

On a scale of 1-10 (10 being a severe problem) please indicate whether any of the symptoms below are troublesome for you:

Rating

Specify and Define

Allergy

Anxiety

Bad Temper

Blood Pressure

Brain Fog

Chest Pains

Depression

Dizziness

Fatigue

GastroIntestinal Problems

Gum Problems

Headaches/Migraine

Insomnia

Irregular Heartbeat

Memory Loss

Metallic Taste

Multiple Sclerosis

Nervousness

Numbness

Skin Rashes

Urinary Tract Infections

Vision Problems