

# Full Case Reviews I - Part One

Hey, everybody. We're finally here. The full case review presentation. We're going to put everything we've covered in the ADAPT course so far together into full case reviews. Now, these are actual case reviews from my practice selected at random to represent the type of patients I see and treat on a day-to-day basis. I'm going to walk you through their case, from the initial consult through their intake paperwork, all the way through to the end of the case review, showing you their labs as well as my interpretation of them and my report of findings. I've also recorded three live case reviews with patients, so you can listen to me do the actual initial consults and case review appointments, and these will be delivered separately.

The first patient we will call Maria, a 64-year-old female with chief complaint of fatigue and cognitive issues. Just a reminder, these images are stock photos. They are not actual pictures of patients. They are just to provide a little bit more life to each case.



**Maria**  
Initial Consult

**64 y.o. Female CC:** Fatigue and cognitive issues  
 Began noticing **cognitive deficits** around 59 years old.  
 Went through **menopause** around 38 years old.  
 Eats a **low carbohydrate diet**. Not sure how else to eat. Has lost about 30 pounds with this approach.  
 Very little bloating and minimal constipation/slow transit. Eats **very few vegetables**.  
**Sleep is rough:** Terrible nightmares that lead her to jump out of bed.  
**Zoloft** and **Tegretol** used for mood.  
**Brain hemorrhage** in 1986.  
**Gallbladder removed**.  
**Hysterectomy** due to a tumor of uncertain etiology.  
 Doing **MBSR classes** for stress management

Maria, again, is a 64-year-old female with chief complaint of fatigue and cognitive issues. She began noticing cognitive deficits around 59 years old. Went through menopause around 38 years old, so early. Eats a low-carbohydrate diet. Is not sure how else to eat but has lost about 30 pounds with that approach. Very little bloating, minimal constipation, and slow transit time. Eats very few vegetables, which she thinks might be related. Sleep is rough, terrible nightmares that lead her to jump out of bed. She is taking Zoloft and Tegretol for mood. She had a brain hemorrhage in 1986, gallbladder removed, hysterectomy due to a tumor of uncertain etiology, and is currently doing mindfulness-based stress reduction classes for stress management.

Initial consult (AN)      05/07/2015      Phone Call

CC: Fatigue.

Focused PMH:  
Began noticing cognitive deficits around 59 years old.  
Went through menopause around 38 years old.

Eats a low carbohydrate diet. Not sure how else to eat.  
Has lost about 30 pounds following a lower carb/Paleo diet.  
Very little bloating and minimal constipation.  
Slow transit. But eats very few vegetables. She knows she needs to eat more veggies.

Sleep is rough -- terrible nightmares that lead her to jump out of bed.  
Zoloft and Tegretol used for mood.

Brain hemorrhage in 1986.

Gallbladder removed.  
Hysterectomy due to a tumor of uncertain etiology.

Doing MBSR classes.

Assessment and Plan:

It was a pleasure speaking with you. Below is a summary of the recommended tests we discussed. You will receive an invoice within one to two business days.

- Please follow a Paleo elimination diet for at least 30 days. A handout describing the dietary principles and guidelines is available through your portal.
- Case review blood panel, which is a standard set of labs including complete blood count, electrolytes, cholesterol, and iron panel.
- Evaluate for dysbiosis with Doctor's Data and BioHealth stool tests and evaluate for SIBO using a breath test which detects both hydrogen and methane gas.
- Organic acids test to further evaluate for dysbiosis, and also to assess cellular energy production, vitamin B status, oxidative stress and detoxification capacity.
- Advanced adrenal test to assess your daily cortisol rhythm and cortisol metabolites to assess your stress response.

Please send us a message through the portal if you have any questions. We look forward to working with you.

**+ Append a Comment**    **+ Append Follow-Up SOAP Note**

**SIGNED**

**Assessment Diagnosis**

Prim. Fatigue and malaise, other (780.79 - ICD9)  
Sleep disturbance, unspec. (780.50 - ICD9)  
Depressive disorder, NOS (311 - ICD9)

**Plan Rx/ Orders/ Vaccines**

ORD DD CSAP x3
ORD Genova Organix Comp
ORD Genova SIBO
ORD BioHealth #401H
ORD DUTCH Adv Adrenal
ORD CR Blood Panel [LabCorp] {F} (pre 6-29-16)

**Charges / Payments**

(List of charges and payments is mostly illegible)

**Unsign**    **Exit**

We ordered a standard set of labs for Maria: a case review blood panel, gut panel including SIBO breath test—this was back when we were using Genova for that—BioHealth and Doctor's Data stool test, and urine organic acids through Genova. Then, we ordered a DUTCH hormone panel. It says adrenal panel here, but we actually ended up changing that to the comprehensive test.

Maria had already followed Paleo for several years, so we left it up to her whether she was going to do a 30-day reset again.

