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www.YourBodyCanTalk.com

Kidney Health Evaluation

Name:	Date:	Age:
Address:	Telephone:	
	Cell:	
	E-Mail:	

Part A: History

1. I drink 3-6 servings of soda-pop per day. 2. I drink 3-6 servings of soda-pop per week. 3. I drink 2-6 servings of coffee per day. 4. I drink 2-6 servings of coffee per day. 4. I drink 2-6 servings of coffee per week. 5. I take 3-4 non-steroidal anti-inflammatory drugs (NSAIDs) per day. (Advil, Aleve, Ibuprofen, Aspirin, Motrin, Naproxen, Tylenol, etc.) 6. I take 5 or more non-steroidal anti-inflammatory drugs (NSAIDs) per day. 7. I take diuretics or other medications that are known to cause kidney damage. (nephrotoxicity) 8. I eat fast food or processed food 4 or more times per week. 9. I eat fast food or processed food 2-3 times per week. 9. I eat fast food or processed food soda-pop, and coffee. 11. I have diabetes 0-6 years. 12. I have diabetes 7+ years. 13. My urinalysis test has elevated albumin (over 30mg/gram). 14. My urinalysis test has elevated albumin (over 30mg/gram). 15. I am often fearful, worried, or afraid to take action. 16. I am typically calm, relaxed, and confident. 17. I regularly take 2 of the following: Goldenrod, Burdock, Buchu, Cilantro, Dandelion, Pipsissewa, Uva Ursi, Vitamin C complex, Potassium, Magnesium, L-glutamine, a doctor-recommended kidney support formula 18. I regularly take 4 of the above list. 19. I often experience two or more of the following: Abnormal Lack of Thirst, Abnormal Urinary Frequency or Urgency, Ankle Pain, Attrific or Swelling Reack Weatness Rackache Debudration Dry Mouth		rait A: History	_		
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			Points		