TBA EVALUATION RESULTS

NAME:	DATE:	person photo

Progress:	Notes:

EVALUATION RESULTS -the number listed in parenthesis represents its level of weakness; higher numbers = more weakness.

A & P

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 **( )**

D C A

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 _____

* **1) First '10'=**	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

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

☐ Super Nutrient	☐ Liquid Detox
☐ Digestive Aid	☐ IC-1
☐ Bowel Stimulant	☐ IC-2
☐ Vitamin D^3	☐

Other Supplements: _____

☐ please visit www.gwswathome.com/blog and consider:

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.