

















Preliminary Clinician Report

Hunt for Wellness
 9422 S. Tryon St
 Charlotte, NC 28273
 704-588-1792
 Fax: 704-588-2718
Doctor:

Patient:

Assessment Date: 07/08/2010

Score: 171

Group Totals		0	825			
Ordered by Total Score		Best Possible Score		Worst Possible Score		
		Your Score 171				
Section	Description	Score	% of Total Score	0%	50%	100%
6	Adrenal	24	14%			
13	Heavy Metal	20	11.7%			
8	Thyroid	20	11.7%			
10	Sugar Dysregulation	17	9.9%			
3	Liver and Gallbladder	16	9.4%			
15	Women Only	12	7%			
14	Biotoxins	10	5.8%			
11	Nutritional Deficiencies	10	5.8%			
1	Gastrointestinal/Digestive System (Stomach and Small Intestine)	10	5.8%			
12	Essential Fatty Acids Deficiencies	7	4.1%			
9	Immune System	7	4.1%			
7	Pituitary	7	4.1%			
2	Large Intestine	6	3.5%			
4	Cardiovascular	4	2.3%			
5	Kidney and Bladder	1	0.6%			
Total:		171				

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Assessment Results

Hunt for Wellness
9422 S. Tryon St
Charlotte, NC 28273
704-588-1792
Fax: 704-588-2718
Doctor:

Patient:

Assessment Date: 07/08/2010

Score: 171

Birth Date:
02/16/1955

Weight:
111

Sex: Female 1- 10 of 275 (3.6%)

Gastrointestinal/Digestive System (Stomach and Small Intestine)

- | | 0 | 1 | 2 | 3 | |
|-----|----------------------------------|----------------------------------|----------------------------------|-----------------------|--|
| 1. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Want to skip breakfast/not hungry |
| 2. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feel better if you don't eat |
| 3. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Feel sleepy after meals |
| 4. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heartburn or acid reflux |
| 5. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Bloating/gas/belching 1-2 hrs after eating |
| 6. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pain or cramps in stomach |
| 7. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loose stools/diarrhea |
| 8. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Black colored stools |
| 9. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Undigested food in stool |
| 10. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eat a vegan diet
(0=no, 3=yes) |
| 11. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loss of taste for meat |
| 12. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Your fingernails break, chip, or peel easily |
| 13. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Halitosis (bad breath) |

- | | 0 | 1 | 2 | 3 | |
|-----|----------------------------------|-----------------------|----------------------------------|-----------------------|--|
| 14. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Anemia/low iron |
| 15. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sweat has a strong odor |
| 16. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Crohn's disease
(0=no, 1=yes in the past, 2=current yes, 3=current yes and on medication) |
| 17. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Strange or vivid dreams/nightmares |
| 18. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Use pain medications
(0=no, 1=yes - monthly, 2=yes - weekly, 3=yes - daily) |
| 19. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Crave breads and/or pasta |
| 20. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Allergies to foods |
| 21. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Airborne allergies |
| 22. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hives |
| 23. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pulse speeds up after eating |
| 24. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Alternating diarrhea and constipation |
| 25. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sinus congestion or infections, asthma |

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Assessment Results

Patient:

Assessment Date: 07/08/2010

Score: 171

Hunt for Wellness

9422 S. Tryon St

Charlotte, NC 28273

704-588-1792

Fax: 704-588-2718

Doctor:

Birth Date: 02/16/1955

Weight: 111

Sex: Female 2- 6 of 275 (2.2%)

Large Intestine

- | | 0 | 1 | 2 | 3 | |
|-----|----------------------------------|----------------------------------|-----------------------|-----------------------|---|
| 26. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Yeast/fungus infections |
| 27. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nail fungus, ring worm, athlete's foot, "jock itch" |
| 28. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dark circles under your eyes |
| 29. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strong body odors and/or bad breath |
| 30. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Blood in stool |
| 31. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Mucus in stool |
| 32. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Excessive foul smelling lower bowel gas |
| 33. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Stools are loose, not well formed |

- | | 0 | 1 | 2 | 3 | |
|-----|----------------------------------|----------------------------------|-----------------------|----------------------------------|---|
| 34. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Stools are hard or difficult to pass |
| 35. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Less than 1 bowel movement each day |
| 36. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cramps in lower stomach region |
| 37. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Have had parasites
(0=no, 3=yes) |
| 38. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Anal area itch |
| 39. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tongue is coated |
| 40. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | Length of time you have taken antibiotics
(0=never, 1=less than a month, 2=3 months, 3=more than 3 months) |
| 41. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feel bad in moldy or musty places |

