

The Systems Approach to Natural Health

Like the musicians who make up an orchestra, the body systems – digestive, intestinal, circulatory, nervous, immune, respiratory, urinary, glandular and structural – must all work in harmony. When a concern in one body system arises, other systems are affected. Total health requires that all body systems be balanced. The Lifestyle Analysis will help identify your body systems most in need of nutritional support. Then, using a simple, holistic approach, we will help you devise a nutritional plan to best meet your needs.

Name: _____ Date: _____

Address (incl. Zip): _____

Email: _____ Phone: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

STEP ONE: List your most pressing health concerns and provide a some background information.

1. _____ 2. _____ 3. _____

Comments: _____

What (if any) nutritional supplements or medications are you taking and for what purpose? _____

What do you eat and drink, during the entire day, on a TYPICAL day? (leave nothing out)

Example: AM-Eggs, toast and a meat (bacon, sausage, chops) for breakfast with coffee; more coffee for snack; NOON-usually a salad and fruit for lunch; chips or cookies is usual snack; PM-a meat (chicken, fish, beef, sometimes pork), a starch (pasta, rice or potato), cooked corn or green vegetable for dinner; no snack before bed.

AM _____

Snack _____

NOON _____

Snack _____

PM _____

Snack _____

How often do you dine out (restaurants, fast food, sandwiches, vending, any non home-cooked meals)? _____

How many times is it fast food? _____

How much water do you drink each day? _____ cups. What kind of water do you typically drink?

(circle one) Tap Bottled Purified Mineral Filtered Other: _____

(continued...)

STEP TWO: Take the Lifestyle Analysis on page 3.

Check all the boxes across a row from left to right if a statement applies to you.

Example: For #1, if you generally lack energy, you would only check boxes 1, 3, 4, 5, and 8 across the first row. For #2, if you typically catch a cold or get sick more than twice a year (even if you continued to be productive, go to work, school, etc.), you would only check box 5 across the second row. Please also indicate on average how many times you do get sick. For example, (on ave.: once per year)

BE HONEST while taking the analysis. Some people find it helpful to ask their spouse or close relative on questions they are unsure of the answer as sometimes those closest to us have better insight into our behavior, habits and body than we do ourselves.

STEP THREE: Tally the analysis results.

After you've completed the analysis, add up the total number of checks in vertical columns 1-9. Enter the column totals in the empty boxes at the bottom of the page. Use the key at the bottom of the page to determine your system profile. Please contact us if you experience any problems tallying your results.

STEP FOUR: Sign the Consultation Disclaimer:

"To establish and clarify my purpose in coming to Fit By Faith for a consultation, I want to clearly state that my interest is in learning a possible nutritional supplementation path to follow towards better health. I understand that it is my personal decision to follow any nutritional supplementation program. I thoroughly understand that this Lifestyle Analysis does not replace any additional professional counseling with any health care professional.

I understand that this Lifestyle Analysis is not intended to diagnosis disease but help analyze body systems. The Lifestyle Analysis and any subsequent nutritional recommendations can be coordinated with and are not intended to replace other treatments or conflict with any recommendations or treatments by other practitioners who are licensed by state and federal laws.

The decision to follow or reject any advice given by Will or Nancy Jordan and Fit By Faith is left to my own discretion."

Print Name: _____ Signature: _____ Date: _____

STEP FIVE: Submit results.

Return all three pages to Fit By Faith using contact information below: submit by mail, fax, email, or call us to set up an appointment to submit and discuss in person. We recommend you make and keep a copy of all three pages for yourself.

Will and Nancy Jordan
"The health and healing couple"
10226 Castle Drive
St. Louis, MO 63136
Nancy: 314-583-8516 Will: 314-448-9063
Fax: 314-534-2551



Lifestyle Analysis		Digestive	Intestinal	Circulatory	Nervous	Immune	Respiratory	Urinary	Glandular	Structural
		1	2	3	4	5	6	7	8	9
1	Lack of energy									
2	Illness more than twice a year (<i>on ave.: _____ per _____</i>)									
3	Body odor and / or bad breath									
4	Difficulty digesting certain foods (<i>specify: _____</i>)									
5	Eat meat more than 3 times a week (<i>on ave.: _____ per _____</i>)									
6	Monthly female concerns									
7	Recent or frequent use of antibiotics									
8	Regular consumption of alcohol									
9	Frequent mood swings									
10	Food allergies									
11	Bags under eyes									
12	Smoking									
13	Poor concentration or memory									
14	Poor resistance to disease									
15	Belching or gas after meals									
16	Stressful lifestyle									
17	Skin / Complexion problems									
18	Cravings for sweets, salt or junk foods (<i>specify: _____</i>)									
19	Regular Consumption of dairy products									
20	Feeling low, uninterested or depressed									
21	Too little sleep or restless sleep									
22	Menopausal concerns									
23	Frequent urination or urinary concerns									
24	Hair loss									
25	Sore or painful joints									
26	Difficulty in maintaining ideal weight (<i>current: _____; ideal: _____</i>)									
27	Low endurance / stamina									
28	Lack of a balanced diet (<i>please complete typical daily diet on p1</i>)									
29	Slow recovery from illness									
30	Two or fewer bowel movements per day (<i>on ave: _____ per _____</i>)									
31	Lack of appetite									
32	Low sex drive									
33	Brittle or easily broken fingernails									
34	Dry, damaged or dull hair									
35	High-fat diet									
36	Unsettled, apprehensive, pressured									
37	Low-fiber diet									
38	Muscle cramps or spasms									
39	Exposure to air pollution daily									
40	Caffeinated beverage (16 oz.) daily									
41	Feeling out of control									
42	Food / chemical sensitivities									
43	Recurrent yeast / fungal infections									
44	Weak bones, teeth or cartilage									
45	Suffer from anxiety or worry									
46	Easily irritated or angered									
47	Don't exercise regularly									
48	Respiratory, sinus or allergy problems									
TOTALS										
		Digestive	Intestinal	Circulatory	Nervous	Immune	Respiratory	Urinary	Glandular	Structural
KEY										
Very Good: Congratulations! You appear to be leading a lifestyle that will help you maintain balance of health and well-being.		0-2	0-2	0-2	0-2	0-2	0	0	0-2	0-1
Good: Your lifestyle and diet profile appear to be sound, but you may want to consider certain changes to achieve better health.		3-4	3-4	2-3	3-5	3-4	1	1	3-5	2-3
Fair: Lifestyle, food choice and nutritional changes are recommended.		5-9	5-9	4-7	6-10	5-7	2-4	2-4	6-10	4-7
Poor: Lifestyle, food choice & nutritional changes should be made immediately.		10+	10+	8+	11+	8+	5+	5+	11+	8+