



# SYSTEMS SURVEY FORM

Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Vegetarian: Yes  No

**INSTRUCTIONS:** Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- Fill in the circle marked 1 for MILD symptoms (occurs rarely).
- Fill in the circle marked 2 for MODERATE symptoms (occurs several times a month).
- Fill in the circle marked 3 for SEVERE symptoms (occurs almost constantly).
- **Leave circles BLANK if they don't apply to you!**

### GROUP 1

- |                               |  |                               |
|-------------------------------|--|-------------------------------|
| 1 ○○○ Acid foods upset        | 8 ○○○ Gag easily                       | 15 ○○○ Appetite reduced       |
| 2 ○○○ Get chilled often       | 9 ○○○ Unable to relax; startles easily | 16 ○○○ Cold sweats often      |
| 3 ○○○ "Lump" in throat        | 10 ○○○ Extremities cold, clammy        | 17 ○○○ Fever easily raised    |
| 4 ○○○ Dry mouth-eyes-nose     | 11 ○○○ Strong light irritates          | 18 ○○○ Neuralgia-like pains   |
| 5 ○○○ Pulse speeds after meal | 12 ○○○ Urine amount reduced            | 19 ○○○ Staring, blinks little |
| 6 ○○○ Keyed up - fail to calm | 13 ○○○ Heart pounds after retiring     | 20 ○○○ Sour stomach often     |
| 7 ○○○ Cut heals slowly        | 14 ○○○ "Nervous" stomach               |                               |

### GROUP 2

- |   |   |   |
|---|---|---|
| 21 ○○○ Joint stiffness on arising                     | 29 ○○○ Digestion rapid                    | 37 ○○○ "Slow starter"                       |
| 22 ○○○ Muscle-leg-toe cramps at night                 | 30 ○○○ Vomiting frequent                  | 38 ○○○ Get "chilled" infrequently           |
| 23 ○○○ "Butterfly" stomach, cramps                    | 31 ○○○ Hoarseness frequent                | 39 ○○○ Perspire easily                      |
| 24 ○○○ Eyes or nose watery                            | 32 ○○○ Breathing irregular                | 40 ○○○ Circulation poor, sensitive to cold  |
| 25 ○○○ Eyes blink often                               | 33 ○○○ Pulse slow; feels "irregular"      | 41 ○○○ Subject to colds, asthma, bronchitis |
| 26 ○○○ Eyelids swollen, puffy                         | 34 ○○○ Gagging reflex slow                |   |
| 27 ○○○ Indigestion soon after meals                   | 35 ○○○ Difficulty swallowing              |   |
| 28 ○○○ Always seems hungry; feels "lightheaded" often | 36 ○○○ Constipation, diarrhea alternating |   |

### GROUP 3

- |                                       |   |  |
|---------------------------------------|---|--|
| 42 ○○○ Eat when nervous               | 49 ○○○ Heart palpitates if meals missed or delayed              | 53 ○○○ Crave candy or coffee in afternoons         |
| 43 ○○○ Excessive appetite             | 50 ○○○ Afternoon headaches                                      | 54 ○○○ Moods of depression - "blues" or melancholy |
| 44 ○○○ Hungry between meals           | 51 ○○○ Overeating sweets upsets                                 | 55 ○○○ Abnormal craving for sweets or snacks       |
| 45 ○○○ Irritable before meals         | 52 ○○○ Awaken after few hours sleep - hard to get back to sleep |  |
| 46 ○○○ Get "shaky" if hungry          |   |  |
| 47 ○○○ Fatigue, eating relieves       |   |  |
| 48 ○○○ "Lightheaded" if meals delayed |   |  |

