

Biochemical Individualism Profiling Questionnaire
Bartann Massage Therapy Clinic

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____

E-mail: _____ Height: _____ Weight: _____

How did you hear about us? _____

What is your major nutritional concern? _____

Have you had any recent changes in weight? YES NO

Are you a Vegetarian? YES NO If yes, how long? _____

Please list any supplements and/or medications you are currently taking: _____

How many bowel movements do you have in one day? _____

Do you have a regular exercise program? YES NO

If yes, please explain: _____

Please review the list below. Circle any problems you are having or have experienced:

Constipation	Diarrhea	Heartburn	Headache
Belches	Fatigue	Allergies	Insomnia
Over-weight	Gout	PMS	Underweight
Indigestion	High Cholesterol	Fungus	Depression
Stressful Lifestyle	Body Aches	Skin Disorders	Flatulence (Gas)

This information is provided for nutritional purposes only. The information I am seeking is of an educational and nutritional nature and not a medical diagnosis. It is considered confidential information, and any results received will be documented for research and development reasons only.

MUST BE SIGNED

Signature: _____ Date: _____

Biochemical Individualism Profiling Questionnaire
Bartann Massage Therapy Clinic

MEDICAL HISTORY

Please circle any of the following problems which you have now or have experienced in the past.

- | | | | |
|-------------------------|-----------------------|---------------------|----------------------|
| Allergies | Aching Feet | Alcohol Addiction | Aching Knees |
| Cold Hands/Feet | Arthritis | Arteriosclerosis | Chemical Sensitivity |
| Depression | Bladder Infection | Back Problems | Chron's Disease |
| Fatigue | Breast Lumps | Candidiasis | Chronic Allergies |
| Headaches | Breast Tumors | Constipation | Colds |
| Hemorrhoids | Cataracts | Ear Infections | Colitis |
| Low Blood Pressure | Cirrhosis | Herniated Disc | Diverticulosis |
| Hypoglycemia | Cystitis | High Blood Pressure | Irritable Bowel |
| Neck/Shoulder Aches | Eczema | Sciatica | Milk Intolerance |
| PMS | Hysterectomy | Kidney Disease | Spastic Colon |
| Pancreatitis | Gall Bladder Problems | Lower Back Ache | |
| Skin Irruptions | Gall Stones | Loss of Hearing | |
| Sprue/Wheat Intolerance | Hay Fever | Osteoporosis | |
| Thyroid Disorders | Hepatitis | | |
| Ulcers | Hives | | |
| Upset Stomach | Jaundice | | |
| | Prostate Problems | | |
| | Psoriasis | | |
| | Urinary Problems | | |

- | | | |
|--------------------------|-----------------|-------------------|
| Abscesses | Fainting Spells | Mononucleosis |
| Anemia | Fibromyalgia | Mumps |
| Asthma | GERD | Nervous Breakdown |
| Bleeding Gums | Gingivitis | Neuralgia |
| Bronchitis | Goiter | Night Blindness |
| Cancer | Gonorrhea | Pneumonia |
| Chicken Pox | Heart Disease | Polio |
| Chronic Fatigue Syndrome | Hiatus Hernia | Rheumatic Fever |
| Chronic Viral Infections | Kidney Stones | Scarlet Fever |
| Diabetes | Lupus | Sinus Infection |
| Dizziness | Malaria | Stroke |
| Enphysema | Measles | Other: _____ |

REMEMBER: Disease is not bound to happen...it can be overcome!

Biochemical Individualism Profiling Questionnaire
Bartann Massage Therapy Clinic

DIET PREFERENCES

Please circle the foods that you are now or have been in the past drawn to.

- | | | | |
|--------------|------------------------|---------------|---------------------|
| Breads | Creamy Desserts | Aged Cheese | Cereal |
| Cakes/Pies | Creamy Pie | Bacon | Cheese (Hard/Cream) |
| Chocolate | Creamy Dips | Butter | Cookies |
| Coffee | French Toast | Chips | Cottage Cheese |
| Fruit | Fried Foods | Eggs | Cream Sauce |
| Honey | Fries | Fried Chicken | Dairy Products |
| Pasta | Ice Cream | Garlic | Frozen Yogurt |
| Potatoes | Mexican/Chinese Food | Ham | Fruit |
| Rice | Pizza | Hamburger | Ice Cream |
| Snacks | Rich Foods | Hot Dogs | Milk |
| Starches | Spicy Foods | Nuts | Whipped Cream |
| Sweet Breads | Veggies w/ Cream Sauce | Olives | Yogurt |
| Sweets | Whipped Cream | Peanuts | |
| Tea | | Pickles | |
| Toast & Jam | | Pork Chops | |
| | | Salami | |
| | | Salt | |
| | | Steak | |

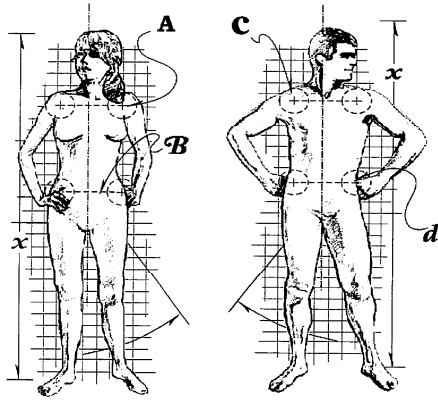
What foods do you like that don't like you? _____

Imagine having no health concerns and fill in the blank:

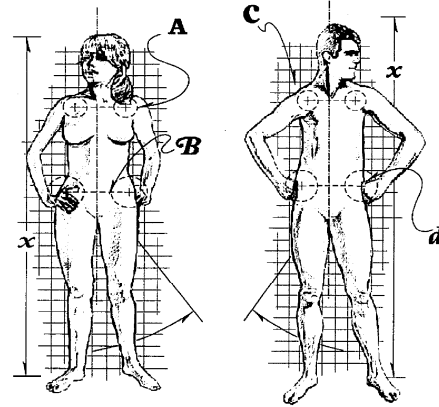
A MEAL ISN'T COMPLETE FOR ME WITHOUTÍ

Biochemical Individualism Profiling Questionnaire
Bartann Massage Therapy Clinic

WHICH BEST DESCRIBES YOUR BODY?

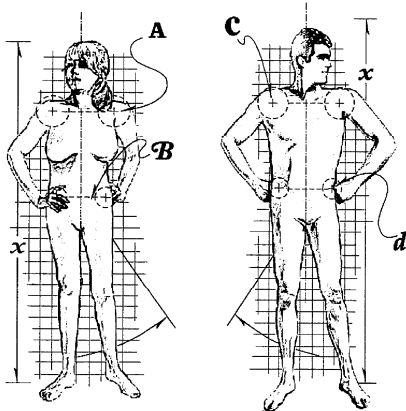


- * Carry weight evenly and hold in stomach
- * Buttocks is high and round
- * Shoulders and hips are equal width



- * Carry weight in hips and thighs
- * Buttocks is low and flat
- * Shoulders are narrow & hips are broad

- * Carry weight in upper body, especially the stomach
- * No buttocks
- * Shoulders are broad and hips are narrow



- * Carry weight fairly evenly and body is soft
- * Remained similar since teens
- * No real distinction between width of shoulders, waist and hips

