

DUALE MEDIZIN

Dr. med. E. Seebach

Do you have a thyroid gland sub-function (hypothyroidism)?

Send your fax reply to **+49-89-54329907**

Family name: _____ (please add before sending the fax)

Evaluate the occurrence of each symptom on the scale below, then calculate the final value.

Evaluation scale of the symptoms:

0=None 1=Seldom 2=Occasionally 3=Often 4=Occasionally with strong symptoms 5=Continuously

- | | |
|--|--|
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Difficulty in getting pregnant |
| <input type="checkbox"/> Difficulty in losing weight | <input type="checkbox"/> Decreased perspiration |
| <input type="checkbox"/> Increased fatigue | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Slow thinking | <input type="checkbox"/> Low blood sugar (hypoglycemia) |
| <input type="checkbox"/> Constant feeling of coldness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> High blood cholesterol levels |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Down's syndrome |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Lithium therapy |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Irregular/heavy/no period |
| <input type="checkbox"/> Increased flu illnesses | <input type="checkbox"/> Menstrual cramps |
| <input type="checkbox"/> Increased and long-lasting colds | <input type="checkbox"/> PMS syndrome |
| <input type="checkbox"/> Fluid retention, edema | <input type="checkbox"/> No interest in sex |
|
<input type="checkbox"/> Total value | |

1 - 10 can indicate a slightly increased unbalance

11 - 20 can indicate an increased unbalance

21 - 34 can indicate a strong unbalance

35 and higher can indicate a dangerous unbalance

Duale Medizin GmbH

www.duale-medizin.de

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