

MEMGRAM® ANALYSIS

Biological Immunity Research Institute POB 31322 Phoenix, AZ 85046 888-221-4116 • www.biri.org

Put your name below. Complete rest if first test or if any of the data has changed since last test.

Mr. Mrs.								
Miss (please print) Last		First		Full Middle	Sex	(_ Race	
Address					Stat	e	Zip	
Home phone ()								
E-Mail Address:								
Age Birthdate	Height' Weight				Desired weight			
Waist measurement (at the n	avel):	Hip measure	ement (femal	es):	Wrist	measuremer	nt (males):	
Usual rising time:	Usual bedtime:		Jsual mealtim	es — Breakfa	st:	Lunch:	Dinner:	
Frame size (circle one): sma	Marital status: M S D W # of children			en	Age of youngest			
Occupation		Spouse Name			Sp. Employer			
Is your exercise routine:	Strenuous () Mod	derate ()	Light ()	Sedentary ()
Do you smoke?		_ How much?			How	many years?		
If you've quit, how many years	Hov	How much?			When quit?			
Take prescription or non-pres	For wh	For what?			How many months?			
If you've quit, how many months did you take them?						Whe	n quit?	
Any major surgeries? What a	nd when?							
What have you been medicall	y diagnosed as hav	ing?						
Primary reason you came to u	ıs for analysis?							
Closest Relative Name/Addre		Phot			Phone (ne ()		
Your doctor's name:								
Address		City			e	_ Zip		
Doctor's Phone #: ()		Type of Pi	ractitioner:					

MEMGRAM® S-CRISIS QUESTIONNAIRE

Rate each statement 0-5 according to the intensity of how you have recently felt.

0=Never 1=Rarely 2=Occasionally 3=Regularly 4=Often 5=Very Often

 1. Fam aggressive or push myself too hard or usually get my way or am protective or overreact.
 2. I am sensitive or my heart is broken or I am denied love or life is not worth living or feel rejected.
 _3. I hold grudges or have feuds or blame others or others irritate me or I hate my situation.
_4. It is hard to understand or hard to digest or I pretend all is fine or I am unhappy or I feel bloated.
_5. I need coordination or control or feel controlled or have chest pressure or my limbs are stiff.
 6. I feel depressed or feel tired after eating or feel sad or irritated or need company.
7. I feel stuck In a rut or tired of routine or need room to breathe or feel stifled or feel I am suffocating.
 _8. I get hot flushes or cold perspiration or feel sexually stimulated or feel apathetic or physically weak.
 _9. I withhold my thoughts or feel overworked or have temperature sensitivity or someone is in my way.
 10. I am anxious or forgetful or lightheaded or dizzy or fearful or can't take the heat.
 11. Someone replaced me or gets the credit or benefits or I am resentful or I am not rewarded.
 12. I am jumpy or nervous or have mental conflicts or am a light sleeper or have many undone projects.
 13. I am exhausted or need courage or am worried or feel drained or dislike explaining my situation.
 14. I am concerned or upset by unknowns or must figure it out or filled with thoughts or expect bad.
 15. I need energy or feel old or feel worn out or sensitive to sun or heat or radiation or hard to focus.
 16. I want to escape or have unexplained fears or have food concerns or am shy or pressure nauseates.
 17. Thinking hurts or poor memory or pee at night or am not myself or poor balance or need to eat.
 _19. Sexual issues or bored or tired of same situation or lost priorities or hard to distinguish problems.
 _20. Tremble all over or under stress or have low stamina or hidden condition or difficult to laugh.
21. Odd facial expressions or lost a loved one or job or position or usually lose or have nervous tension.
22. Palms sweat or have bad temper or are impatient or easily find fault or curse.
 23. I am angry or reject others or need fresh air or traumatized or antagonized or irregular breathing.
24. I use prescription or OTC or recreational drugs or alcohol or tobacco or am excitable or sigh a lot.