

# BioMeridian Patient Questionnaire

Please answer the following questions with one of these five responses.

1 = Never    2 = Rarely    3 = Sometimes    4 = Frequently    5 = Daily

**Please mark one answer for each question**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**LY** Do you experience recurrent infections, sinusitis, postnasal drip, or swollen lymph nodes, etc.? \_\_\_\_\_

**LU** Do you experience recurrent respiratory infections, coughs, bronchitis, pneumonia, asthma, etc.? \_\_\_\_\_

**LI** Do you experience bouts of diarrhea or constipation gas, bloating, etc.? \_\_\_\_\_

**NE** Do you experience irritability, nervousness, trembling, anxiety, memory problems? \_\_\_\_\_

**CI** Do you have cold fingers or toes, blood pressure problems, varicose veins, arteriosclerosis, etc.? \_\_\_\_\_

**AL** Do you react to pollens, molds, foods, seasonal irritants, perfumes, animal dander, etc.? \_\_\_\_\_

**OR** Do you have slow metabolism, are you always hungry, have low energy at specific times of day? \_\_\_\_\_

**TW** Do you have mood swings, problems sleeping, are you always cold, have chemical imbalances, etc.? \_\_\_\_\_

**HT** Do you experience palpitations, arrhythmia, impairments from prior infections, weak valves, etc.? \_\_\_\_\_

**SI** Do you have recurrent yeast infections, frequent antibiotic use, poor diet, gas, bloating, etc.? \_\_\_\_\_

**GV** Do you experience spinal stiffness or pain, headaches, mental confusion, depression, etc.? \_\_\_\_\_

**PA** Do you have diabetes, hypoglycemia, irritability, shaking if you skip a meal, etc.? \_\_\_\_\_

**SP** Do you experience chronic fatigue, recurring infections, lowered immune response, etc.? \_\_\_\_\_

**LV** Do you experience jaundice, high cholesterol, discomfort in the liver region, blood disorder, etc.? \_\_\_\_\_

- JO** Do you have arthritis, back pain, discomfort when moving, weather triggered ailments, etc.? \_\_\_\_\_
- ST** Do you experience digestive disturbances, high acidity, bloating or gas after meals, etc.? \_\_\_\_\_
- FI** Do you have Fibromyalgia, rheumatism, carpal tunnel, slow recovery after exercise, etc.? \_\_\_\_\_
- SK** Do you have rashes, dryness or cracking, scaly patches, eczema, acne psoriasis, etc.? \_\_\_\_\_
- FA** Do you have lipomas, degenerative liver disease, breast tumors, problems burning fat, etc.? \_\_\_\_\_
- GB** Do you have a history of gallstones, discomfort after eating rich foods, low fat metabolism, etc.? \_\_\_\_\_
- CV** Do you experience impotence, miscarriages, sterility, gynecologic or genital disorders, etc.? \_\_\_\_\_
- KI** Do you experience edema, gout, pain in the lower back, burning urination, kidney stones, etc.? \_\_\_\_\_
- UB** Do you have recurring infections, itching or yeast problems, painful urination, "leaking", etc.? \_\_\_\_\_
- Ovary & Uterus:** Do you have PMS, menstrual pains or discomfort, irregular periods, mood swings, etc.? \_\_\_\_\_
- Prostate:** Do you experience urinary discomfort, frequency of urination, etc.? \_\_\_\_\_
- Teeth:** Do you have sensitive teeth or experience pain or discomfort in the teeth, gums or jaw region? \_\_\_\_\_
- Stress:** Do you experience stress from work, finances, society, or relationships that you feel cause physical ailments? \_\_\_\_\_
- Energy:** Do you lack motivation, drive, perseverance, stamina, or endurance? \_\_\_\_\_
- Feelings of Well-being:** Do you lack a sense of happiness, joy, feelings of fulfillment, a positive outlook on life? \_\_\_\_\_
- Immune System:** Are you susceptible to infections, allergies, or sensitive to pollution, or work environment? \_\_\_\_\_
- State of Health:** Do you experience symptoms affecting your emotions, mental focus and all or part of your body? \_\_\_\_\_