Please list the 5 major health concerns in your order of importance				
<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Digestion</li> <li>• past sugar spikes</li> <li>• </li> <li>• </li> </ul>	0	1	2	3
<b>Please check the appropriate number on all questions below. 0 as least/never to 3 as most/always.</b>				
<b>Category I</b>	0	1	2	3
Feeling that bowels do not empty completely	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower abdominal pain relieved by passing stool or gas	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Alternating constipation and diarrhea	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard, dry, or small stool	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coated tongue or "fuzzy" debris on tongue	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pass large amount of foul-smelling gas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 3 bowel movements daily	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use laxatives frequently	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category II</b>	0	1	2	3
Increasing frequency of food reactions	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Unpredictable food reactions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aches, pains, and swelling throughout the body	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpredictable abdominal swelling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent bloating and distention after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal intolerance to sugars and starches	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category III</b>	0	1	2	3
Intolerance to smells	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance to jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance to shampoo, lotion, detergents, etc.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple smell and chemical sensitivities	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constant skin outbreaks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category IV</b>	0	1	2	3
Excessive belching, burping, or bloating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gas immediately following a meal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offensive breath	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult bowel movement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of fullness during and after meals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty digesting fruits and vegetables; undigested food found in stools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category V</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Stomach pain, burning, or aching 1-4 hours after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use antacids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel hungry an hour or two after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn when lying down or bending forward	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary relief by using antacids, food, milk, or carbonated beverages	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive problems subside with rest and relaxation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category VI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Roughage and fiber cause constipation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigestion and fullness last 2-4 hours after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain, tenderness, soreness on left side under rib cage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive passage of gas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool undigested, foul smelling, mucous like, greasy, or poorly formed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category VII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Greasy or high-fat foods cause distress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower bowel gas and/or bloating several hours after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bitter metallic taste in mouth, especially in the morning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burpy, fishy taste after consuming fish oils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained itchy skin	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellowish cast to eyes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool color alternates from clay colored to normal brown	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reddened skin, especially palms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry or flaky skin and/or hair	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of gallbladder attacks or stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Here is her questionnaire. She listed fatigue, digestion, and blood sugar spikes as her main complaints here, so a little bit different than what she listed during the initial consult, and that will often happen, so make sure to pay attention to both. Here we see a number of GI issues listed in

Categories I, II, and III. Also a history of gallbladder attacks in Category VII, which is consistent with her history from the initial consult.

	0	1	2	3
<b>Category VIII</b>				
Acne and unhealthy skin	●	○	○	○
Excessive hair loss	●	○	○	○
Overall sense of bloating	●	○	○	○
Bodily swelling for no reason	●	○	○	○
Hormone imbalances	●	○	○	○
Weight gain	●	○	○	○
Poor bowel function	●	○	○	○
Excessively foul-smelling sweat	●	○	○	○
<b>Category IX</b>	0	1	2	3
Crave sweets during the day	○	○	●	○
Irritable if meals are missed	●	○	○	○
Depend on coffee to keep going/get started	●	○	○	○
Get light-headed if meals are missed	○	●	○	○
Eating relieves fatigue	●	○	○	○
Feel shaky, jittery, or have tremors	○	●	○	○
Agitated, easily upset, nervous	●	○	○	○
Poor memory/forgetful	○	○	○	●
Blurred vision	○	○	●	○
<b>Category X</b>	0	1	2	3
Fatigue after meals	○	○	●	○
Crave sweets during the day	○	○	○	○
Eating sweets does not relieve cravings for sugar	●	○	○	○
Must have sweets after meals	●	○	○	○
Waist girth is equal or larger than hip girth	●	○	○	○
Frequent urination	○	○	○	○
Increased thirst and appetite	○	○	○	○
Difficulty losing weight	●	○	○	○
<b>Category XI</b>	0	1	2	3
Cannot stay asleep	●	○	○	○
Crave salt	●	○	○	○
Slow starter in the morning	○	○	●	○
Afternoon fatigue	○	○	○	●
Dizziness when standing up quickly	○	○	○	●

Afternoon headaches	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches with exertion or stress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak nails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Category XII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cannot fall asleep	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perspire easily	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under high amount of stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain when under stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wake up tired even after 6 or more hours of sleep	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive perspiration or perspiration with little or no activity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XIII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Edema and swelling in ankles and wrists	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle cramping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor muscle endurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent thirst	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal sweating from minimal activity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alteration in bowel regularity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to hold breath for long periods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shallow, rapid breathing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XIV</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Tired/sluggish	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feel cold/hands, feel, all over	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Require excessive amounts of sleep to function properly	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in weight even with low calorie diet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gain weight easily	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult, infrequent bowel movements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/lack of motivation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning headaches that wear off as the day progresses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outer third of eyebrow thins	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning of hair on scalp, face, or genitals, or excessive hair loss	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dryness of skin and/or scalp	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental sluggishness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Some evidence of blood sugar dysregulation in Categories IX and X and HPA axis dysfunction in Category XI. A few symptoms in the hypothyroid category, but nothing specific and relatively minor.