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Patient:

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Score: 171

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Charlotte, NC 28273

704-588-1792

Fax: 704-588-2718

Doctor:

Birth Date: 02/16/1955

Weight: 111 Sex: Female 4- 4 of 275 (1.5%)

Cardiovascular

- | | 0 | 1 | 2 | 3 | |
|-----|----------------------------------|----------------------------------|-----------------------|-----------------------|--|
| 78. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ringling in ears or noises in head |
| 79. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bruise easily |
| 80. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Yawn a lot in afternoon |
| 81. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Become drowsy often |
| 82. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Shortness of breath with moderate exertion |
| 83. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Discomfort at high altitudes |
| 84. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Irregular and/or heavy breathing |

- | | 0 | 1 | 2 | 3 | |
|-----|----------------------------------|----------------------------------|----------------------------------|-----------------------|---|
| 85. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Muscle cramps/"charley horses", worse during exercise |
| 86. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hands and feet go numb easily |
| 87. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Face turns red for no reason or you blush easily |
| 88. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ankles swell, worse in the evening |
| 89. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency to anemia |
| 90. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling of tightness in chest, radiates into right or left arm (worse with physical exertion) |
| 91. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Coughing in evening/in bed |

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704-588-1792
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Doctor:

Birth Date: 02/16/1955 Weight: 111 Sex: Female 8- 20 of 275 (7.3%)

Thyroid

- | | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | |
|------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|------|----------------------------------|----------------------------------|----------------------------------|----------------------------|
| 133. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bloating of abdomen | 147. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Flush easily |
| 134. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very emotional | 148. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eyelids and/or face twitch |
| 135. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | Seasonal Sadness | 149. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Dry or scaly skin |
| 136. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nervous, difficult to work under pressure | 150. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Thin, moist skin |
| 137. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Coarse hair, falls out | 151. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Irritable and restless |
| 138. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sensitive or allergic to iodine | 152. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Increase in weight |
| 139. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Increased appetite without weight gain | 153. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Decrease in appetite |
| 140. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Frequent constipation | 154. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | Frequent urination |
| 141. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Morning headaches which gradually wear off during the day | 155. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Impaired hearing |
| 142. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Intolerance to high temperatures | 156. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Heart palpitates |
| 143. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Sensitive to cold, poor circulation with cold hands and feet | 157. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Night sweats |
| 144. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | Sleepy during the day, fatigue easily | 158. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ringing in ears |
| 145. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Slow pulse (below 65) | 159. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Brain "fog", sluggishness |
| 146. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fast pulse at rest | | | | | |

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Assessment Results

Patient:

Assessment Date: 07/08/2010

Score: 171

Birth Date: 02/16/1955

Weight: 111 Sex: Female 11- 10 of 275 (3.6%)

Hunt for Wellness
9422 S. Tryon St
Charlotte, NC 28273
704-588-1792
Fax: 704-588-2718
Doctor:

Nutritional Deficiencies

- | | 0 | 1 | 2 | 3 | |
|------|----------------------------------|----------------------------------|----------------------------------|-----------------------|---|
| 183. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cracks on corner of mouth |
| 184. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Restless leg syndrome |
| 185. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feel tired and sore after moderate exercise |
| 186. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscles are easily fatigued |
| 187. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depressed |
| 188. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heart races |
| 189. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Noise sensitivity |
| 190. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Headaches |
| 191. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Insomnia |
| 192. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Food allergies |
| 193. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loose joints |
| 194. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tinnitus (ringing in ears) |
| 195. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Warts or polyps |
| 196. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sensitive to MSG (monosodium glutamate) |

- | | 0 | 1 | 2 | 3 | |
|------|----------------------------------|----------------------------------|----------------------------------|-----------------------|--|
| 197. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hard to concentrate/focus, confused |
| 198. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Indigestion |
| 199. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | Fearful/nervous |
| 200. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heaviness in legs/arms |
| 201. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Small bumps on back of arms |
| 202. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tingling or numbness in hands and feet |
| 203. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Anorexia |
| 204. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency to get hives |
| 205. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Poor appetite |
| 206. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Night sweats |
| 207. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Gums bleeds easily |
| 208. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sinus infections, stuffy nose |
| 209. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bruise easily |
| 210. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nose bleeds |

