

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #1**

**Form #1 BASELINE REPORT is to be completed at the beginning of the T/C+ Six Month Pilot Survey**

Name: \_\_\_\_\_ My health challenge is: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 FAX: \_\_\_\_\_ Additional phone(s): \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**BASELINE** (my main health challenge is \_\_\_\_\_)

mild;  serious;  more serious;  very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH **HIPAA** LAW REQUIREMENT

- GENERAL HEALTH CONDITION**
- Overweight
  - Need muscle toning
  - Waist is \_\_\_\_\_ inches.
  - Low energy level
  - Aging faster than desired.
  - Have hot flashes
  - Have insomnia
  - Do not sleep as well as desired.
  - Have serious aches & pains
  - Have mild aches & pains
  - Retain fluid

- BEAUTY CONDITIONS**
- Desire to improve appearance
  - Have serious blemishes
  - Have mild blemishes
  - Acne
  - Wrinkles
  - Hair not healthy
  - Serious dandruff
  - Mild dandruff
  - Psoriasis
  - Scars
  - Skin tone need improvement
  - Large pores

- NERVOUS SYSTEM** (related)
- PMS
  - Menopause
  - Stress is a challenge
  - Fatigued
  - Skin itching
  - Skin rash
  - Crave sweets
  - Smoking crave
  - Crave food
  - Serious depression

- Mild depression
- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

- SEX LIFE** (if applicable)
- Impotency
  - Infertility
  - Sex life weak
  - Yeast infection

- CIRCULATORY**
- High blood pressure
  - Varicose veins
  - Feet/hands cold
  - High bad cholesterol
  - Light headed

- MAJOR CHALLENGES**
- Diabetes reading \_\_\_\_\_
  - Liver problems
  - White cell count \_\_\_\_\_
  - Cancer
  - Anemia / blood problems
  - Chest pains
  - Fibromyalgia
  - Vision poor
  - Floaters in eyes
  - Tumor(s)
  - Osteoporosis
  - Heart problems
  - Kidney/urine problems
  - Arthritis
  - Chronic Fatigue Syndrome
  - Multiple Sclerosis

- IMMUNE SYSTEM**
- Infections

- Colds and/or flu
- Allergies
- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

- DIGESTIVE SYSTEM**
- Ulcers
  - Heart burn serious
  - Heart burn mild
  - Acid indigestion serious
  - Acid indigestion mild
  - Constipation serious
  - Constipation mild
  - Diarrhea serious
  - Diarrhea mild
  - Upset stomach serious
  - Upset stomach mild
  - Candida (yeast) serious
  - Candida mild

- OTHER HEALTH CHALLENGES**
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

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# GENERAL HEALTH EVALUATION FORM FOR T/C+ NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #2**

**Form #2 is to be completed one month after Form #1**

Name: \_\_\_\_\_ My health challenge is: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Additional phone(s): \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

(my main health challenge is \_\_\_\_\_)

mild;  serious;  more serious;  very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

## GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is \_\_\_\_\_ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

## BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

## NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

## SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

## CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

## MAJOR CHALLENGES

- Diabetes reading \_\_\_\_\_
- Liver problems
- White cell count \_\_\_\_\_
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

## IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

## DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

## OTHER HEALTH CHALLENGES

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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# GENERAL HEALTH EVALUATION FORM FOR T/C+ NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #3**

**Form #3 is to be completed one month after Form #2**

Name: \_\_\_\_\_ My health challenge is: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Additional phone(s): \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

(my main health challenge is \_\_\_\_\_)

mild;  serious;  more serious;  very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

## GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is \_\_\_\_\_ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

## BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

## NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

## SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

## CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

## MAJOR CHALLENGES

- Diabetes reading \_\_\_\_\_
- Liver problems
- White cell count \_\_\_\_\_
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

## IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

## DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

## OTHER HEALTH CHALLENGES

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**GENERAL HEALTH EVALUATION FORM FOR T/C+ NUTRITIONAL PILOT SURVEY:**

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #4**

**Form #4 is to be completed one month after Form #3**

Name: \_\_\_\_\_ My health challenge is: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Additional phone(s): \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

(my main health challenge is \_\_\_\_\_)

mild;  serious;  more serious;  very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

**GENERAL HEALTH CONDITION**

- Overweight
- Need muscle toning
- Waist is \_\_\_\_\_ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

**BEAUTY CONDITIONS**

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

**NERVOUS SYSTEM** (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

**SEX LIFE** (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

**CIRCULATORY**

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

**MAJOR CHALLENGES**

- Diabetes reading \_\_\_\_\_
- Liver problems \_\_\_\_\_
- White cell count \_\_\_\_\_
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

**IMMUNE SYSTEM**

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

**DIGESTIVE SYSTEM**

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

**OTHER HEALTH CHALLENGES**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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# GENERAL HEALTH EVALUATION FORM FOR T/C+ NUTRITIONAL PILOT SURVEY:

