

CLIENT RECORD

Client#: _____

Counselor: _____

E-mail address: _____

Date: _____

Last Name	First Name / Init.	Address	City	State	Zip

Age Birthdate	Height	Desired Weight	Occupation	Sex	Yrs Smoking	Months on Drugs	Months / Surgery	Phone
								Home ()
								Work ()

THY _____	ADR _____	BSR _____	LER _____	HAE _____	NAA _____	BP _____	Main complaints:
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Test #	Date	Balanced Sugars	Urine pH	Urine BpH	Balanced Salts	Cell Cebri	Nitr. Nitro	Bal'd Ureas	Metab. Efficiency (EM)	Reserve Energy (ER%)	Adv. Rela's Speed Decl.	Cumul. Total	Notes	Current Weight
		Actual Sugars	Saliva pH	Saliva BpH	Actual Salts		Amm. Nitro			(BA) Biological Age				ORP

UpH Zone _____ Sugars _____ = Kidney/Adrenal Sex/Bladder SpH Zone _____ Sugars _____ = Spleen/Pancreas Stomach
 Salts _____ = Thyroid Pituitary _____ Salts _____ = Lungs Colon
 Nitrogens _____ = Heart Small Intestines _____ Nitrogens _____ = Liver Gallbladder

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