Category XV	0	1	2	3
Heart palpitations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inward trembling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased pulse even at rest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous and emotional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty gaining weight	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVI	0	1	2	3
Diminished sex drive	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual disorders or lack of menstruation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ability to eat sugars without symptoms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVII	0	1	2	3
Increased sex drive	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerance to sugars reduced	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
"Splitting" - type headaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVIII (Males Only)	0	1	2	3
Urination difficulty or dribbling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain inside of legs or heels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of incomplete bowel emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg twitching at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XIX (Males Only)	0	1	2	3
Decreased libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased number of spontaneous morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased fullness of erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty maintaining morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spells of mental fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Episodes of depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased physical stamina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in fat distribution around chest and hips				

Sweating attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More emotional than in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XX (Menstruating Females Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Perimenopausal	<input type="radio"/>	<input checked="" type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> No
Alternating menstrual cycle lengths	<input type="radio"/>	<input checked="" type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> No
Extended menstrual cycle (greater than 32 days)	<input type="radio"/>	<input checked="" type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> No
Shortened menstrual cycle (less than 24 days)	<input checked="" type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>
Pain and cramping during periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scanty blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast pain and swelling during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvic pain during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable and depressed during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss/thinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XXI (Menopausal Females Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
How many years have you been menopausal?	post, 25 yrs-hysterectomy - 2007 years			
Since menopause, do you ever have uterine bleeding	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Hot flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Mental fogginess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Disinterest in sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Painful intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Shrinking breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Facial hair growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No
Increased vaginal pain, dryness, or itching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> No

She has reduced tolerance to sugars in Category XVII and then 3's across the board in the menopausal hormone category, so a lot going on there. With these questionnaires, remember we're not making any diagnoses, but we can just use them as a means for further investigation. For example, in this patient, I'm going to pay close attention to hormones given her responses in Category XXI.

8/11/2015 Metabolic Assessment

<input type="text" value="0"/> How many alcoholic beverages do you consume per week?	<input type="text" value="0"/> How many caffeinated beverages do you consume per day?
<input type="text" value="1"/> How many times do you eat out per week?	<input type="text" value="3-4"/> How many times a week do you eat raw nuts or seeds?
<input type="text" value="1"/> How many times a week do you eat fish?	<input type="text" value="3-4"/> How many times a week do you workout?

List the three worst foods you eat during the average week:

List the three healthiest foods you eat during the average week:

Do you smoke?  Yes |  No

Do you currently have mercury amalgams (fillings)  Yes |  No

Have you had mercury amalgam fillings removed in the past?  Yes |  No

Rate your levels of stress on a scale of 1-10 during the average week:

Please list any medications you currently take and for what conditions:

Please list any natural supplements you currently take and for what conditions:

She doesn't drink alcohol or eat out much. She eats fish only once a week, which could be an issue. That's suboptimal. Diet is pretty good, as you can see. She is on Tegretol for seizure prevention and Zoloft for depression. You want to consider the side effects of these medications when you're looking at symptoms. Common reactions for Zoloft include insomnia, which, of course, can cause fatigue, constipation and GI issues, decreased libido, and hypoglycemia. Then Tegretol can cause drowsiness, constipation, and GI issues as well. Of course, these are many of her complaints. That doesn't mean that Zoloft and Tegretol are to blame exclusively, but you want to ask her about the timing of these symptoms and when she started taking the drugs.

Indicate the frequency with which you eat the following foods by marking in the appropriate box. **FREQUENT**= at least once a day, **OFTEN**= several times per week, **OCCASIONAL**= once a week or less, **SELDOM**= once or twice a month or less, **NEVER**= total avoidance.

	Frequent	Often	Occas.	Seldom	Never
Alcoholic Beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Eat Out at Restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pastries, Cookies, Candy, Ice Cream and Other Sweets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
White Flour: Bread, Pasta, Pancakes, Crackers, Muffins, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Add Sugar to Coffee, Tea, Cereals, or Other Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sodas or Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Diet Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fruit Juices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Artificial Sweeteners (NutraSweet, Saccharin, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Natural Sweeteners (Honey, Maple Syrup, Agave, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Breakfast Cereals (Hot or Cold)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Packaged Foods: Chips, Crackers, Puffs, Pretzels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vegetable Oils (Sunflower, Safflower, Canola, Corn, Soy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Margarine or Tub Vegetable Oil Spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Deep-Fried Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Olive Oil	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocados	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturated Fats (Butter, Ghee, Lard, Coconut, Palm, Tallow)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty Fish (Salmon, Mackerel, Sardines, Herring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Nuts and Seeds, Nut/Seed Butters	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized Dairy (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Raw Dairy Products (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fermented Dairy Products (Yogurt, Kefir, Cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Eggs (Check: <input checked="" type="checkbox"/> Free-Range, <input checked="" type="checkbox"/> Pastured, <input checked="" type="checkbox"/> Organic, or <input type="checkbox"/> Conventional)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry or Fowl (Chicken, Turkey, Duck, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pork	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red Meat (Beef, Lamb)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed Meats (Bacon, Sausage, Salami, Ham, etc)					

