

SYSTEMS SURVEY FORM

PATIENT _____ DOCTOR _____ DATE _____

AGE _____ PHONE (_____) _____ VEGETARIAN ___ YES ___ NO GLUTEN FREE ___ YES ___ NO

INSTRUCTIONS: Circle the number that applies to you. **If symptom doesn't apply, leave blank.**

Use (1) for **MILD** symptoms (occurs once or twice a month), (2) for **MODERATE** symptoms (occurs several times a month), and (3) for **SEVERE** symptoms (you are aware of it almost constantly).

GROUP ONE

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

GROUP TWO

- | | | |
|--|---|---|
| 21 - 1 2 3 Joint stiffness after arising | 29 - 1 2 3 Digestion rapid | 37 - 1 2 3 "Slow starter" |
| 22 - 1 2 3 Muscle-leg-toe cramps at night | 30 - 1 2 3 Vomiting frequent | 38 - 1 2 3 Get "chilled" |
| 23 - 1 2 3 "Butterfly" stomach, cramp | 31 - 1 2 3 Hoarseness frequent | 39 - 1 2 3 Perspire easily |
| 24 - 1 2 3 Eyes or nose watery | 32 - 1 2 3 Breathing irregular | 40 - 1 2 3 Circulation poor,
sensitive to cold |
| 25 - 1 2 3 Eyes blink often | 33 - 1 2 3 Pulse slow; feels "irregular" | 41 - 1 2 3 Subject to colds,
asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy | 34 - 1 2 3 Gagging reflex slow | |
| 27 - 1 2 3 Indigestion soon after meals | 35 - 1 2 3 Difficulty swallowing | |
| 28 - 1 2 3 Always seem hungry; feels
"lightheaded" often | 36 - 1 2 3 Constipation, diarrhea
alternating | |

GROUP THREE

- | | | |
|--|--|--|
| 42 - 1 2 3 Eat when nervous | 49 - 1 2 3 Heart palpitates if meals
missed or delayed | 54 - 1 2 3 Moods of depression -
"blues" or melancholy |
| 43 - 1 2 3 Excessive appetite | 50 - 1 2 3 Afternoon headaches | 55 - 1 2 3 Abnormal craving for
sweets or snacks |
| 44 - 1 2 3 Hungry between meals | 51 - 1 2 3 Overeating sweets upsets | |
| 45 - 1 2 3 Irritable before meals | 52 - 1 2 3 Awaken after few hours sleep
-hard to get back to sleep | |
| 46 - 1 2 3 Get "shaky" if hungry | 53 - 1 2 3 Crave candy or coffee in
afternoons | |
| 47 - 1 2 3 Fatigue, eating relieves | | |
| 48 - 1 2 3 "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|--|---|---|
| 56 - 1 2 3 Hands and feet go to sleep
easily, numbness | 63 - 1 2 3 Get "drowsy" often | 68 - 1 2 3 Bruise easily, "black &
blue" spots |
| 57 - 1 2 3 Sigh frequently, "air hunger" | 64 - 1 2 3 Swollen ankles worse at night | 69 - 1 2 3 Tendency to anemia |
| 58 - 1 2 3 Aware of "breathing heavily" | 65 - 1 2 3 Muscle cramps, worse during
exercise; get "charley horses" | 70 - 1 2 3 "Nose bleeds" |
| 59 - 1 2 3 High altitude discomfort | 66 - 1 2 3 Shortness of breath on exertion | 71 - 1 2 3 Noises in head, or
"ringing in ears" |
| 60 - 1 2 3 Opens windows in closed room | 67 - 1 2 3 Dull pain in chest or radiating
into left arm, worse on exertion | 72 - 1 2 3 Tension under the
breastbone, or
feeling of "tightness" |
| 61 - 1 2 3 Susceptible to colds and fevers | | |
| 62 - 1 2 3 Afternoon "yawner" | | |

GROUP FIVE

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

GROUP SIX

- | | | |
|--|--|--|
| 98 - 1 2 3 Loss of taste for meat | 101 - 1 2 3 Coated tongue | 104 - 1 2 3 Mucous colitis or "irritable bowel" |
| 99 - 1 2 3 Lower bowel gas several hours after eating | 102 - 1 2 3 Pass large amounts of foul-smelling gas | 105 - 1 2 3 Gas shortly after eating |
| 100 - 1 2 3 Burning stomach sensations, eating relieves | 103 - 1 2 3 Indigestion ½ - 1 hour after eating; may be up to 3-4 | 106 - 1 2 3 Stomach "bloating" after eating |

GROUP SEVEN

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

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult or dribbling
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses	215 - 1 2 3 Night urination frequent
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feelings	216 - 1 2 3 Depression
177 - 1 2 3 Forgetfulness	204 - 1 2 3 Menstruation excessive and prolonged	217 - 1 2 3 Pain on inside of legs or heels
178 - 1 2 3 Indigestion	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete bowel evacuation
179 - 1 2 3 Poor appetite	206 - 1 2 3 Menstruate too frequently	219 - 1 2 3 Lack of energy
180 - 1 2 3 Craving for sweets	207 - 1 2 3 Vaginal discharge	220 - 1 2 3 Migrating aches and pains
181 - 1 2 3 Muscular soreness	208 - 1 2 3 Hysterectomy/ovaries removed	221 - 1 2 3 Tire too easily
182 - 1 2 3 Depression; feelings of dread	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
183 - 1 2 3 Noise sensitivity	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
184 - 1 2 3 Acoustic hallucinations	211 - 1 2 3 Acne, worse at menses	224 - 1 2 3 Diminished sex drive
185 - 1 2 3 Tendency to cry without reason	212 - 1 2 3 Depression of long standing	
186 - 1 2 3 Hair is coarse and/or thinning		
187 - 1 2 3 Weakness		
188 - 1 2 3 Fatigue		
189 - 1 2 3 Skin sensitive to touch		
190 - 1 2 3 Tendency toward hives		
191 - 1 2 3 Nervousness		
192 - 1 2 3 Headache		
193 - 1 2 3 Insomnia		
194 - 1 2 3 Anxiety		
195 - 1 2 3 Anorexia		
196 - 1 2 3 Inability to concentrate; confusion		
197 - 1 2 3 Frequent stuffy nose; sinus infections		
198 - 1 2 3 Allergy to some foods		
199 - 1 2 3 Loose joints		
IMPORTANT		
TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance:		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Anger & Frustration	1 2 3 4 5 6 7 8 9 10	Passionate
Resentment	1 2 3 4 5 6 7 8 9 10	Forgiving
Grief & Separation	1 2 3 4 5 6 7 8 9 10	Connection
Troubled	1 2 3 4 5 6 7 8 9 10	Peace
Low Self Esteem	1 2 3 4 5 6 7 8 9 10	Self-Loving
Complaining	1 2 3 4 5 6 7 8 9 10	Abundance
Unmoved	1 2 3 4 5 6 7 8 9 10	Triggered & Reactive
Fear & Regret	1 2 3 4 5 6 7 8 9 10	Confidence
Dogmatic Positioning	1 2 3 4 5 6 7 8 9 10	Flexible
Histrionic	1 2 3 4 5 6 7 8 9 10	Containment
Aggressive	1 2 3 4 5 6 7 8 9 10	Assertive
Barren & Unimaginative	1 2 3 4 5 6 7 8 9 10	Creativity

Signature of Patient

Date

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____