



Yeast Overgrowth

SIGNS, SYMPTOMS AND ASSOCIATIONS OF YEAST OVERGROWTH

HISTORY:

(Answer Yes or No)

- ___ Have you taken tetracyclines or other antibiotics for acne for 1 month or longer?
- ___ Have you at any time in your life taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for 2 months or longer, or in shorter courses, 4 or more times in a 1-year period?
- ___ Have you taken a broad-spectrum antibiotic drug – even in a single dose?
- ___ Have you at any time in your life been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?
- ___ Are you bothered by memory or concentration problems – do you sometimes feel spaced out?
- ___ Do you feel “sick all over” yet, despite visits to many different physicians, the causes haven’t been found?
- ___ Have you been pregnant?
- ___ Have you taken birth control pills?
- ___ Have you taken steroids orally, by injection or inhalation?
- ___ Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke symptoms?
- ___ Does tobacco smoke really bother you?
- ___ Are your symptoms worse on damp, muggy days or in moldy places?
- ___ Have you had athlete’s foot, ring worm, “jock itch” or other chronic fungus infections of the skin or nails?
- ___ Do you crave sugar?

Check the following symptoms you have:

- | | |
|------------------------------------|--|
| ___ Fatigue or lethargy | ___ Prostatitis |
| ___ Feeling of being “drained” | ___ Impotence |
| ___ Depression or manic depression | ___ Loss of sexual desire or feeling |
| ___ Numbness, burning or tingling | ___ Endometriosis or infertility |
| ___ Muscle aches | ___ Cramps and/or other menstrual irregularities |

Yeast Overgrowth Continued

- | | |
|--|---|
| <input type="checkbox"/> Muscle weakness or paralysis | <input type="checkbox"/> Premenstrual tension |
| <input type="checkbox"/> Pain and/or swelling in joints | <input type="checkbox"/> Attacks of anxiety or crying |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Cold hands or feet, low body temperature |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Constipation and/or diarrhea | <input type="checkbox"/> Shaking or irritable when hungry |
| <input type="checkbox"/> Bloating, belching or intestinal gas | <input type="checkbox"/> Cystitis or interstitial cystitis |
| <input type="checkbox"/> Troublesome vaginal burning, itching or discharge | <input type="checkbox"/> Drowsiness, including inappropriate drowsiness |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Incoordination |
| <input type="checkbox"/> Frequent mood swings | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Dizziness/loss of balance | <input type="checkbox"/> Pressure above ears...feeling of head swelling |
| <input type="checkbox"/> Sinus problems...tenderness of cheekbones or forehead | <input type="checkbox"/> Tendency to bruise easily |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Itching eyes |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Chronic hives (urticaria) |
| <input type="checkbox"/> Indigestion or heartburn | <input type="checkbox"/> Sensitivity to milk, wheat, corn or other common foods |
| <input type="checkbox"/> Mucus in stools | <input type="checkbox"/> Rectal itching |
| <input type="checkbox"/> Dry mouth or throat | <input type="checkbox"/> Mouth rashes, including "white" tongue |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Foot, hair or body odor not relieved by washing |
| <input type="checkbox"/> Nasal congestion or postnasal drip | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Laryngitis, loss of voice | <input type="checkbox"/> Cough or recurrent bronchitis |
| <input type="checkbox"/> Pain or tightness in chest | <input type="checkbox"/> Wheezing or shortness of breath |
| <input type="checkbox"/> Urinary frequency or urgency | <input type="checkbox"/> Burning on urination |
| <input type="checkbox"/> Spots in front of eyes or erratic vision | <input type="checkbox"/> Burning or tearing eyes |
| <input type="checkbox"/> Recurrent infections or fluid in ears | <input type="checkbox"/> Ear pain or deafness |

Call Jodi at 806-353-1447 or Email jodi@drfitt.com

Print out and fill out this page and all the forms listed in the Symptom Profile box on the home page and bring them with you to your appointment