8/11/2015	Food Survey				
Organ Meats (Liver, Kidney, Sweetbreads, etc)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy Products (Tofu, Tempeh, Soy Milk, Edamame)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salads, Uncooked Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fermented Vegetables (Sauerkraut, Kim Chi, etc)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Starchy Vegetables (Greens, Squash, Carrots)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starchy Vegetables (Potatoes, Yams, Sweet Potatoes)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Fruits	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans and Legumes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Whole Grains and Whole Grain Breads (Wheat, Gluten)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Alternative Grains (Quinoa, Buckwheat, Teff, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Herbs and Spices (Fresh or Dried)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Chocolate (Check: <input type="checkbox"/> Milk or <input checked="" type="checkbox"/> Dark)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal Teas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee (Check: <input checked="" type="checkbox"/> Regular or <input checked="" type="checkbox"/> Decaffeinated)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caffeinated Teas (Check: <input type="checkbox"/> Black or <input type="checkbox"/> Green)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt (Check: <input type="checkbox"/> Iodized or <input checked="" type="checkbox"/> Sea Salt)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please indicate if you are on any special diet:

<input type="checkbox"/> Ovo-lacto-vegetarian	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other
<input type="checkbox"/> Diabetic ADA	<input type="checkbox"/> Vegan	
<input type="checkbox"/> Dairy-free	<input checked="" type="checkbox"/> Paleo	
<input type="checkbox"/> Gluten-free	<input type="checkbox"/> GAPS	

If you checked any, how long have you been on this diet? since mid 2011

If you checked any, how strictly are you on it? For example: 80/20, or all the time, except certain holidays 80/20

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Please check any and all boxes below that describe your current eating styles:

<input type="checkbox"/> Eat while driving, in front of a TV or computer, or multi-tasking	<input checked="" type="checkbox"/> Fast eater
<input type="checkbox"/> Irregular eating habits (eating times, portion sizes, etc)	<input type="checkbox"/> Eat too much
<input type="checkbox"/> Eat late at night	<input type="checkbox"/> Eat in the middle of the night
<input type="checkbox"/> Time constraints	<input type="checkbox"/> Travel Frequently
<input type="checkbox"/> Eat more than 50% meals away from home	<input type="checkbox"/> Don't care to cook, or never learned

- Confused about nutritional advice
- Don't really enjoy meals; eat mostly for fuel or calories
- Eat lots of pre-made or pre-packaged foods and snacks
- Lack of choice of healthy foods in neighborhood
- Don't eat breakfast or dinner together as a family unit
- Don't share same meals, even if seated together at table (special dietary needs and/or food preferences)
- Emotional eater (when sad, bored)
- Have a negative relationship to food
- Diet often for weight control
- Struggle with eating issues or history of eating disorders
- Eat too much or too little under stress

**Additional Comments**

I use small amounts of a Natural Sweetener called Stevia - Often. I ingest vegetable oil when i eat out; no choice of oils - Seldom. Deep, fried food - fish and few chips - Seldom. I eat goat's milk products; butter - occasionally; cheese - often; yogurt - occasionally

Her diet survey largely shows that she has been on Paleo since 2011. Very good diet. Not much to address in this area.

The food we eat is probably the single-most important factor determining whether we are healthy or ill. The goal of this survey is not to pass judgment, but instead to get an accurate idea of what you're eating and how it may (or may not) be contributing to your health problems. The more accurate and honest you can be in your responses, the more I will be able to help you make choices that support health and well-being.

1) Describe a typical breakfast (including what time you eat it).

3 oz grass fed ground beef, 1/2 cup frozen spinach or fresh chard or fresh kale - eat between 0900 - 0930  
sometimes add 4 - 6 small rounds of peeled orange sweet potato; when cooked sprinkle with ground cinnamon

2) Do you have a morning snack?  Yes  No  Sometimes

nut or dates covered in oat flour, or a few pieces of salami

3) Describe a typical lunch (including what time you eat it).

can of tuna in olive oil, may made with avocado oil, unsweetened pickle relish - eat between 1300 and 1500

4) Do you have an afternoon snack?  Yes  No  Sometimes

1/2 cup of berries, eight oz canned light coconut milk, six drops of Stevia, mixed in the blender

5) Describe a typical dinner (including what time you eat it).

