

# Category Access Points

Earth: Spleen, Stomach, **HCL**, Pancreas & **Hypoadrenals**

Metal: Lungs & Large Intestines

Water: Kidneys & Bladder

Wood: Liver & Gall Bladder

Fire: Heart, Adrenal, Thyroid, Pituitary, **Hypoadrenals** & **Vit B**

Para Solve: Parabowel p1, Parabowel p2 & **ICV**

Flora Plus: Bowel Flora p3 & **ICV**

Allergy: Allergy, **SMP**, **ICV** & **Hypoadrenals**

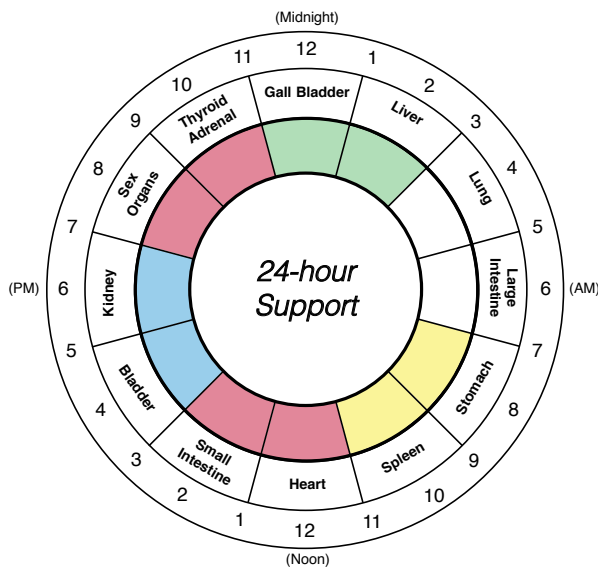
ER 911: Emotional Points, **Hypoadrenals**, **ICV** & **Vit B**

Scars-Adhesions: Scars, Skin, Joint & **Cat I**

Visceral Polarity: **Brain**, GV 26, CV 24 & **Cat I**

Flu Immune: Spleen, Thymus & Spleen/Thymus combination

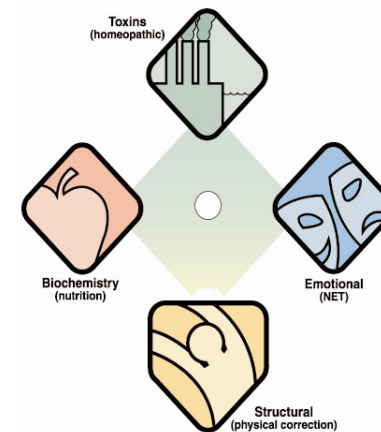
Pain Relief: Contact pain area & think of “feeling” of



**Step 1:**  
Use *The Home Run Formula* to check all Access Points within a problem Category (**NET Vitals** in bold).

**Step 2:**  
Support all corrections with **#24 Day & Night Vitals** for 2 weeks.

# Quick and Easy Wellness Check



*Instant and automatic results online!*

[WellnessCheckOnline.com](http://WellnessCheckOnline.com)

*The following checklist and descriptions are not intended as a replacement for consultation, diagnosis, or treatment. In all cases it is recommended that you consult with your healthcare professional.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Check either (a), (b), or (c) after each question.**

(a) Rare/Never (b) 1-3 times a month (c) One or more times a week

- |  |  |   |
|--|--|---|
| 1. Stomach discomfort<br>___ (a) ___ (b) ___ (c)         | 21. Athlete's Foot<br>___ (a) ___ (b) ___ (c)            | 41. Loss of libido<br>___ (a) ___ (b) ___ (c)           |
| 2. Lung congestion<br>___ (a) ___ (b) ___ (c)            | 22. Mucus in throat<br>___ (a) ___ (b) ___ (c)           | 42. Film/Coating on tongue<br>___ (a) ___ (b) ___ (c)   |
| 3. Dehydrated or thirsty<br>___ (a) ___ (b) ___ (c)      | 23. Sensitivity to touch<br>___ (a) ___ (b) ___ (c)      | 43. Allergy-type symptoms<br>___ (a) ___ (b) ___ (c)    |
| 4. Gas-type indigestion<br>___ (a) ___ (b) ___ (c)       | 24. Sensitivity to cold air<br>___ (a) ___ (b) ___ (c)   | 44. Anxiety/Nervous feelings<br>___ (a) ___ (b) ___ (c) |
| 5. Circulation problems<br>___ (a) ___ (b) ___ (c)       | 25. Grinding of teeth<br>___ (a) ___ (b) ___ (c)         | 45. Carpal Tunnel symptoms<br>___ (a) ___ (b) ___ (c)   |
| 6. Intestinal upsets<br>___ (a) ___ (b) ___ (c)          | 26. Mood swings<br>___ (a) ___ (b) ___ (c)               | 46. Lack of balance<br>___ (a) ___ (b) ___ (c)          |
| 7. Yeast infections<br>___ (a) ___ (b) ___ (c)           | 27. Variable appetite<br>___ (a) ___ (b) ___ (c)         | 47. General flu symptoms<br>___ (a) ___ (b) ___ (c)     |
| 8. Burping or belching<br>___ (a) ___ (b) ___ (c)        | 28. Crave carbohydrates<br>___ (a) ___ (b) ___ (c)       | 48. Arthritic pain<br>___ (a) ___ (b) ___ (c)           |
| 9. Hoarseness or laryngitis<br>___ (a) ___ (b) ___ (c)   | 29. Gums bleed easily<br>___ (a) ___ (b) ___ (c)         | 49. Fatigued and irritable<br>___ (a) ___ (b) ___ (c)   |
| 10. Swollen feet<br>___ (a) ___ (b) ___ (c)              | 30. Skin rash/irritations<br>___ (a) ___ (b) ___ (c)     | 50. Overly sensitive<br>___ (a) ___ (b) ___ (c)         |
| 11. Fats hard to digest<br>___ (a) ___ (b) ___ (c)       | 31. Urination problems<br>___ (a) ___ (b) ___ (c)        | 51. Sensitive scars on body<br>___ (a) ___ (b) ___ (c)  |
| 12. Sweat easily<br>___ (a) ___ (b) ___ (c)              | 32. Finger nail problems<br>___ (a) ___ (b) ___ (c)      | 52. Lack of coordination<br>___ (a) ___ (b) ___ (c)     |
| 13. Alcohol intolerance<br>___ (a) ___ (b) ___ (c)       | 33. Burning in soles of feet<br>___ (a) ___ (b) ___ (c)  | 53. Body achiness<br>___ (a) ___ (b) ___ (c)            |
| 14. Constipation<br>___ (a) ___ (b) ___ (c)              | 34. Nose itches<br>___ (a) ___ (b) ___ (c)               | 54. Tooth pain<br>___ (a) ___ (b) ___ (c)               |
| 15. Cold sores<br>___ (a) ___ (b) ___ (c)                | 35. Crave sugar-type foods<br>___ (a) ___ (b) ___ (c)    | 55. Hay Fever symptoms<br>___ (a) ___ (b) ___ (c)       |
| 16. Nose discharge or dryness<br>___ (a) ___ (b) ___ (c) | 36. Feelings of nausea<br>___ (a) ___ (b) ___ (c)        | 56. Weeping or sobbing<br>___ (a) ___ (b) ___ (c)       |
| 17. Bladder problems<br>___ (a) ___ (b) ___ (c)          | 37. Eczema or dry skin<br>___ (a) ___ (b) ___ (c)        | 57. Localized itching<br>___ (a) ___ (b) ___ (c)        |
| 18. Earaches<br>___ (a) ___ (b) ___ (c)                  | 38. Hearing/Ear sensitivities<br>___ (a) ___ (b) ___ (c) | 58. Acid Reflux symptoms<br>___ (a) ___ (b) ___ (c)     |
| 19. Restless sleep<br>___ (a) ___ (b) ___ (c)            | 39. Jaw problems<br>___ (a) ___ (b) ___ (c)              | 59. Sinus/Head pressure<br>___ (a) ___ (b) ___ (c)      |
| 20. Abdominal bloating<br>___ (a) ___ (b) ___ (c)        | 40. Headaches from the sun<br>___ (a) ___ (b) ___ (c)    | 60. Muscular pain/spasm<br>___ (a) ___ (b) ___ (c)      |

