



Rosemary Slade
Mineral-Nutritional-Balancing Practitioner

Retest Client Questionnaire

Name		Date		Age	
eMail		Phone			

Personalized Active Care Plan (PACP)

When you first started Mineral-Nutritional-Balancing Program, I created a *Personalized Active Care Plan* just for you. It is now time for a Hair Retest. To help with the retest results, please let me know how you have been following the plan, and if any changes are needed. To the best of your knowledge, please complete the information below using a **scale of 0 to 5**. Please feel free to add any additional comments to the categories below.

0 = Not Following Plan at All

5 = Following the Plan and Doing Well

Category	Scale	Additional Comments
Coffee Enema		
Diet		
Dry Skin Brushing		
Meditation		
Sauna/Sauna Light		
Supplements		
Sleep		



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How Have You Been Doing?

Describe changes you've noticed in your symptoms or condition since you began your Personalized Active Care Plan.

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Do you have questions about your supplements and detoxification procedures?

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Is anything interfering with your ability to follow the program?

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Is there anything else you want me to know as I update your Personalized Active Care Plan?

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What are *Typical Examples* of Your Meals, Beverages & Snacks

Breakfast	Beverage
Mid-morning Snack	Beverage
Lunch	Beverage
Mid-afternoon Snack	Beverage
Dinner	Beverage
Evening Snack	Beverage



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Health Issues & Life Experiences Questionnaire

- | | |
|---|--|
| <input type="checkbox"/> acne | <input type="checkbox"/> cold – feeling of |
| <input type="checkbox"/> addiction – alcohol | <input type="checkbox"/> colitis |
| <input type="checkbox"/> addiction – other substances | <input type="checkbox"/> confusion |
| <input type="checkbox"/> addiction – other | <input type="checkbox"/> constipation |
| <input type="checkbox"/> allergies – other than food | <input type="checkbox"/> cough |
| <input type="checkbox"/> anemia | <input type="checkbox"/> depression |
| <input type="checkbox"/> anger | <input type="checkbox"/> dermatitis |
| <input type="checkbox"/> angina | <input type="checkbox"/> development – delayed |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> arteriosclerosis | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> arthritis – osteo | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> arthritis - rheumatoid | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> asthma | <input type="checkbox"/> dry skin |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> dyslexia |
| <input type="checkbox"/> autism | <input type="checkbox"/> eczema |
| <input type="checkbox"/> bipolar disorder | <input type="checkbox"/> emphysema |
| <input type="checkbox"/> bloating | <input type="checkbox"/> eyes – cataracts |
| <input type="checkbox"/> blood pressure – low | <input type="checkbox"/> eyes – glaucoma |
| <input type="checkbox"/> blood pressure – high | <input type="checkbox"/> eyes – macular degeneration |
| <input type="checkbox"/> body temperature – low | <input type="checkbox"/> fatigue |
| <input type="checkbox"/> brain fog | <input type="checkbox"/> fear |
| <input type="checkbox"/> bronchitis | <input type="checkbox"/> fissures |
| <input type="checkbox"/> bruising – easy | <input type="checkbox"/> food – allergies |
| <input type="checkbox"/> bursitis | <input type="checkbox"/> food cravings – fats |
| <input type="checkbox"/> cholesterol – high | <input type="checkbox"/> food cravings – starches |
| <input type="checkbox"/> circulation – poor | <input type="checkbox"/> food cravings – sweets |
| <input type="checkbox"/> cirrhosis | |



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- food cravings – other
- food – can't skip meals
- fractures
- gallstones
- gout
- hair loss
- headaches – migraine
- headaches – sinus
- headaches – tension
- heart attack
- heart – atrial fibrillation
- heart – palpitations
- heart rate – rapid
- heartburn
- hemorrhoids
- hives
- hunger – excessive
- hunger – little to none
- hyperkinesis
- hyperglycemia
- hyperthyroidism
- hypoglycemia
- hypothyroidism
- infection – bacterial
- infection – fungal (e.g. Candidiasis)
- infection – urinary tract
- infection – viral
- infertility
- intestinal gas
- irritability
- irritability – before meals
- joint pain
- joint stiffness
- kidney infection
- kidney stone(s)
- learning disability
- memory – poor
- Meniere's disease
- mind racing
- mood swings
- multiple sclerosis
- muscle – cramps
- muscle – pain
- muscle – weakness
- neuritis
- obsessive/compulsive
- osteoporosis
- panic attacks
- Parkinson's disease
- postnasal drip
- psoriasis
- schizophrenia
- scleroderma
- seizures
- sinus – congestion
- sleep – insomnia
- sleep – disturbance
- smoking



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- stomach pain
- sugar reactions
- suicidal thoughts
- teeth – decay
- teeth – dental amalgams
- teeth – excessive plaque
- teeth – gum disease
- triglycerides – high
- tumour(s) / cancer
- ulcer
- urination – frequent
- urination – painful
- vertigo
- water retention
- weight – tend to gain
- weight – tend to lose
- wound healing – slow
- yeast infection

Male

- impotence
- prostate problems

Female

- breasts – fibrocystic
- breasts – tumors
- fibroid tumors
- hot flashes
- menopause
- menstruation – none
- menstruation – heavy
- menstruation – irregular
- menstruation – light
- menstruation – cramps
- ovarian cysts
- pap smear – abnormal
- pregnant – currently
- premenstrual syndrome
- yeast infection

Trauma

- abuse – emotional
- abuse – physical
- abuse – sexual