2 eggs, 2 - 3 slices bacon, steamed veggies, sometimes add 4 - 6 small rounds of orange peeled sweet potato; when cooked sprinkle with cinnamon powder

6) Do you eat a bedtime snack?  Yes  No  Sometimes

another very large handful of dark chocolate covered almonds

7) Do you eat dessert after:  lunch?  dinner?  both?  "I don't eat dessert"  
Please describe what you eat for dessert

handful of dark chocolate covered almonds

8) Do you wake up hungry in the middle of the night?  Yes  No  Sometimes  
If so, do you eat? What do you eat?

fresh fruit or salami

Additional Comments

my eating is very unorganized. i'm too lazy to cook anything that takes measures of planning.

Here is the sample-day diet journal, and you do get different information from this questionnaire than you do from the survey, and they are both important. Here we see that she is eating a really low-carb diet, as she suggested, usually eggs and greens for breakfast. No significant carbohydrate, although she sometimes does add a little bit of sweet potato. Tuna and pickle relish for lunch, so again very low-carb lunch, and then dinner looks quite a lot like breakfast, often eggs again with some non-starchy vegetable, sometimes some sweet potatoes or a half-cup of berries.

She could also be undereating overall, so you want to check her total calorie intake. Then, we would wonder about mercury if she is really having tuna every day for lunch, and that doesn't totally jive with her other questionnaire where she said she was only eating fish once a week. We definitely want to ask more questions about that, and I would order mercury testing after seeing this on her dietary survey.

## ENVIRONMENTAL EXPOSURE

Please answer the following questions:

	Yes	No	Unknown
1) Do you have exposure to the interior building of a water damaged building and/or microbial growth? If yes, please answer the next three (3) questions:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Do you have samples/evidence of spore or genus and species of fungus (air test, ERMI test, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Is there visible microbial growth (mold)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Is there a presence of musty smells?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2) Do you remember a tick bite occurring before your illness beginning? If yes, please answer the next two (2) questions:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Did you have an unexplained rash after the bite?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3) Have you had a brown recluse or other poisonous spider bite? If yes:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4) Did you become ill after eating fish?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5) Did you become ill after exposure to a body of fresh water?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6) Did you become ill after exposure to the ocean during a 'Red Tide' or other bloom?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7) Did you become ill after exposure to an estuary fish kill?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8) Did you become ill after exposure to a closed shell fish bed area?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

## ASSOCIATED ILLNESSES

Please mark yes or no:

Illness	Yes	No
Tick borne illness	<input type="radio"/>	<input checked="" type="radio"/>
Lyme Disease	<input type="radio"/>	<input checked="" type="radio"/>
Fibromyalgia	<input type="radio"/>	<input checked="" type="radio"/>
Chronic Fatigue Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Gulf War Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Chemical Sensitivity	<input type="radio"/>	<input checked="" type="radio"/>
Sick Building Syndrome	<input type="radio"/>	<input type="radio"/>
Fungus or Mycotoxicosis	<input type="radio"/>	<input checked="" type="radio"/>
Depression	<input checked="" type="radio"/>	<input type="radio"/>
Chronic Soft Tissue Injury	<input type="radio"/>	<input checked="" type="radio"/>
Irritable Bowel Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Bacteria	<input type="radio"/>	<input checked="" type="radio"/>
Bell's Palsy	<input type="radio"/>	<input checked="" type="radio"/>

Pfeisteria	<input type="radio"/>	<input checked="" type="radio"/>
Sensory Neural Hearing Loss	<input type="radio"/>	<input checked="" type="radio"/>
Ciguatera Seafood Poisoning	<input type="radio"/>	<input checked="" type="radio"/>
Any Learning Disability	<input type="radio"/>	<input checked="" type="radio"/>
Autism	<input type="radio"/>	<input checked="" type="radio"/>
Attention Deficit Disorder	<input checked="" type="radio"/>	<input type="radio"/>
Charcot Marie Tooth Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Alzheimer's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Amyotrophic Lateral Sclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Multiple Sclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Diabetes	<input type="radio"/>	<input checked="" type="radio"/>
Ocular Disease (e.g., cataract)	<input type="radio"/>	<input checked="" type="radio"/>
Retinal Disease (e.g., glaucoma)	<input type="radio"/>	<input checked="" type="radio"/>
Low Vision or Blindness	<input type="radio"/>	<input checked="" type="radio"/>
Another Condition Involving Neurological Function	<input checked="" type="radio"/>	<input type="radio"/>

Environmental exposures: There are no clear exposures, but she did mark unknown to many of the environmental exposure questions, so that's something you keep in the back of your mind for the future.

**HEALTH HISTORY QUESTIONS**

1) Please list the following

Education: BA in Communicative Disorders

Profession: retired, full time volunteer for the earth

Interests (sports, hobbies, etc.):

gardening, answering gardening questions for newspapers, researching and sharing garden info, dancing, water aerobics, lap swimming, reading, jigsaw puzzles (online and on a table), brain games, traveling, photography, supporting causes close to my heart, beading, card-making, cats

2) List your chief complaints in order of your importance:

Fatigue, lethargy, midday exhaustion.

