applies to you	Gas Bloating Constipation and/or diarrhea Fatigue Depression Recurrent bladder infections or irritation General itching Craving for sweets, alcohol, bread, cheese
Biotin	Insomnia Muscle weakness
Calcium	Insomnia Depression Irritability
Chromium	Anxiety Fatigue
Copper	Depression Diarrhea Fatigue Weakness
Essential Fatty Acids	Diarrhea
Protein	Muscle cramps Bleeding Gums Fatigue
Carbohydrates	Muscle weakness Inability to concentrate
Folic Acid	Diarrhea Fatigue Headaches Insomnia Shortness of Breath Weakness
Iodine	Fatigue

Iron	Depression Dizziness Fatigue Headaches
Magnesium	Anxiety Confusion Nervousness Restlessness Weakness
Manganese	Dizziness
Niacin	Diarrhea Fatigue Irritability Memory Impairment Muscle Weakness Poor Circulation Confusion Depression
Pantothenic Acid (B6)	Fatigue Irritability Insomnia
Potassium	Fatigue Insomnia
Pyridoxine (B6)	Depression Dizziness Facial Oiliness Fatigue Irritability
Riboflavin	Depression Dizziness Sleepiness Weakness
Thiamin	Digestive Problems Memory Loss Weakness
Vitamin A	Fatigue Insomnia
Vitamin B-12	Depression Dizziness Fatigue Intestinal Disturbances Headaches Irritability Moodiness
Vitamin C	Bleeding Gums Depression Irritability Joint Pains Tiredness
CoQ10	Muscle Weakness Fatigue
Vitamin D	Diarrhea Insomnia
Zinc	Depression Diarrhea Fatigue Irritability Memory Impairment
I. Check which you are frequently or presently experiencing	Stomach upset by taking vitamins Feel better if you do not eat Fingernails chip, peel or break easily Chronic Diarrhea Diarrhea shortly after meals Undigested food in stool
II. Check which presently or frequently applies	Pain between shoulder blades Stomach upset by greasy foods I am a recovering alcoholic History of drug or alcohol abuse Chronic fatigue or fibromyalgia
III. Check which currently or frequently applies	Sinus congestion Wheat or grain sensitivity Dairy sensitivity
IV. Check which presently or frequently applies	Dark circles under eyes Excessive foul smelling lower bowel gas Irritable bowel or mucous colitis
V. Check which presently or frequently applies	Crave Sweets Sleepy in the afternoon Frequent thirst Frequent Urination
VI. Check which presently or frequently applies	Become dizzy when standing up suddenly Chronic fatigue or get drowsy often Weakness, dizziness

VII. Check which presently or frequently applies

Intolerant of high temperatures
Easily fatigued, sleepy during the day
Sensitive to cold, poor circulation (cold hands and feet)
Seasonal sadness
Loss of lateral 1/3 of eyebrow

IX (Women Only). Check which presently or frequently applies

Mood swings associated with periods (PMS)
Scanty blood flow during periods

X. Check which presently or frequently applies

Compelled to open windows in a closed room
Frequent dizziness
Memory loss
Lack of energy or frequent exhaustion
Unexplained digestive problems
Low libido (sex drive)
Headaches
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

XII. Check which presently or frequently applies

Frequent colds or flu
Frequent infections
History of Mono, Herpes

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

Cymbalta 60mg 1x day, Topiramate 100mg 2x day, D-amphetamine Er 30mg 1x day, Xifaxan 550mg 3x day

List the Medical Conditions You Have Been Diagnosed as Having:

SIBO, Interstitial cystitis, IBS, fibromyalgia

List Any Operations You Have Had:

breast augmentation, appendectomy, left ovary removed, rectal prolapse repair, medtronic stimulant implant

List the Medical Conditions that Run in Your Family

high cholesterol, heart disease

What Have You Come Here For?

treatment for small intestine bacteria overgrowth