



WELCOME TO BALANCED HEALTHCARE!

Welcome to Balanced Healthcare. I want to take a moment to thank you for entrusting Manlove Group's Balanced Healthcare with your health and well-being. Balanced Healthcare is much more than just a name. We strive to maintain a complete patient perspective, evaluating and addressing all aspects of the individual: physical, mental, emotional, spiritual and social. We maintain this "complete person" focus through traditional as well as non-traditional medical, psychological, social and lifestyle modalities.

I received my Medical Doctorate (MD) from the University of South Dakota School of Medicine in 1993. I then joined the Army and completed a Family Practice Residency at Ft Benning, GA in 1999. Realizing that much of medicine was not being adequately managed by traditional Western medicine, I completed the UCLA Acupuncture for Physician Course in 2001. After serving my country, I furthered my education by becoming Board Certified in Pain Medicine in 2004.

I completed my third board certification in Functional and Regenerative Medicine and am now an Advanced Fellow in Restorative Medicine, completing the program in 2011. I have been using a functional medicine approach to health care since 2007. I have had great success in treating both women and men as well as children for the last 11 years.

I joined Manlove Psychiatric Group in December 2017 where I specialize in providing Individualized and Customized care for each patient that I partner with. I maintain dual Board Certification in Family Medicine and Anti-Aging, Functional and Regenerative Medicine.

My vision in changing medical paradigms came from the frustration I felt in trying to help patients in the traditional medical model. This model emphasizes sickness and disease and does not look for the root cause of illness. The concept of Functional Medicine has forced me to rethink how medicine is delivered and with it came the eye-opening realization that our body's are wonderfully adept at healing themselves if given the proper pieces to work with. Things like removing toxins and adding better nutrition through dietary changes and supplementation can have a profound effect on allowing our body's to heal. Through this process I have learned that "Balanced Health" can be achieved by transforming the mind, body and spirit back to their natural state. With the aid of nutraceuticals (vitamins, minerals, amino acids, fatty acids, enzymes, natural hormones, etc.), pharmaceutical medicines (if needed), herbals, probiotics, homeopathies, energy medicine, and pharmaceuticals, the patient and family can begin their metamorphosis. All of us at Balanced Healthcare are dedicated to this journey.

As clinicians, our goal is to help every patient that enters our office. We strive to stay up-to-date with latest research, seminars, conferences, and evidence based medicine so that we may provide you with the best treatment available.

Our goal of transforming the mind, body and spirit takes creativity, motivation and determination from both the provider and the patient, but its rewards are immense.

The journey begins here,

Kyla Helm, M.D.

Pt Name: _____

Pt DOB: _____

Medical History

Please use the space below to tell us why you are seeking our help. What are your major medical concerns and what symptoms or problems would like to try and improve. Please tell us your story.

Medical Diagnosis: For Example: Hypertension	Date of Diagnosis	ICD code (Official use)	Medical Problems or Symptoms For Example: I'm tired	How long?

Current Medications	Start Date	Past Medications	Why stopped?