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #5**

**Form #5 is to be completed one month after Form #4**

Name: \_\_\_\_\_ My health challenge is: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Additional phone(s): \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

(my main health challenge is \_\_\_\_\_)

mild;  serious;  more serious;  very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

## GENERAL HEALTH CONDITION

- Overweight
- Need muscle toning
- Waist is \_\_\_\_\_ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

## BEAUTY CONDITIONS

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

## NERVOUS SYSTEM (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

## SEX LIFE (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

## CIRCULATORY

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

## MAJOR CHALLENGES

- Diabetes reading \_\_\_\_\_
- Liver problems \_\_\_\_\_
- White cell count \_\_\_\_\_
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

## IMMUNE SYSTEM

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

## DIGESTIVE SYSTEM

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

## OTHER HEALTH CHALLENGES

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**GENERAL HEALTH EVALUATION FORM FOR T/C+ NUTRITIONAL PILOT SURVEY:**

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #6**

**Form #6 is to be completed one month after Form #5**

Name: \_\_\_\_\_ My health challenge is: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Additional phone(s): \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

(my main health challenge is \_\_\_\_\_)

mild;  serious;  more serious;  very serious

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**GENERAL HEALTH CONDITION**

- Overweight
- Need muscle toning
- Waist is \_\_\_\_\_ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

**BEAUTY CONDITIONS**

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

**NERVOUS SYSTEM** (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

**SEX LIFE** (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

**CIRCULATORY**

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

**MAJOR CHALLENGES**

- Diabetes reading \_\_\_\_\_
- Liver problems \_\_\_\_\_
- White cell count \_\_\_\_\_
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

**IMMUNE SYSTEM**

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

**DIGESTIVE SYSTEM**

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

**OTHER HEALTH CHALLENGES**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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 05/02/11

**GENERAL HEALTH EVALUATION FORM FOR T/C+ NUTRITIONAL PILOT SURVEY:**

Complete the checklist and fax, scan & e-mail, or mail to The Endowment for Medical Research **Form #7**

**Form #7 is to be completed one month after Form #6**

Name: \_\_\_\_\_ My health challenge is: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Additional phone(s): \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

(my main health challenge is \_\_\_\_\_)

mild;  serious;  more serious;  very serious

INFORMATION IS CONFIDENTIAL AND COMPLIANT WITH HIPAA LAW REQUIREMENT

**GENERAL HEALTH CONDITION**

- Overweight
- Need muscle toning
- Waist is \_\_\_\_\_ inches.
- Low energy level
- Aging faster than desired.
- Have hot flashes
- Have insomnia
- Do not sleep as well as desired.
- Have serious aches & pains
- Have mild aches & pains
- Retain fluid

**BEAUTY CONDITIONS**

- Desire to improve appearance
- Have serious blemishes
- Have mild blemishes
- Acne
- Wrinkles
- Hair not healthy
- Serious dandruff
- Mild dandruff
- Psoriasis
- Scars
- Skin tone need improvement
- Large pores

**NERVOUS SYSTEM** (related)

- PMS
- Menopause
- Stress is a challenge
- Fatigued
- Skin itching
- Skin rash
- Crave sweets
- Smoking crave
- Crave food
- Serious depression
- Mild depression

- Mood swings
- Irritable
- Anxiety
- Hyperactive
- Unable to cope

**SEX LIFE** (if applicable)

- Impotency
- Infertility
- Sex life weak
- Yeast infection

**CIRCULATORY**

- High blood pressure
- Varicose veins
- Feet/hands cold
- High bad cholesterol
- Light headed

**MAJOR CHALLENGES**

- Diabetes reading \_\_\_\_\_
- Liver problems \_\_\_\_\_
- White cell count \_\_\_\_\_
- Cancer
- Anemia / blood problems
- Chest pains
- Fibromyalgia
- Vision poor
- Floaters in eyes
- Tumor(s)
- Osteoporosis
- Heart problems
- Kidney/urine problems
- Arthritis
- Chronic Fatigue Syndrome
- Multiple Sclerosis

**IMMUNE SYSTEM**

- Infections
- Colds and/or flu
- Allergies

- Inflammation
- Sore throat
- Sinus congestion
- Cysts, Tumors
- Bronchial congestion
- Migraine headaches serious
- Migraine headaches mild

**DIGESTIVE SYSTEM**

- Ulcers
- Heart burn serious
- Heart burn mild
- Acid indigestion serious
- Acid indigestion mild
- Constipation serious
- Constipation mild
- Diarrhea serious
- Diarrhea mild
- Upset stomach serious
- Upset stomach mild
- Candida (yeast) serious
- Candida mild

**OTHER HEALTH CHALLENGES**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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