

## Trust Your Gut Wellness Evaluation

In medicine today, leaky gut aka intestinal permeability, isn't typically diagnosed. However that doesn't mean it's not affecting your health. Many health issues related to LGS go undiagnosed, misdiagnosed, or are ignored by traditional medicine. Please take the quiz to help our doctors evaluate how we can help your condition and any underlying triggering limiting your health in process

### Let's get started.

Please circle any that apply to you prior to taking the quiz below:

#### Sub-Clinical symptoms including:

Headaches and migraines

#### Hormone imbalance including:

PMS

Emotional imbalance

#### Gastrointestinal issues including:

Abdominal bloating and cramps or painful gas

Irritable Bowel Syndrome

Ulcerative Colitis

Crohn's Disease and other intestinal disorders

#### Respiratory Conditions including:

Chronic sinusitis

Asthma

Allergies

#### Autoimmune Conditions including:

Diabetes Mellitus

Lupus

Rheumatoid Arthritis

Fibromyalgia

Chronic Fatigue

#### Developmental and social concerns including:

Austism

ADD/ADHD

#### Skin Conditions: (urticaria)

Eczema

Skin rashes

Hives

Please complete our TYG wellness quiz. While there's more to it than a single quiz, the answers below can give you a good idea of how happy your gut really is. Circle the number that most closely fits, then add up your results.

TYG Wellness Questionnaire	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Constipation and/or diarrhea	0	1	2	3	Asthma, hayfever, or airborne allergies	0	1	2	3
Abdominal pain or bloating	0	1	2	3	Confusion, poor memory or mood swings	0	1	2	3
Mucous or blood in stool	0	1	2	3	Use of NSAIDS (Aspirin, Tylenol, Motrin)	0	1	2	3
Joint pain or swelling, arthritis	0	1	2	3	History of antibiotic use	0	1	2	3
Chronic or frequent fatigue or tiredness	0	1	2	3	Alcohol consumption makes you feel sick	0	1	2	3
Food allergies, sensitivities or intolerance	0	1	2	3	Ulcerative colitis or celiac's disease	0	1	2	3
Sinus or nasal congestion	0	1	2	3	Nausea	0	1	2	3
Chronic or frequent inflammations	0	1	2	3	Weight Trouble	0	1	2	3
Eczema, skin rashes or hives (urticaria)	0	1	2	3					

**YOUR TOTAL:** \_\_\_\_\_

## ➔ PIVOTAL HEALTH

### Patient Quality Of Life Survey

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please take several MINUTES to answer these QUESTions so we can help you get better.  
(Please circle as many that apply)*

- 1 How have you taken care of your health in the past?
  - a. Medications
  - b. Emergency Room
  - c. Routine Medical
  - d. Exercise
  - e. Nutrition/Diet
  - f. Holistic Care
  - g. Vitamins
  - h. Chiropractic
  - i. Other (please specify): \_\_\_\_\_
  
- 2 How did the previous method(s) work out for you?
  - a. Bad results
  - b. Some results
  - c. Great results
  - d. Nothing changed
  - e. Didnotgetworse
  - f. Did not work very long
  - g. Still trying
  - h. Confused
  
- 3 How have others been affected by your health condition?
  - a. No one is affected
  - b. Haven't noticed any problem
  - c. They tell me to do something
  - d. People avoid me
  
- 4 What are you afraid this might be (or beginning) to affect (or will affect)?
  - a. Job
  - b. Kids
  - c. Future ability
  - d. Marriage
  - e. Self-esteem
  - f. Sleep
  - g. Time
  - h. Finances
  - i. Freedom

5 Are there health conditions you are afraid this might turn into?

- a. Family health problems
- b. Heart disease
- c. Cancer
- d. Diabetes
- e. Arthritis
- f. Fibromyalgia
- g. Depression
- h. Chronic Fatigue
- i. Need surgery

➔ How has your health condition affected your job, relationships, finances, family, or other activities? Please give examples:

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➔ What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc.) Give 3 examples:

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➔ What are you most concerned with regarding your problem?

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➔ Where do you picture yourself being in the next 1-3 years if this problem is not taken care of? Please be specific

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➔ What would be different/better without this problem? Please be specific

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➔ What do you desire most to get from working with us?

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➔ What would that mean to you?

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