Author of Your Body Can Talk & Your AGING Body Can Talk

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www.YourBodyCanTalk.com

Leaky Gut Health Evaluation

(Increased Intestinal Permeability)

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

Part A: History

Ouestions	Yes	Points	No
I know that I have difficulty with my digestion.	Y	40	N
2. I have food sensitivities and/or food allergies.	Y	40	N
3. I am sensitive to weather changes.	Y	30	N
4. I am often fatigued / just don't have enough energy.	Y	30	N
5. I often have muscle aches and pains for no obvious reason.	Y	30	N
6. I often have joint pains.	Y	30	N
7. I am bothered by skin rashes, breakouts, etc.	Y	30	N
8. I frequently have diarrhea, and/or abdominal pain.	Y	30	N
9. My memory is poor.	Y	20	N
10. I often feel "yucky" or even toxic.	Y	30	N
11. I sometimes have fevers for no known reason.	Y	20	N
2. I have Candida, or I have had Candida.	Y	30	N
13. I have parasites, or I have had parasites.	Y	30	N
14. I now smoke tobacco, or I have smoked tobacco for 5 years at some point.	Y	30	N
15. I drink 4 or more alcoholic beverages per week.	Y	30	N
16. I often take non-steroidal anti-inflammatory drugs (NSAIDs) (aspirin, Advil, Tylenol, etc.)	Y	30	N
17. I have taken anti-biotics several times.	Y	30	N
18. I have Celiac Disease (inability to digest gluten).	Y	100	N
19. I have been diagnosed with one or more of the following: (circle all that apply)			
Alcoholism	Y	30	N
• Arthritis	Y	30	N
• Asthma	Y	30	N
Autoimmune Disease (such as Lupus, Ankylosing Spondylitis, Hashimoto's Disease, etc.)	Y	30	N
Crohn's Disease	Y	30	N
• Diabetes	Y	30	N
Migraines	Y	30	N
Multiple Sclerosis	Y	30	N
• Ulcers	Y	30	N
Ulcerative Colitis	Y	30	N
Total 1	Points	- ~	

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Part B: In-Office Tests Using Kinesiology

Test	Positive (+)	Negative (–)
1. Leaky Gut Finger Mode	+	-
2. Reflex Point	+	ŀ
3. Two point confirmation test RE: Total Leaky Gut TM , XanGo, Glutamine, GI Revive, Pro-Biotics	+	-

Part C: Recommendations

1. Nutritional

2. Lifestyle

3. Treatment