



Email to: Brian Jones – b.jones@espsmd.com or FAX – 410-334-6960

Name _____.

Our mission is to improve your health and longevity. It's as easy as 1-2-3.

1. **On the front - check off items you experience.**
2. **On the next page – add up your checks and determine weak areas.**
3. **Email, send or drop off to ESPS Total Wellness to determine what health steps to take next.**

GROUP ONE

1. ___ burping
 2. ___ bloating
 3. ___ known food allergies
 4. ___ feel full for extended time after eating
 5. ___ reflux, heartburn
- Total checks ____.

GROUP TWO

1. ___ abdominal cramps
 2. ___ fatigue after eating
 3. ___ diarrhea and /or gas
 4. ___ foul smelling stools and/or bad breath
 5. ___ muscle/leg cramps –eye twitching
- Total checks ____.

GROUP THREE

1. ___ headaches
 2. ___ feel faint if meals delayed
 3. ___ crave candy /sweets
 4. ___ feel nervous/shaky if hungry
 5. ___ energy varies – very high then very low
- Total checks ____.

GROUP FOUR

1. ___ shortness of breath after MILD exertion
 2. ___ dull pain – chest, left arm, neck
 3. ___ numbness – hands and/or feet
 4. ___ bruise easily and/or anemia
 5. ___ swollen ankles
- Total checks ____.

GROUP FIVE

1. ___ sleep difficulties
 2. ___ body varies – hot and cold
 3. ___ feel excited, then low – have highs / lows
 4. ___ hair/skin dryness – osteopenia/osteoporosis
 5. ___ any sexual difficulties – men / women
- Total checks ____.

GROUP SIX

1. ___ frequent throat infections - sinus / lung
 2. ___ swollen lymph nodes / glands
 3. ___ poor wound healing – takes longer
 4. ___ catch colds/flu easily –slow to recover
 5. ___ constant fatigue, tired, dark circles under eyes
- Total checks ____.

GROUP SEVEN

1. ___ sneeze/cough-exposed to perfume, paint, pesticides
 2. ___ small brown patchy spots – hands, arms, face
 3. ___ any type of digestive imbalance
 4. ___ chronic joint, muscle issue, tiredness
 5. ___ thinking, processing issues – focus issues
- Total checks ____.

GROUP EIGHT

1. ___ low back pain
 2. ___ leg pain / sciatica
 3. ___ neck pain / stiffness
 4. ___ numbness / arms and legs
 5. ___ headaches / dizziness
- Total checks ____.

Other major / minor symptoms or complaints _____.

WHAT TO DO NEXT:

**Add up the checks in each group and list on the next page. Email, text, mail or drop off at ESPS. As part of our commitment to better health and longevity for our patients / clients, we offer detailed consult appointments to interpret your assessment and develop a program for improving the health of you and your family. Connect with us.

Interpretation of Groups from Page One – WHICH AREA HAS THE MOST CHECKS????

GROUP ONE – Stomach and Esophagus Areas – TOTAL CHECKS _____.

Checks in this group can indicate imbalances with the esophagus leading to the stomach as well as the stomach itself. These issues could involve low stomach acid (HCL – hydrochloric acid), low positive bacteria levels (probiotics), incomplete digestion (digestive enzymes), diet and nutrition imbalances as well as possible organ or organ system physical disorders as well as spinal system alignment issues.

GROUP TWO - Small Intestine, Liver, Gall Bladder and Large Intestine Areas – TOTAL CHECKS _____

Checks in this group can indicate imbalances with the small intestine, liver, gall bladder, pancreas, or large intestine. These issues could involve imbalances with items mentioned in GROUP ONE as well as deficiencies / excesses with vitamin / minerals as well as diet / nutritional imbalances or possible organ or organ system physical disorders as well as spinal system alignment issues.

GROUP THREE - Sugar Metabolism – Hormonal Areas – TOTAL CHECKS _____.

Checks in this group can indicate imbalances with food sensitivities, sugar and /or hormonal issues, vitamin / mineral deficiencies / excesses, diet / nutritional imbalances as well as spinal system alignment issues. Use of quality diet / nutritional / lifestyle habits, vitamin / minerals, probiotics, and use of digestive enzymes can assist with improvements in this category.

GROUP FOUR – Heart, Lungs, Circulatory System - TOTAL CHECKS _____.

Checks in this area can indicate imbalances with the heart, lungs and artery / vein system. Imbalances in this area need to be attended to AS SOON AS POSSIBLE. It is important to distinguish the need for immediate care and / or cardiovascular health improvement through diet, lifestyle and specific therapeutic vitamins / minerals as well as other supplements.

GROUP FIVE – Hormonal and Stress Areas - TOTAL CHECKS _____.

Checks in this group can indicate imbalances with management of stress and / or hormonal issues. Improvements can occur here through balancing oils, male / female hormones, stress management as well as specific vitamins and minerals that assist with stress. Also, lifestyle management tools can be helpful to manage various stressful challenges in our lives

GROUP SIX – Immune System - TOTAL CHECKS _____.

Checks in this group can indicate imbalances with the immune system. Rebalancing diet and nutrition, obtaining guidance with supplements that enhance the immune system (A,B,C,D3, E, ZINC), as well as optimizing hygiene and sanitation contributes to enhancing our immune system.

GROUP SEVEN - Acute or Chronic Toxicity Issues - TOTAL CHECKS _____.

Checks in this group can indicate an excess body burden of toxins – either from toxins you recently were exposed to or from on-going exposures or exposures from long ago. It is called cumulative / chronic toxic burden. This type of toxic burden involves not just a colon cleansing, but a “systemic” or whole body cleansing. You are encouraged to consult with a health professional in doing this as there can be a ‘healing response”, that is, too many toxins coming out too fast and this can be very uncomfortable.

GROUP EIGHT - Structural / Muscular Area - TOTAL CHECKS _____.

Checks in this group can indicate imbalances or non-alignments with spinal cord, vertebrae as well as supportive muscles or a combination of all. These imbalances can put pressure on surrounding nerves creating significant pain and discomfort as well as organ imbalances. Consulting with a Chiropractor / Massage Therapist as well as examining nutrition, diet and lifestyle can contribute significantly to relief of such pain and discomfort

WHAT TO DO NEXT: **E-mail, send, FAX or drop off to: Brian D. Jones, M.Ed., Naturopath
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YOUR NAME _____.

ADDRESS _____.

_____.

PHONE _____, EMAIL _____.