

Blood Flow Assessment Form | ADULT

First Name: _____ Last Name: _____ DOB: _____

Today's Date: _____

Appropriate blood flow and oxygenation ensure the health and vitality of our cells and systems. Without adequate blood flow, oxygen and nutrients may not be adequately distributed throughout our bodies. The following assessment can help us identify the possibility of compromised blood flow.

Please place an X in the appropriate box below.

Do you experience:	Yes	No
Less than 5 servings of vegetables and dark leafy greens daily		
Sleep issues like snoring or restless sleep; or diagnosed sleep apnea		
Mouth breathing during the day and/or night		
Blood sugar issues (including diagnoses pre-diabetes or diabetes)		
Blood pressure issues (including diagnosed pre-hypertension or hypertension)		
Challenges with maintaining healthy weight		
Brain fog, memory issues, and/or attention/focus challenges		
For men: Erectile Dysfunction or other sexual issues		
For women: any type of sexual dysfunction or issue		
For women: are you in perimenopause or menopause		
Diagnosed with any type of cardiovascular (heart) issue		
Low energy and/or poor physical stamina		
Exercise consistently or participate in some kind of athletic training		
Diagnosed gastrointestinal (stomach/gut) issues such as IBS or BD, or symptoms of constipation, heartburn, bloating, etc.		
Often have cold hands and/ or feet, tingling in hands/feet, or diagnosed with Reynaud's		

Additional notes: