

Healthworks

NUTRITION CENTRE

MICROSCOPIC BLOOD ASSESSMENT RECAP

Name: _____ Date: _____

**Please let the front desk staff know if there have been any changes to personal information since your last visit.*

List Current Medications (prescribed or non-prescribed):

List any vitamins/ herbals/ homeopathics/other natural supplements you are currently taking:

What are your current health concerns? Which of these concerns is most immediate to you?

Have you seen any improvements since your last visit?
None Slight Moderate Complete

Where have you seen improvement?

How many cups of coffee do you drink daily?

Do you drink any carbonated beverages? **Y / N** If Yes, how much daily?

How much do you exercise? (times/ week)

How much water do you drink? (daily)___

Name: _____

Part 1 – BLOOD MORPHOLOGY ASSESSMENT

<u>DIGESTION</u>	DESCRIPTION	Normal	1	2	3
Rouleau Formation	RBCs appear as “stack of coins”				
Erythrocyte Aggregation	RBCs clumping				
Erythrocyte Linkage	RBCs abnormal				
Hemoglobin	Iron Deficiency				

CIRCULATION

Thrombocyte Aggregation	Platelets clumping
Thrombocyte Count	1 platelet to 15 RBCs
Spicules	Fibrin needle-like projections
Rhizoids	Breakdown of platelets (grey, fuzzy)
Atherosclerotic Plaque	Opaque globules of plaque formation

CRYSTALLINE STRUCTURES

Red Crystals	Indications of bowel toxicity
Cholesterol Crystals	Bright white crystalline structures

IMMUNE SYSTEM

Increased WBC count	Lymphocyte and Phagocyte
Hypersegmentation	WBC with 5+ lobes
Neutrophil Viability	Amoebic movement of WBCs
L forms – Fungal Forms	Grey, dust-like particles
Candida albicans	Bud forms (white and circular)
Parasites	Rod-shaped microbes (motile)
Mycoplasma	Round, donut-shaped microbes

RED BLOOD CELLS (RBCS)

Anisocyte	Vary in size
Poikilocyte	Vary in shape - distorted
Ovalocyte	Oval-shaped
Microcyte	Small RBC
Macrocyte	Large RBC
Target Cell	Hole in centre of RBC
Acanthocyte	Distinct spike on RBC surface
Echinocyte	Dying RBC
Shadow Cells	Ghost-like appearance

Part 2 - COAGULATION (HLB™) MORPHOLOGY ASSESSMENT

1st Layer

COMMENTS:

2nd Layer

3rd Layer

4th Layer

5th Layer

6th Layer

7th Layer

8th Layer

HEALTH COMPLAINTS: _____

SUGGESTIONS: _____

RECAP DATE: _____

What type of water do you drink? Circle one:

Distilled Filtered Other: _____
Spring Well
Tap Reverse Osmosis

How often do you have a bowel movement? _____

How is your energy level? Circle one: Excellent Good Fair Poor

How many hours of sleep do you get per night? _____

CONSENT AND ACKNOWLEDGMENT

I, the undersigned, hereby understand and acknowledge that Grant M. Derkatz is not a medical practitioner and in particular that he:

- A) does not hold himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition;
- B) does not offer or undertake by any means or methods to diagnose, treat, operate, prescribe for any human disease, pain, injury, disability or physical condition, and;
- C) cannot and will not give medical advice.

I, the undersigned, hereby confirm and acknowledge:

- A) all information from, or communication with, Grant M. Derkatz are at my own request, with full knowledge of the above particulars, and;
- B) no guarantees have been made to me concerning the results that may be obtained as a result of my consultation with Grant M. Derkatz.

Dated this _____ day of _____, 20_____.

_____ Signature

_____ (Please print name)

_____ Parent/Guardian Signature (If under 18 years old)

**The use of any recording devices
is strictly prohibited WITHOUT the
express written consent of
Healthworks Nutrition Centre**

Healthworks Nutrition Centre will not share your health information without your consent.