- |   |  |  |
|---|--|--|
| 61. Dizziness or vertigo<br>___ (a) ___ (b) ___ (c) | 67. Migraines or headaches<br>___ (a) ___ (b) ___ (c)  | 73. Occ. low back pain<br>___ (a) ___ (b) ___ (c)    |
| 62. Dry mouth<br>___ (a) ___ (b) ___ (c)            | 68. Voracious appetite<br>___ (a) ___ (b) ___ (c)      | 74. Feeling overworked<br>___ (a) ___ (b) ___ (c)    |
| 63. Stiffness in joints<br>___ (a) ___ (b) ___ (c)  | 69. Strained ligaments<br>___ (a) ___ (b) ___ (c)      | 75. Hemorrhoids<br>___ (a) ___ (b) ___ (c)           |
| 64. Stomach cramping<br>___ (a) ___ (b) ___ (c)     | 70. Trouble swallowing<br>___ (a) ___ (b) ___ (c)      | 76. Heartburn-type pain<br>___ (a) ___ (b) ___ (c)   |
| 65. Sore throat<br>___ (a) ___ (b) ___ (c)          | 71. High temperature/fevers<br>___ (a) ___ (b) ___ (c) | 77. Ears feel under water<br>___ (a) ___ (b) ___ (c) |
| 66. Overexertion pain<br>___ (a) ___ (b) ___ (c)    | 72. Bone pain<br>___ (a) ___ (b) ___ (c)               | 78. General aches & pain<br>___ (a) ___ (b) ___ (c)  |

**Scoring Form — Complete when finished with all questions.**

Transfer all the check marks from the questions to the (a), (b), or (c) grid boxes below. When finished, total (a), (b) & (c) columns and fill in the drop-down boxes to complete each category.

	a	b	c		a	b	c		a	b	c		a	b	c		a	b	c		a	b	c		a	b	c
1				2				3				4				5				6				7			
8				9				10				11				12				13				14			
15				16				17				18				19				20				21			
22				23				24				25				26				27				28			
29				30				31				32				33				34				35			
36				37				38				39				40				41				42			
Total √s	x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10		
	b+c			b+c			b+c			b+c			b+c			b+c			b+c			b+c			b+c		
	<u>Earth</u>			<u>Metal</u>			<u>Water</u>			<u>Wood</u>			<u>Fire</u>			<u>Para Solve</u>			<u>Flora Plus</u>								

	a	b	c		a	b	c		a	b	c		a	b	c		a	b	c		a	b	c		a	b	c
43				44				45				46				47				48				49			
49				50				51				52				53				54				55			
55				56				57				58				59				60				61			
61				62				63				64				65				66				67			
67				68				69				70				71				72				73			
73				74				75				76				77				78				79			
Total √s	x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10			x 2 x10		
	b+c			b+c			b+c			b+c			b+c			b+c			b+c			b+c			b+c		
	<u>Allergy</u>			<u>ER 911</u>			<u>Scars-Adhesions</u>			<u>Visceral Polarity</u>			<u>Flu Immune</u>			<u>Pain Relief</u>											

**Category b+c Score**

**0-4 Excellent**

**6-10 Moderate**

**12+ Needs Attention**

Give this form to your practitioner. Retake and re-evaluate in 30 days.