### GROUP 4

- |  |   |   |
|--|---|---|
| 56 ○○○ Hands and feet go to sleep easily, numbness | 63 ○○○ Get "drowsy" often   | 68 ○○○ Bruise easily, "black and blue" spots                                      |
| 57 ○○○ Sigh frequently, "air hunger"               | 64 ○○○ Swollen ankles, worse at night                                   | 69 ○○○ Tendency to anemia   |
| 58 ○○○ Aware of "breathing heavily"                | 65 ○○○ Muscle cramps, worse during exercise; get "charley horses"       | 70 ○○○ "Nose bleeds" frequent   |
| 59 ○○○ High altitude discomfort                    | 66 ○○○ Shortness of breath on exertion                                  | 71 ○○○ Noises in head, or "ringing in ears"                                       |
| 60 ○○○ Opens windows in closed rooms               | 67 ○○○ Dull pain in chest or radiating into left arm, worse on exertion | 72 ○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 ○○○ Susceptible to colds and fevers             |   |   |
| 62 ○○○ Afternoon "yawner"                          |   |   |

## SYSTEMS SURVEY FORM - PAGE 2

### GROUP 5

- |   |  |  |
|---|--|--|
| <p>1 2 3<br/>73 ○○○ Dizziness</p> <p>74 ○○○ Dry skin</p> <p>75 ○○○ Burning feet</p> <p>76 ○○○ Blurred vision</p> <p>77 ○○○ Itching skin and feet</p> <p>78 ○○○ Excessive falling hair</p> <p>79 ○○○ Frequent skin rashes</p> <p>80 ○○○ Bitter, metallic taste in mouth in mornings</p> <p>81 ○○○ Bowel movements painful or difficult</p> <p>82 ○○○ Worrier, feels insecure</p> | <p>1 2 3<br/>83 ○○○ Feeling queasy; headache over eyes</p> <p>84 ○○○ Greasy foods upset</p> <p>85 ○○○ Stools light colored</p> <p>86 ○○○ Skin peels on foot soles</p> <p>87 ○○○ Pain between shoulder blades</p> <p>88 ○○○ Use laxatives</p> <p>89 ○○○ Stools alternate from soft to watery</p> <p>90 ○○○ History of gallbladder attacks or gallstones</p> | <p>1 2 3<br/>91 ○○○ Sneezing attacks</p> <p>92 ○○○ Dreaming, nightmare type bad dreams</p> <p>93 ○○○ Bad breath (halitosis)</p> <p>94 ○○○ Milk products cause distress</p> <p>95 ○○○ Sensitive to hot weather</p> <p>96 ○○○ Burning or itching anus</p> <p>97 ○○○ Crave sweets</p> |
|---|--|--|

### GROUP 6

- |  |   |  |
|--|---|--|
| <p>1 2 3<br/>98 ○○○ Loss of taste for meat</p> <p>99 ○○○ Lower bowel gas several hours after eating</p> <p>100 ○○○ Burning stomach sensations, eating relieves</p> | <p>1 2 3<br/>101 ○○○ Coated tongue</p> <p>102 ○○○ Pass large amounts of foul-smelling gas</p> <p>103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.</p> | <p>1 2 3<br/>104 ○○○ Mucous colitis or "irritable bowel"</p> <p>105 ○○○ Gas shortly after eating</p> <p>106 ○○○ Stomach "bloating" after</p> |
|--|---|--|

