

Cola Clinic Intake

Dr. Mark Colafranceschi, D.C.

Intake and recommendations: \$120. No payment is collected by this printable form. Call or text 480-210-2345 for payment arrangements.

Print, complete by hand, then scan or photograph every page clearly and email the completed form to Drcola1010@gmail.com. Keep your copy. Nutrition guidance and chiropractic care are available independently.

Your details

Full name (required)

Email (required)

Cell phone (required)

Age

Date of birth

Email consent

I understand that intake and recommendations cost \$120. I agree to send my responses, including health information, to Dr. Mark Colafranceschi at Drcola1010@gmail.com by email. Standard email may not be encrypted end to end. I can call 480-210-2345 to discuss another way to provide my intake.

Please indicate consent: ☐ I agree

Signature / date

Symptom survey

Write 1 for mild symptoms (once or twice a year), 2 for moderate symptoms (several times a year), 3 for severe symptoms (almost constantly), or P for symptoms experienced in the past. Leave blank if not applicable.

The headings organize your responses; they do not establish a diagnosis. For chest pain, severe breathing difficulty or another medical emergency, call 911 rather than use this form.

Adrenal - Fatigue

Symptom	Score
Weakness, Dizziness upon rising	
Fatigue	
Low blood pressure	
Nail weak or ridged	
Tendency to hives	
Arthritic Tendency	
Perspiration increase	
Bowel Disorder	
Poor Circulation	
Swollen Ankles	
Crave Salt	
Crave Sugar	
Light sensitivity - need sunglasses	
Hot Flashes	
Loss of bodily hair	
Skin discoloration	
Brown spots or bronzing of skin	
Allergies, tendency to asthma	
Weakness after colds, influenza	
Exhaustion, muscular or nervous	
Respiratory disorder. (i.e, Asthma)	

Anxiety - Sympathetic

Symptom	Score
Acid foods upset	
Get chilled often	
"Lump" in throat	
Dry mouth-eyes-nose	
Pulse speeds after meals	
Keyed up; fail to calm	
Cuts heal slowly	
Gag easily	
Unable to relax/ Tense Muscles	
Excessive Worrying	
Feeling Agitated	
Restlessness	
Excessive Fatigue	
Difficulty Concentrating on task	
Irritability	
Insomnia Falling or Staying Asleep	
Panic Attacks	
Avoiding Social Situations	
Irrational Fears	
Extremities cold clammy	
Strong light irritates	
Urine amounts reduced	
Heart pounds after eating	
Nervous stomach	
Appetite reduced	
Cold sweats often	
Fever easily raised	
Neuralgia-like pains	
Staring, blinks little	

Digestion - Parasympathetic

Symptom	Score
Sour stomach frequent	
Joint stiffness after arising	
Muscle leg toe cramps at night	
"Butterflies" in stomach	
Eyes or nose watery	
Eyes Blink Often	
Eyelids Swollen	
Indigestion soon after meals	
Always feels hungry. Lightheaded Often	
Digestion Rapid	
Vomiting frequent	
Hoarseness frequent	
Breathing Irregular	
Pulse Slow. Feels irregular	
Gagging reflex slow	
Difficulty Swallowing	
Constipation/ Diarrhea alternating	
"Slow Starter"	
Get Chilled frequently	
Perspire easily	
Circulation Poor, sensitive to cold	
Subject to colds, asthma bronchitis	

Blood Sugar

Symptom	Score
Eat when nervous	
Excessive appetite	
Hungry between meals	
Irritable between meals	
Get shaky if hungry	
Fatigue, eating relieves	
Lightheadedness if meals delayed	
Heart palpitates if meals missed or delayed	
Afternoon headaches	
Overeating sweets upsets	
Awaken after few hours of sleep. Insomnia	
Crave candy or coffee in afternoon	
Moods of depression, blues or melancholy	
Abnormal craving for sweets or snacks	

Heart Support

Symptom	Score
Hands and feet go to sleep easily	
Sigh frequently "air hunger"	
Aware of breathing heavily	
High altitude discomfort	
Opens window in closed room	
Susceptible to colds and fever	
Afternoon yawner	
Get drowsy often	
Swollen ankles worse at night	
Muscle cramps worse with exercise.	
Charley Horse	
Shortness of breath with exertion	
Dull pain in chest or radiating into left arm.	
Pain in jaw	
Bruise easily. Black/Blue spots	
Tendency to anemia.	
Men - erectile dysfunction	
Nose bleeds frequently	
Ringin g in ear	
Tension or tightness under breast bone	

Liver/Gall Bladder

Symptom	Score
Dizziness	
Dry Skin	
Burning Feet	
Blurred Vision	
Itching skin and feet.	
Excessive hair loss	
Frequent skin rashes	
Bitter metallic taste in mouth in morning	
Bowel movements painful or difficult	
A worrier, feels insecure	
Feeling queasy, headache over eyes	
Greasy foods upset	
Creamy foods upset	
Stools light-colored	
Skin peels on foot soles	
Pain between shoulder blades	
Use laxatives	
Stools alternate between soft to watery	
History of gallbladder attacks or gallstones	
Sneezing attacks	
Dreaming, nightmares; don't remember dreams	
Bad Breath (halitosis)	
Milk products cause distress	
Sensitive to hot water	
Burning or itching anus	
Craves sweets	