Susceptible to allergies beginning in early spring 2015 - in the past I would sneeze regularly as a way to clean out any allergens in my upper respiratory system - no negative reactions to how I felt - now I sneeze a lot and feel more congestion - don't feel as energized for several years I've gone to bed at midnight and awakened at 0800. began taking afternoon naps from 1 - 4 hours a day when I started my anti-depressant in early 2015 and increased my Tegretol level by 100mg after enduring a brain shaking experience in November 2014 have just enough energy to take my water walking aerobics class two mornings a week until early pm then I lay down and sleep for a good part of the afternoon. over the past month or so go to bed earlier and get up at the same time.

3) List all diagnoses given to you in a timeline sequence and your personal opinions about them.

epilepsy due to cerebral hemorrhage in 1986

with healing of the brain and low dose of meds, strive to live the remaining of my life in a positive manner lymphedema - 2010 in my left foot and ankle. I do exercises as often as I can to move the lymph up and out of my body.

depression - 2002: 2014: 2015

given meds, could live and be a happy person; wasn't sure I wanted to stick around; hope was coming back into my life along with fatigue

arthritis early 2000's - in right knee; had to cease a favorite gentle yoga class as I couldn't bend my right knee any longer

osteopenia- genetics: (m) osteoporosis, (f) pagets - try to keep moving and exercising as often as I can

pre-diabetes - really scared me, must find a way not to go down that road

4) What's your opinion on what has happened to your health?

I began learning about the paleo way of eating in 2010 from my housemate. After I returned from a trip overseas in 2011 I made drastic changes to my diet. The

first two months I was pretty sick and then in September of that year I began to feel better, had more energy and dropped 30 lbs. I had fun trying new recipes and

my good feelings lasted about 16 months and then I began feeling tired and losing energy. I began adding some foods back into my diet including those with

sugar. I still made my morning breakfasts (3 oz ground beef with leafy green vegetables and an egg) I stopped taking my anti-depressant as I wanted to do

some personal work on myself. I felt alright for a few months, then the depression came back with a vengeance and I felt myself sinking into a hole.

Really good

diet went south late 2014 was a very low point early 2015 I was beginning new antidepressant and struggling with down feelings and fatigue. Because of the

anti-seizure meds I take, all anti-depressants I try contraindicate so I've had to monitor those meds carefully. Hoped I would feel better on the 30 day

reset.

though I had a very hard time cooking balanced meals morning breakfasts minus the egg are the norm lunches late and dinners veggies and some

protein to

date, I continue struggling with feeding myself and not getting side-tracked

Here is her case review questionnaire. I'm not going to read it. I'm just going to point out the highlights. She started Zoloft in 2015 and also on Tegretol for seizures at that time, and her fatigue started about 16 months after switching to Paleo, so it preceded the Zoloft and the Tegretol because she has been on Paleo since 2011. We can be relatively sure that the fatigue, at least, is not exclusively related to the medications, although it could have been made worse by that. It did start 16 months after switching to Paleo, so my suspicion often in these cases when the patient is on a low-carb diet and they experience fatigue some period of time after starting that diet, is that it is related. You want to pay attention to these clues, and we've talked about how restricting carbohydrates too much, particularly in women, can cause fatigue, insomnia, and other symptoms.

5) List any treatments, medications, or supplements that have improved your health.

Began taking Tegretol in 1987 after Dilantin couldn't control my seizures stopped taking Dilantin after its side effects of causing my gums to begin growing over my teeth diagnosed with arthritis in my left knee in early 2000's. I began taking a liquid Chondroitin and Fisol. I've recently switched to a fermented cod liver oil Vit C 1,000 rose hips, bioflavonoids - 2 g per day helps keep colds at bay - trying liposomal C, 2 tsp /day Pantothenic Acid - unsure if I need this

6) List any treatments, medications, or supplements that have caused reactions or decreased your health.

I am aware that I take two medications that have potentially negative side effects: Carbamazepine for 28 years an anti-seizure medication and Zoloft and anti-depressant

7) List in a timeline sequence any medical procedures or surgeries you have had:

1961 - tonsils and adenoids removed  
1982 - tubal ligation  
1986 - surgery to remove blood from brain cerebral hemorrhage  
2007 - hysterectomy  
2009 - gall bladder removed

#### PERSONAL OPINION QUESTIONS

\*Please do not answer "I don't know" to any of these questions.\*

1) Why do you think healthcare practitioners have failed with your case?

allopathic medicine practitioners look only for what is on the surface the symptoms they are quick to prescribe a poison pill for most things. they do come in handy when I need surgery or an mri

2) What are you looking for in a healthcare practitioner?

A: someone who will consider the whole of me from skin to bones and everything in between: looking at the results of the deep testing done prior to my visit with them, based in part on my answers to questions asked of me and what I know and how I feel about myself.

3) What do you consider a realistic window of time to see changes in your health under our care?