### GROUP 7

- |   |  |  |
|---|--|--|
| <p>1 2 3 (A)<br/>107 ○○○ Insomnia</p> <p>108 ○○○ Nervousness</p> <p>109 ○○○ Can't gain weight</p> <p>110 ○○○ Intolerance to heat</p> <p>111 ○○○ Highly emotional</p> <p>112 ○○○ Flush easily</p> <p>113 ○○○ Night sweats</p> <p>114 ○○○ Thin, moist skin</p> <p>115 ○○○ Inward trembling</p> <p>116 ○○○ Heart palpitates</p> <p>117 ○○○ Increased appetite without weight gain</p> <p>118 ○○○ Pulse fast at rest</p> <p>119 ○○○ Eyelids and face twitch</p> <p>120 ○○○ Irritable and restless</p> <p>121 ○○○ Can't work under pressure</p>                      | <p>1 2 3 (C)<br/>137 ○○○ Failing memory</p> <p>138 ○○○ Low blood pressure</p> <p>139 ○○○ Increased sex drive</p> <p>140 ○○○ Headaches, "splitting or rending" type</p> <p>141 ○○○ Decreased sugar tolerance</p>  | <p>1 2 3 (E)<br/>150 ○○○ Dizziness</p> <p>151 ○○○ Headaches</p> <p>152 ○○○ Hot flashes</p> <p>153 ○○○ Increased blood pressure</p> <p>154 ○○○ Hair growth on face or body (female)</p> <p>155 ○○○ Sugar in urine (not diabetes)</p> <p>156 ○○○ Masculine tendencies (female)</p>   |
| <p>1 2 3 (B)<br/>122 ○○○ Increase in weight</p> <p>123 ○○○ Decrease in appetite</p> <p>124 ○○○ Fatigue easily</p> <p>125 ○○○ Ringing in ears</p> <p>126 ○○○ Sleepy during day</p> <p>127 ○○○ Sensitive to cold</p> <p>128 ○○○ Dry or scaly skin</p> <p>129 ○○○ Constipation</p> <p>130 ○○○ Mental sluggishness</p> <p>131 ○○○ Hair coarse, falls out</p> <p>132 ○○○ Headaches upon arising, wear off during day</p> <p>133 ○○○ Slow pulse, below 65</p> <p>134 ○○○ Frequency of urination</p> <p>135 ○○○ Impaired hearing</p> <p>136 ○○○ Reduced initiative</p> | <p>1 2 3 (D)<br/>142 ○○○ Abnormal thirst</p> <p>143 ○○○ Bloating of abdomen</p> <p>144 ○○○ Weight gain around hips or waist</p> <p>145 ○○○ Sex drive reduced or lacking</p> <p>146 ○○○ Tendency to ulcers, colitis</p> <p>147 ○○○ Increased sugar tolerance</p> <p>148 ○○○ Women: menstrual disorders</p> <p>149 ○○○ Young girls; lack of menstrual function</p> | <p>1 2 3 (F)<br/>157 ○○○ Weakness, dizziness</p> <p>158 ○○○ Chronic fatigue</p> <p>159 ○○○ Low blood pressure</p> <p>160 ○○○ Nails weak, ridged</p> <p>161 ○○○ Tendency to hives</p> <p>162 ○○○ Arthritic tendencies</p> <p>163 ○○○ Perspiration increase</p> <p>164 ○○○ Bowel disorders</p> <p>165 ○○○ Poor circulation</p> <p>166 ○○○ Swollen ankles</p> <p>167 ○○○ Crave salt</p> <p>168 ○○○ Brown spots or bronzing of skin</p> <p>169 ○○○ Allergies - tendency to asthma</p> <p>170 ○○○ Weakness after colds, influenza</p> <p>171 ○○○ Exhaustion - muscular and nervous</p> <p>172 ○○○ Respiratory disorders</p> |





**SYSTEMS SURVEY FORM - PAGE 4**

Please list any medications you are taking:

No Medications

Please list any vitamins, herbs, or supplements you are taking:

No Vitamins

Please list any allergies you have:

No Allergies

Please list any surgeries you have had in the past 12 months:

No Recent Surgeries

Please list any other surgeries or medical procedures you have had:

No Other Surgeries

**TO BE COMPLETED BY DOCTOR**

Blood Pressure: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_

Hema-Combistix Urine Readings: pH \_\_\_\_\_ Albumin % \_\_\_\_\_ Glucose % \_\_\_\_\_