Current Nutraceuticals	Start Date

ENVIRONMENTAL EXPOSURE/TOXICITY RISK (Check each box that applies)				<input type="checkbox"/> Lives in old house	<input type="checkbox"/> Feather bedding
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Pesticides used in home/ lawn	<input type="checkbox"/> Consumes red/ yellow food dye	<input type="checkbox"/> Consumes GMO foods	<input type="checkbox"/> Polyvinylchloride toys or furniture	
<input type="checkbox"/> Amalgams (silver dental fillings)	<input type="checkbox"/> Herbicides used in home/ lawn	<input type="checkbox"/> Preservatives in food	<input type="checkbox"/> Bottle Fed	<input type="checkbox"/> Vinyl blinds	
<input type="checkbox"/> Use Tylenol	<input type="checkbox"/> Mold in bathroom or basement	<input type="checkbox"/> Consumes sulfites in food	<input type="checkbox"/> Constipation/GI related problems	<input type="checkbox"/> Known Lead Exposure (e.g. paint/toys)	
<input type="checkbox"/> Seafood consumption	<input type="checkbox"/> Air fresheners/ perfumes	<input type="checkbox"/> Consumes nitrites and nitrates	<input type="checkbox"/> Drinks Sodas (diet or regular)	<input type="checkbox"/> Microwave in plastic/ styrofoam	
<input type="checkbox"/> Drinks unfiltered water	<input type="checkbox"/> Cleaning agents/ sprays	<input type="checkbox"/> Consumes MSG	<input type="checkbox"/> High Rice consumption	<input type="checkbox"/> Microwave used for food	
<input type="checkbox"/> Uses hand sanitizer	<input type="checkbox"/> Mosquito repellent	<input type="checkbox"/> Consumes artificial sweeteners	<input type="checkbox"/> OTC creams/lotions	<input type="checkbox"/> Wears flame retardant clothes	
<input type="checkbox"/> Carpeting in bedroom	<input type="checkbox"/> 2 nd hand smoke exposure	<input type="checkbox"/> Lived on a farm	<input type="checkbox"/> Cordless phones in home	<input type="checkbox"/> Electronics in bedroom	
<input type="checkbox"/> Consumes processed foods	<input type="checkbox"/> Swimming pool / whirlpool	<input type="checkbox"/> Drinks from aluminum cans	<input type="checkbox"/> Wireless internet in home	<input type="checkbox"/> Eats food from tin cans	

Any Other Environmental Toxin Exposures or issues that you would like to discuss?

PRIOR ALTERNATIVE THERAPIES: please provide details of therapy if applicable			
Acupuncture		Ozone Therapy	
Detoxification		Bio-identical Hormones	
Chelation (IV or oral)		IV Nutrition	
Others		Others	

LIFESTYLE (Check yes or no; if yes, please give details. Include past usage)			
	Y	N	DETAILS
TOBACCO USE			
ALCOHOL USE			
DRUG USE (PRESENT AND PAST)			
EXERCISE			
LEVEL OF STRESS (how much stress do you feel you are under on a day to day basis?)			
WHAT ARE YOUR STRESS MANAGEMENT TECHNIQUES?			
MARRIED or IN SIGNIFICANT RELATIONSHIP? How is this relationship			
DO YOU HAVE SOCIAL CONNECTIONS? (church, friends, family etc)			
HOW WELL DO YOU SLEEP?			

DIET (Check yes or no; if yes, please give details. Include past usage)			
	Y	N	DETAILS
DO YOU FOLLOW ANY SPECIFIC DIET? (ie gluten-free, vegetarian, paleo, low sugar etc)			
DO YOU CRAVE SUGAR?			
DO YOU CRAVE SALTY FOODS?			
DO YOU HAVE PROBLEMS WITH YOUR BLOOD SUGAR?			
DO YOU EAT ORGANIC FOODS REGULARLY?			
PLEASE ANSWER HIGH, AVERAGE OR LOW AMOUNTS OF THE FOLLOWING FOODS:			
CARBOHYDRATES			
PROTEIN			
FATS			

Any Other Lifestyle Choices or Dietary issues that you would like to discuss?

Patient Name: _____

Please score the severity of each symptom in the box to the left: 1=mild 5=moderate 10=severe