2 to 4 years my view of holistic (functional) medicine is such that it took me a relatively long time to get to the state I'm in now. It is likely to take at least that amount of time to return to a place of health, wholeness and happiness notwithstanding permanent damage to my body.

4) Are you prepared to pay for the laboratory testing, consulting fees and nutritional supplements that may be required to successfully manage your condition?

last spring I agreed to pay all costs necessary, to date most of the testing is done and paid for. The journey continues with the consult with you coming up and the prescribing of supplements and some guidance for my healing.

She mentions here in her responses that she expects to see changes in two to four years. We'd certainly hope we'll see changes much sooner, but in some cases, the fully significant healing can take that long, and it's good that the patient has realistic expectations in this regard.

5) On a scale of 1 to 10, how committed are you to recovering your health? **10** Why?

I want to return to a level of health where I feel well rested in the morning, have the energy to go through the day, take an hour's nap in the early afternoon and feel well enough to go out in the evening to a class or fun staying involved with my volunteer work will keep my brain active.

6) What obstacles or beliefs, if any, stand in the way of you recovering your health?

Knowing what is ailing me and not doing anything about it would be my own death sentence.

7) Are there emotional or psychological issues that may be contributing to your health problems? If so, please explain them briefly.

In the 1990's I was in a relationship and my girlfriend and I went to see a couples counselor and I began to wake up at some point the counselor asked me how I managed my depression. I told him I had tried for years to stay on a neutral level and when I didn't do anything I still fall below the neutral level. He made a diagnosis that I was clinically depressed and suggested I take an anti-depressant. I took one for 10 years which put me on that much coveted neutral level. In mid-late 2012 I felt the need to clean out my mental/emotional closet so went off the meds. I was in counseling less than a year when I crashed into the brick wall of severe depression. I was in significant emotional pain and lost most of my interest for doing anything. I did have thoughts of ending my life, though I am quite the coward and began looking for ways to come back to life at some point I tried going back on the Prozac from before and had a bad reaction to it, horrible nightmares dominated my sleep menu often. After one or two conversations with my primary care physician, she recommended taking serotonin which did not help at all. In late 2014 I asked for a referral to psychiatry to begin the task of looking for an anti-depressant that would not contraindicate with my anti-seizure meds. In 2015 I began a different med and monitor it carefully because of contraindications with the other med I take and the potential lymphedema flareups.

8) Do you enjoy your work? Do you believe your work contributes to your health problems?

Short answer yes and no contribution to health issues.  
In 2002, I opened [REDACTED], a garden design business I ran for six years. It was also the best and most fun employment I ever had. I've been officially retired as of 2008. After my retirement I found more time to educate the general public through writing answers [REDACTED] questions, working at the state fair and home and landscape show answering personal garden questions, sharing my knowledge with those who ask me questions. It adds so much to my life.

9) Do you have a purpose in life?

Sharing my knowledge with others about taking care of the earth has been a priority for the past 10 years as a [REDACTED] Cooperative Extension Master Gardener. Love learning about ways to become a better steward of the earth through the California Native Plant Society. Let go of the lawn and save our precious trees.

10) Where else do you find support? Friends? Church or religious group? Nature?

I don't have much of a support system in the way of people. I have grown up alone and as I get older when I had hoped to have cultivated a wonderful friendship base and people I could turn to in hard and troubled times that simply hasn't turned out to be true. I have been loosely connected to a liberal church community for 26 years through don't feel a close connection to them. When I was feeling better and had more energy, my life as a gardener in my own space and working with the general public was very fulfilling and satisfying.

11) How did you feel about answering all of these questions and the case review process?

Answering these questions is somewhat of a painful process though it does provide some clarity of who I am and the road I've traveled.

Maria has struggled with depression historically and has even had suicidal ideation, so be aware of side effects of psychiatric meds such as Zoloft. She does not have much social support, and in my book and in ADAPT, we've talked about studies suggesting that lack of social support is a greater predictor of early death than high body mass index, hypertension, and smoking 15 cigarettes a day. This definitely might be worth discussing with her and exploring options for getting more social support. That would be a good part of the treatment in this case.

