

TBA EVALUATION RESULTS

NAME:	DATE:	person photo
Progress:	Notes:	

EVALUATION RESULTS -the number listed in parenthesis represents its level of weakness: "0"=no weakness, "10"=very weak.

* Primary	
A & P D C A	Metabolic () Cellular () Teeth () Mouth () Stomach () Pancreas () Sm.Intestine () Lg.Intestine () Liver/Gallbladder () Kidney/Bladder () Pineal () Pituitary () Thyroid () Adrenal () Cardio () Lung () Brain () Spinal Cord () Nerves () Lymph () Thymus () Spleen () Structure () Male () Female () Skin () Eyes () Ears () Blood/Immune () Growth () Allergy () Bacteria () Bite/Sting () Chemical () Fungus () Injection () Metals () Parasite () Virus () Emf.Cos () Emf.Geo () Emf.Rad () Emf.Wir () Inj.Str () Inj.Sca () Inj.Ner () Inj.Mes () Miasm.M () Miasm.F () Mutation.Acq () Mutation.Her () Waste.Met () Emotional () Spiritual () Herx () Benign () Mal () >DCA _____ > A&P _____
2) First '10'=	
3)	
4)	
5)	
6)	
7)	
8)	

YOUR TBA PROGRAM RECOMMENDATIONS: Use the checked items as directed or until your next visit.

<input type="checkbox"/> Super Nutrient	<input type="checkbox"/> Liquid Detox
<input type="checkbox"/> Digestive Aid	<input type="checkbox"/> IC-1
<input type="checkbox"/> Bowel Stimulant	<input type="checkbox"/> IC-2
<input type="checkbox"/> Vitamin D ³	<input type="checkbox"/>
Other Supplements: _____	
Special Diet: _____	

ADDITIONAL:

The remedies made for you will be most effective if you are drinking plenty of **fresh water** every day (50 oz. for every 100 pounds that you weigh); *and* if you are doing **exercise** several days each week *and* you are moving your **bowels** once for each meal that you eat (if not, please let us know).

✓ Next Evaluation recommended in: _____ hours days weeks months as needed

If you have any question about your consult, or wish to schedule your next appointment please contact your TBA Practitioner.