METABOLISM & ENERGY			DEFENSE AND REPAIR			BIOTRANSFORMATION		
MITOCHONDRIAL DYSFUNCTION			MUCOSAL BARRIERS & MICROBIOTA			TRANSPORT/ELIMINATION		
Adrenal	Pancreas	Thyroid	GUT	Brain	Immune	Liver	Lymph	Kidney
<input type="checkbox"/> Morning Fatigue	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Constipation	<input type="checkbox"/> Abd Pain	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Edema or Swelling	<input type="checkbox"/> Edema or Swelling	<input type="checkbox"/> Kidney stones
<input type="checkbox"/> Mid Line Weight Gain	<input type="checkbox"/> Prediabetes	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Bloating	<input type="checkbox"/> Headaches	<input type="checkbox"/> Rashes or Hives	<input type="checkbox"/> Chronic Pain		<input type="checkbox"/> UTI
<input type="checkbox"/> Stressed Out	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> dry hair/skin	<input type="checkbox"/> Gas	<input type="checkbox"/> Foggy thinking	<input type="checkbox"/> Hx of Mono	<input type="checkbox"/> Joint pain Muscle pain		<input type="checkbox"/> Kidney problems
<input type="checkbox"/> allergies	<input type="checkbox"/> Weight Gain	<input type="checkbox"/> All day Fatigue	<input type="checkbox"/> Constipation	<input type="checkbox"/> Addictions	<input type="checkbox"/> Swollen Lymph Nodes	<input type="checkbox"/> Allergies		<input type="checkbox"/> Protein
<input type="checkbox"/> Blood sugar (ups&downs)	<input type="checkbox"/> Family Hx Diabetes	<input type="checkbox"/> Feeling Puffy	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Anxiety				
<input type="checkbox"/> Foggy Thinking		<input type="checkbox"/> Hyperthyroid Hypothyroid	<input type="checkbox"/> Food Sensitivities	<input type="checkbox"/> Memory Issues	<input type="checkbox"/> Recurrent infections			

HORMONE LOSS			OXIDATIVE STRESS			CELL SIGNALING		
CELLULAR COMMUNICATION			pH BALANCE & INFLAMMATION					
Estrogen	Progesterone	Testosterone	Cardiovascular	Pulmonary	Neuro	Liver	GUT	Inflammation
<input type="checkbox"/> Depression	<input type="checkbox"/> insomnia	<input type="checkbox"/> SELF ESTEEM	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Cough	<input type="checkbox"/> Brain Fog	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Edema	<input type="checkbox"/> Joint Pain Muscle Pain
<input type="checkbox"/> hot flashes	<input type="checkbox"/> night sweats	<input type="checkbox"/> Low muscle mass	<input type="checkbox"/> HTN	<input type="checkbox"/> Asthma/ COPD	<input type="checkbox"/> Memory	<input type="checkbox"/> Edema	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Weight gain
<input type="checkbox"/> Accelerated aging	<input type="checkbox"/> Anxiety	<input type="checkbox"/> (Male)Erectile Dvsfunction	<input type="checkbox"/> Elevated Chol	<input type="checkbox"/> Trouble breathing	<input type="checkbox"/> Weakness	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Bone loss
<input type="checkbox"/> poor libido	<input type="checkbox"/> PMS	<input type="checkbox"/> Poor libido	<input type="checkbox"/> Anger	<input type="checkbox"/> Recurrent Bronchitis or pneumonia	<input type="checkbox"/> Headaches	<input type="checkbox"/> Allergies	<input type="checkbox"/> Anger	<input type="checkbox"/> Cardiovascular Problems
<input type="checkbox"/> vaginal Dryness	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Low motivation	<input type="checkbox"/> Edema/ Swelling		<input type="checkbox"/> "Nerve: SX-tingling,	<input type="checkbox"/> Sensitivites		<input type="checkbox"/> Cancer
<input type="checkbox"/> Breast	<input type="checkbox"/> Uterine		<input type="checkbox"/> Racing Heart					<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Family Hx of Breast	<input type="checkbox"/> Breast Cysts		<input type="checkbox"/> Palpitations					<input type="checkbox"/> Headache
								<input type="checkbox"/> Fatigue

3 DAY FOOD DIARY

(All food and beverages (including water) consumed for 3 consecutive days)

DAY 1 (includes Breakfast, Lunch, Dinner and Snacks)

DAY 2 (includes Breakfast, Lunch, Dinner and Snacks)

DAY 3 (includes Breakfast, Lunch, Dinner and Snacks)
