



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (7) Holistic Healthcare

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Heart Health Evaluation

Name: _____ Date: _____ Age: _____

Address: _____ Telephone: _____

Cell: _____

E-Mail: _____

Part A: History

Questions		Yes	Points	No
1.	I currently smoke	Y	60	N
2.	I smoked 1–5 years ago	Y	20	N
3.	I have had a “heart attack”	Y	20	N
4.	I have had cardiac surgery	Y	20	N
5.	I have irregular heart beat or arrhythmia	Y	10	N
6.	I have “high cholesterol” (over 200)	Y	10	N
7.	I take a statin drug	Y	10	N
8.	I take 100 mg gel/form CoQ10 daily	Y	-20	N
9.	I have “high triglycerides”	Y	10	N
10.	I have high Homocysteine level	Y	20	N
11.	I participate in cardio-vascular exercise 1+ times per week	Y	-10	N
12.	I participate in cardio-vascular exercise 3+ times per week	Y	-25	N
13.	I eat fast food—including French fries, burgers, fried foods (fish, chicken, onion rings, etc.) twice a week	Y	30	N
14.	I eat fast food—including French fries, burgers, fried foods (fish, chicken, onion rings, etc.) 4 or more times per week	Y	60	N
15.	I strictly avoid the foods above, as well as hidden saturated fats (shortening, lard, margarine, etc.)	Y	-60	N
16.	I often experience 2 or more of these common heart related symptoms: Headache, Face Pain, Dry Mouth, Nausea Heart Palpitations, Chest Pains Arm Pain/Ache, Numbness Stiffness or Pain of Neck, Forearm, Elbow Joint, Small Finger Mid-back Pain or Stiffness Weak Wrists/Carpal Tunnel Syndrome Digestive Disorders, Constipation, Food Allergies, Swollen Ankles, Varicose Veins	Y	30	N
17.	I regularly take 2 of the following: Hawthorn herb, Vitamin E, Essential Fatty Acids (EFAs) (as EPPDHA, Flax Oil, etc.), B-Complex, Magnesium, a specific heart supporting formulation (all must be of high quality)	Y	-40	N
18.	I regularly take 4 or more of the above list	Y	-80	N
19.	I feel stressed, anxious, or “wound up” often	Y	40	N
20.	I feel calm, relaxed, and even joyful often	Y	-40	N
Total Points				