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Suggested Tests

[Go Back](#)

Adrenal

ASI Adrenal Stress Index

Diagnos-Techs

In-House Testing

The Adrenal Stress Index panel is used to evaluate stress, a leading cause of morbidity and mortality. It is a simple non-invasive test utilizing four saliva samples collected at specified time periods during the day. Since the human adrenal gland does not secrete its steroid hormones at a constant level throughout the day, the Adrenal Stress Index provides the clinician with an comprehensive assessment of adrenal function throughout the daily cycle. The ASI panel consists of ten (10) saliva tests: Cortisol (x4), 17-OH Progesterone, DHEA/DHEA-S, Insulin (x2), Gliadin Ab, and Secretory IgA

9128 NeuroAdrenal Expanded Profile

NeuroScience

In-House Testing

This expanded profile includes additional neurotransmitter metabolites, DOPAC and 5-HIAA, to assist in assessing serotonin and dopamine activity. It also includes the addition of the amino acid taurine, which is useful in confirming the extent of the stress response.

Zinc Test

Standard Process

In-House Testing

Zinc Test provides an easy and non-invasive method of helping the clinician determine whether or not an individual may have inadequate zinc levels in the body. By taking approximately 10 milliliters (two teaspoons) of liquid Zinc Test in the mouth and holding it for a minimum of 10 seconds, the individual should notice a particular taste if he or she has an adequate zinc status. If zinc levels are low, the individual will not taste anything specific. This liquid can be purchased by healthcare practitioners at www.standardprocess.com.

Nutritional Deficiencies

Hair Analysis Profile II - Laboratory Mineral Assay and Comprehensive Interpretation

Analytical Research Labs, Inc.

In-House Testing

This profile provides a Multi-Element Laboratory Assay reporting the patient test results for macro and micro minerals, toxic metals and significant ratios. A chart is provided that identifies the patient/client information and graphically illustrates the test results. This profile also includes a thorough 15-20 page interpretation that reviews significant mineral levels and ratios and provides pertinent information related to the patient's metabolic rate, energy levels, sugar and carbohydrate tolerance, immune system, glandular activity, autonomic balance, metabolic trends, basic dietary guidelines and a complete dietary supplement program designed to assist in balancing body chemistry.

0091 Organix Comprehensive Profile

Metametrix

In-House Testing

The Organix Comprehensive Profile provides a view into the body's cellular metabolic processes and the efficiency of metabolic function. Identifying metabolic blocks that can be treated nutritionally allows individual tailoring of interventions that maximize patient responses and lead to improved patient outcomes. Organic acids are metabolic intermediates that are produced in pathways of central energy production, detoxification, neurotransmitter breakdown, or intestinal microbial activity. Marked accumulation of specific organic acids detected in urine often signals a metabolic inhibition or block. The metabolic block may be due to a nutrient deficiency, an inherited enzyme deficit, toxic build-up, etc. Several of the analytes are markers of intestinal bacterial or yeast overgrowth

MicroNutrient Test

SpectaCell Laboratories

Blood Draw

Thyroid

Iodine Patch Test

In-House Testing

This test is to determine if the patient is in need of organic iodine. Since the thyroid needs iodine to manufacture T-4, a low intake of food and plant iodine can lead to hypothyroid function. For this test, use 2% Tincture of Iodine to rub a "2 X 2" square on patient's inner arm. Where you rub the iodine on the arm is called the "patch site". Observe the coloration of the patch site over the next 24 hours. Record the time that the patch site began to lighten: _____ : _____ a.m. / p.m. Record the time that the patch site disappeared completely: _____ : _____ a.m. / p.m. If the patch begins to slightly lighten after 24 hours, then iodine levels are normal in the body. If the patch site disappears or almost disappears in under 24 hours, then iodine levels are abnormal in the body. If the patch site disappears or almost disappears in under 10 hours, then iodine levels are abnormal in the body. In summary, the faster the body draws in the iodine, the greater the need for iodine in the body is likely to be.

Complete Thyroid Profile

ZRT Laboratory

In-House Testing

This test measures Thyroid Stimulating Hormone (TSH), Free Triiodothyronine (FT3), Free Thyroxine (FT4), and Thyroid Peroxidase Antibodies (TPO) levels

Thyroid Profile II

Neuro Science

Blood Draw