Occult Blood \_\_\_\_\_ pH of Saliva \_\_\_\_\_ pH of Stool Specimen \_\_\_\_\_

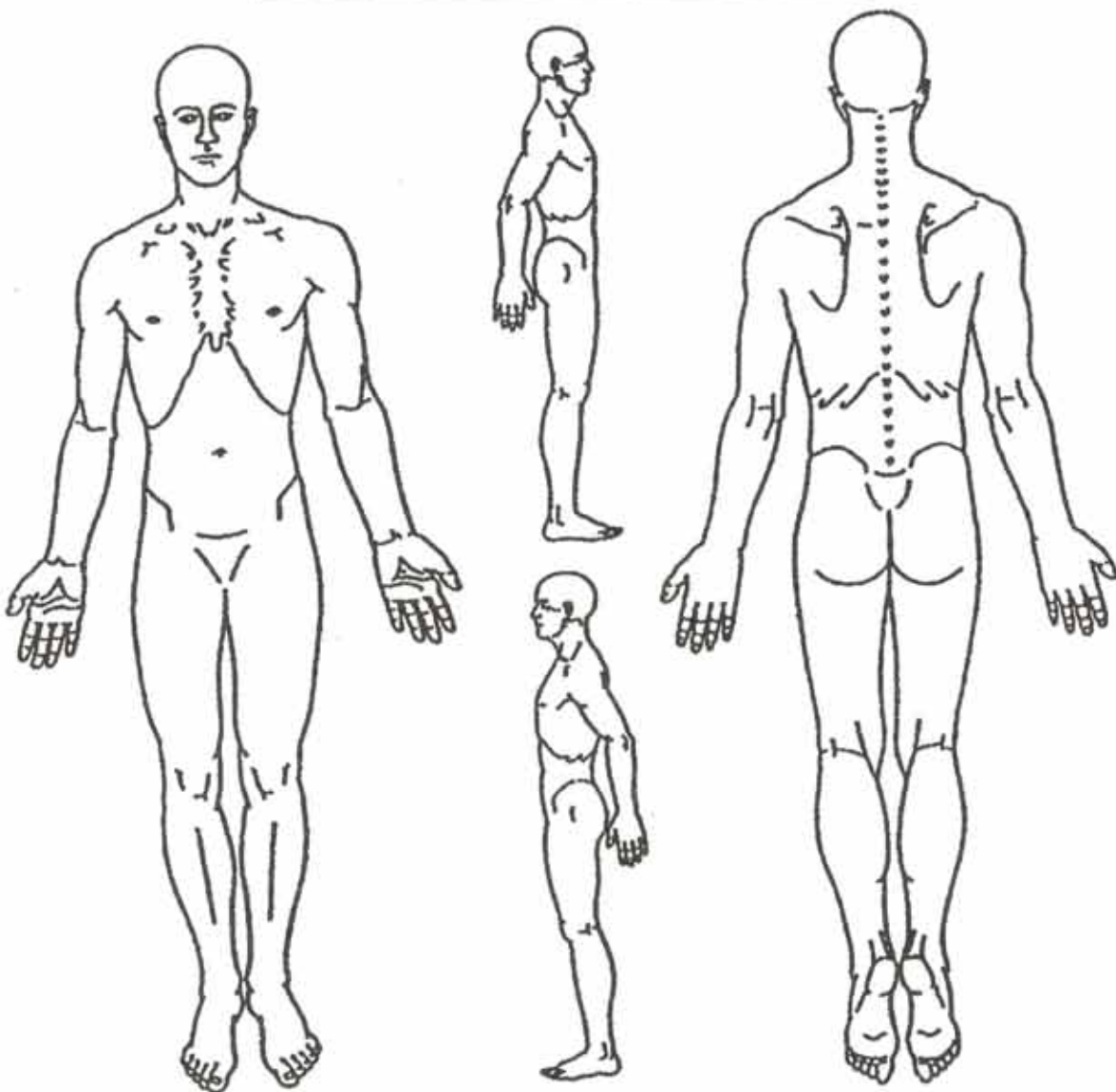
Blood Clotting Time \_\_\_\_\_ Hemoglobin \_\_\_\_\_ Blood Type \_\_\_\_\_ Weight \_\_\_\_\_

# SYSTEMS SURVEY FORM - PAGE 5

Use the letters listed below to indicate the type and location of your pain and sensations:

### KEY

- A = ACHE
- B = BURNING
- S = STABBING
- N = NUMBNESS
- P = PINS & NEEDLES
- O = OTHER



PLEASE INDICATE THE LEVEL OF PAIN YOU ARE EXPERIENCING

NO PAIN

SEVERE PAIN

0 1 2 3 4 5 6 7 8 9 10