



Lucid Force Health Center

Quick Lab Assessment Form

Name: _____ Age: _____ Date: _____

Please list your 3 major health concerns, in your order of importance:

1. _____
2. _____
3. _____

Please select YES or NO for each lab marker. The functional lab ranges can be found on MyHealthManual.com.

| Digestive | YES | NO |
|-----------------------------------|-----|----|
| Total Protein | Yes | No |
| Albumin | Yes | No |
| Globulin | Yes | No |
| Sodium (Na) | Yes | No |
| Potassium (K) | Yes | No |
| Carbon Dioxide (CO ₂) | Yes | No |
| Chloride (Cl) | Yes | No |

| Environmental & Detoxification | YES | NO |
|---|-----|----|
| Cholesterol | Yes | No |
| Alkaline Phosphatase | Yes | No |
| ALT | Yes | No |
| AST | Yes | No |
| GGT | Yes | No |
| WBC | Yes | No |
| Eosinophils | Yes | No |
| Monocytes | Yes | No |

| Energy | YES | NO |
|-------------------|-----|----|
| Glucose (Fasting) | Yes | No |
| HbA1C | Yes | No |
| Triglycerides | Yes | No |
| LDL | Yes | No |
| RBC | Yes | No |
| Hb | Yes | No |
| Hct | Yes | No |
| MCV | Yes | No |
| MCHC | Yes | No |
| MCH | Yes | No |
| TSH | Yes | No |
| T ₄ | Yes | No |

| Brain & Hormones | YES | NO |
|-----------------------------|-----|----|
| TSH <1.8 | Yes | No |
| Cholesterol | Yes | No |
| HDL | Yes | No |
| Glucose (Fasting) | Yes | No |
| HbA1C | Yes | No |

Total of all answers with Yes: _____

***This form is for educational purposes only. Please consult with our office or your holistic primary care provider for lab interpretation.

