



Food Introduction Response Form

Client's Name: _____

DATE:	TIME:	TEST FOOD:	
PULSE: Before:	30 minutes After:	Energy Level:	Food Score:
Digestion:			
Headache/Pressure:			
Nasal or Chest Congestion			
Kidney• Bladder•Skin			
Bowel Function:		#Bouts of Diarrhea	#B.M.s:

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Instructions: Take Pulse before eating Test Food and 30 minutes after. Rate your Energy Level from 0-10 (0=No Energy and 10=vibrant energy), Food Score (0=dislike test food;10=favorite food), and describe any symptoms you may have, in the above body areas, within 30 minutes to 24 hours after consuming test food. Sometimes you may notice responses up to 3 days after consuming foods. Test only one food at a time, unless otherwise instructed.