Marker	Value	Functional Range	Lab Range
Glucose	79	75 - 90	65 - 99
Hemoglobin A1c	5.9	4.4 – 5.4	4.8 - 5.6
Uric Acid	2.8	3.2 - 5.5	2.5 - 7.1
BUN	14	13 – 18	8 - 27
Creatinine	0.70	0.7 – 1.0	0.57 - 1.00
BUN/Creatinine Ratio	20	9 – 23	9 - 23
Sodium	141	135 – 140	134 - 144
Potassium	4.2	4.0 – 4.5	3.5 - 5.2
Chloride	100	100 – 106	97 - 108
CO <sub>2</sub>	25	25 – 30	18 - 29
Calcium	8.9	9.2 – 10.1	8.7 - 10.2
Phosphorus	4.0	3.0 – 4.0	2.5 - 4.5
Magnesium	2.3	2.0 – 2.6	1.6 - 2.6
Protein, total	6.7	6.9 – 7.4	6.0 - 8.5
Albumin	4.2	4.0 – 5.0	3.6 - 4.8
Globulin	2.5	2.4 – 2.8	1.5 - 4.5
A/G ratio	1.7	1.5 – 2.0	1.1 - 2.5
Bilirubin, total	0.3	0.1 – 1.2	0.0 - 1.2
Alkaline Phosphatase	115	42 – 107	39 - 117
LDH	166	140 - 180	119 - 226
AST	14	0 - 23	0 - 40
ALT	12	0 - 20	0 - 32
GGT	21	0 - 21	0 - 60
TIBC	248	275 – 425	250 - 450
UIBC	163	175 - 350	150 - 375
Iron	85	40 – 135	35 - 155
Iron saturation	34	17 – 45	15 - 55
Ferritin	166	30 - 100	15 - 150
Vitamin B-12	493	450 – 2000	211 - 946
Vitamin D, 25-hydroxy	32	35 - 60	30.0 - 100.0
Cholesterol, total	291	150 - 230	100 - 199
Triglycerides	81	50 – 100	0 - 149
HDL	84	55 – 85	> 39
LDL	191	0 - 140	0 - 99
T. Chol / HDL Ratio	3.5	< 3	0 - 4.4
Triglycerides / HDL Ratio	0.96	< 2	< 3.8

Marker	Value	Functional Range	Lab Range
CRP-hs	6.14	< 1.0	0.00 - 3.00
Homocysteine	13.3	< 7.0	0.0 - 15.0
TSH	0.994	0.5 - 2.0	0.45 - 4.500
T4, total	5.8	6.0 - 12	4.5 - 12.0
T3 Uptake	25	28 - 35	24 - 39
T3, Total	94	100 - 180	71 - 180
Copper	113	81 - 157	72 - 166
Zinc	123	64 - 126	56 - 134
Zinc / Copper Ratio	1.09	> 0.85	
Serum Methylmalonic Acid (MMA)	177	< 300	0 - 378
WBC	4.4	5.0 - 8.0	3.4 - 10.8
RBC	4.10	4.4 - 4.9	3.77 - 5.28
Hemoglobin	11.7	13.5 - 14.5	11.1 - 15.9
Hematocrit	37.1	37 - 44	34 - 46.6
MCV	91	85 - 92	79 - 97
MCH	28.5	27.7 - 32.0	26.6 - 33.0
MCHC	31.5	32 - 35	31.5 - 35.7
RDW	13.6	11.5 - 15.0	12.3 - 15.4
Platelets	312	150 - 379	150 - 379
Neutrophils	61	40 - 60	
Lymphocytes	33	25 - 40	
Monocytes	5	4.0 - 7.0	
Eosinophils	1	0.0 - 3.0	
Basophils	0	0.0 - 3.0	

Blood chemistry results: Fasting glucose is normal, but A1c is high at 5.9. It does have some markers of functional anemia, so it is possible that the A1c is not accurate. You would want to do some post-meal blood sugar testing, fructosamine, and possibly True Health Diagnostics\* advanced metabolic panel. Ferritin is high at 166, but other iron markers are fairly normal except TIBC, which is low. It could be excess iron storage. It could also be inflammation because CRP is high at 6.14. I would retest the iron panel and include soluble transferrin receptor to clarify that.

<**\* Note:** True Health Diagnostics is no longer in business. See [this post](#) for the latest updates.>

Total cholesterol is high at 291. HDL is healthy at 84, but total cholesterol-to-HDL ratio is higher than optimal at 3.5 because of the pretty high total cholesterol of 291. That is up in the possible familial hypercholesterolemia range. I would order advanced lipid testing for this patient.

TSH is optimal at 1. Total T4 and total T3, however, are slightly below the functional range. Total T4 is 5.8, and total T3 is 94. Given the TSH value of 1, this is probably not significant, but you would want to get a free T4, free T3, and probably thyroid antibodies on this patient. I wasn't including

those routinely in the case review panel at the time that this patient saw me, but you could order those as a follow-up if you didn't have them already.

Maria's 25(OH)D is low-normal at 32. We don't have a PTH for this patient, but you can see that calcium is low, almost out of the lab range, so that makes me suspicious that this does represent vitamin D deficiency. You could just supplement, or you could order a PTH to clarify.

White blood cell count is slightly below the optimal range at 4.4. Neutrophils are one point above the functional range. I don't think I would see this as a pattern. It's not really abhorrent enough. Red blood cells, hemoglobin, and MCHC are functionally low, and MCV is functionally high. It's actually not out of the functional range, but it is getting close to that. This would be more suggestive of B12 or folate-deficient anemia, especially because homocysteine is high at 13.3. You would look at FIGLU and urine MMA on an organic acids panel and then probably the HDRI advanced methylation panel if those are normal.