Digestion - Gut Microbe

Symptom	Score
Loss of taste for meat	
Lower bowel gas several hour after eating	
Burning stomach sensation--eating relieves	
Tongue - white coating	
Large amounts of foul smelling gas	
Indigestion after meals	
Food allergy, sensitivity	
High sugar diet	
Mucus on stools	
Excessive Fatigue after eating	
Gas shortly after eating	
Stomach bloating after meals.	
Bad breath (halitosis)	
Diarrhea.	
Weight gain	
Insomnia	
Skin problems	
Autoimmune conditions	
Difficulty urinating.	
Vaginal or rectal itching	

Hyperthyroid

Symptom	Score
Insomnia	
Nervousness	
Can't gain weight	
Intolerance to heat	
Highly emotional	
Flush easily	
Night Sweats	
Thin moist skin	
Inward Trembling	
Heart Palpitates	
Increased appetite without weight gain	
Unusual stamina	
Pulse fast at rest	

Hypothyroid

Symptom	Score
Eyelids and face twitch.	
Irritable and restless	
Highly emotional	
Tear up easily	
Can't work under pressure	
Increase in weight	
Decrease in appetite	
Fatigue easily	
ringing in Ear	
Sleeping during day	
Sensitive to cold	
Dry or Scaly skin	
Constipation	
Mental Sluggishness	
Hair Coarse	
Depression	
Headache upon rising, wears off during day	
Slow Pulse below 65	
Low Sex Drive	
Impaired hearing	
Reduced initiative	

Female Reproduction

Symptom	Score
Very easily fatigued	
PMS	
Painful menses	
Depression PMS	
Excessive menses, prolonged	
Painful breast	
Menstruate too frequently	
Vaginal discharge	
Hysterectomy / ovaries removed	
Menopausal hot flashes	
Menses scanty or missed	
Acne worse at menses	
Depression long standing	

Men Reproduction

Symptom	Score
Prostate trouble	
Urination difficult or dribbling	
Night urination frequent	
Depression	
Pain on inside of legs or heels	
Feeling of incomplete bowel evacuation	
Lack of energy	
Migrating aches and pain	
Tire too easily	
Avoids activity	
Leg nervousness at night	
Diminished sex drive	

Microbe/Immune

Symptom	Score
Frequent Colds	
Frequent Cold sores	
Foot/Nail Fungus	
Urinary Tract Infection	
Yeast Infection	
Coated tongue	
Frequent Diarrhea	
Resistance to antibiotics	
Scaly Skin Rash	
Frequent Blisters	
Loss of taste	
Vaginal Discharge (women)	
Stiff Neck	
Fever	
Night Sweats	
Hot Flashes	
Runny Nose	
Sinus Congestion	
Lymphatic Congestion	
Frequent Sore throat	
Frequent achy muscles	

Health history and priorities

Top 3 symptoms affecting my life

Foods I crave or cannot go without

Foods I stress eat

Present weight and past weight if changed (lbs)

Menstrual cycle - length, flow and symptoms, past and present, if applicable

Antibiotic use - total in the last year and lifetime

Current prescription medication conditions (list conditions, not medications)

Past prescription medication conditions (list conditions, not medications)

Over-the-counter items (vitamins, herbs, aspirin, etc.)

Root canals or major dental work completed

Stressors contributing to symptoms (trauma, conflict, work, family, anxiety, etc.)

Weekly food summary

Enter the number of times each item is consumed in an average week. For milk, enter cups per week; for alcohol, enter drinks per week. Leave blank if not applicable.

Food / drink	Per week	Food / drink	Per week
Eggs, Scrambled		Papaya, Kiwi	
Eggs, Poached, Hard Or Soft Boiled		Banana	
Grass Finished Beef, Lamb		Grapes	
Butter		Beans Kidney	
Cream		Green Tea	
Cheese		Coffee	
Bread Whole Grains		Aspartame - Artificial Sweeteners	
Brown Rice, Basmati Rice		Breakfast Bars	
Quinoa		Energy Bars	
Millet		Chips - Potato Chips, Corn Chips	
Broccoli		Donuts (Or Any Deep-Fried Pastry)	
Asparagus		Soda/Pop	
Green Beans		Fruit Juices	
Spinach,		Energy Drinks -Monster, Red Bull.	
Chard, Kale		Bleached Flour - Bread, Crackers	
Green Peas, Snap Peas		Pizza	
Celery		Pasties	
Walnuts, Pecan		Chocolate Bars	
Macadamia Pistachio		Ice Cream	
Almonds		Sliced Meets/Cold Cuts	
Cashews		Microwave Popcorn	
Pistachios		Pork	
Avocados		Bacon	
Mushrooms, Onions		Shrimp	
Oats		Tuna	
Beets		Raw Tomato	
Olives		Sockeye/Pacific Salmon	
Olive Oil		Mackerel, Sardines, Anchovies	
Romaine, Iceburg		Cod, Halibut	
Carrots,		White Potatoes	
Cucumber		Chick Peas, Lentils	
Carrots		French Fries	
Radish		Restaurant food	
Sprouts		Take out foods	
Sweet Potato, Yams		Frozen Meals	
Blueberries, Wild Berries		Meat (Any form)	
Strawberries		Milk (total number of cups per week)	
Pears, Apple		Yogurt	
Pineapple		Alcohol (total number of drinks per week)	

Return all pages to Drcola1010@gmail.com. Questions or another way to return your intake: call 480-210-2345.