

**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).

<b>GROUP ONE</b>		
1 - <b>1 2 3</b> Acid foods upset	8 - <b>1 2 3</b> Gag easily	15 - <b>1 2 3</b> Appetite reduced
2 - <b>1 2 3</b> Get chilled often	9 - <b>1 2 3</b> Unable to relax; startles easily	16 - <b>1 2 3</b> Cold sweats often
3 - <b>1 2 3</b> "Lump" in throat	10 - <b>1 2 3</b> Extremities cold, clammy	17 - <b>1 2 3</b> Fever easily raised
4 - <b>1 2 3</b> Dry mouth-eyes-nose	11 - <b>1 2 3</b> Strong light irritates	18 - <b>1 2 3</b> Neuralgia-like pains
5 - <b>1 2 3</b> Pulse speeds after meal	12 - <b>1 2 3</b> Urine amount reduced	19 - <b>1 2 3</b> Staring, blinks little
6 - <b>1 2 3</b> Keyed up – fail to calm	13 - <b>1 2 3</b> Heart pounds after retiring	20 - <b>1 2 3</b> Sour stomach frequent
7 - <b>1 2 3</b> Cuts heal slowly	14 - <b>1 2 3</b> "Nervous" stomach	
<b>GROUP TWO</b>		
21 - <b>1 2 3</b> Joint stiffness after arising	29 - <b>1 2 3</b> Digestion rapid	37 - <b>1 2 3</b> "Slow starter"
22 - <b>1 2 3</b> Muscle-leg-toe cramps at night	30 - <b>1 2 3</b> Vomiting frequent	38 - <b>1 2 3</b> Get "chilled"
23 - <b>1 2 3</b> "Butterfly" stomach, cramp	31 - <b>1 2 3</b> Hoarseness frequent	39 - <b>1 2 3</b> Perspire easily
24 - <b>1 2 3</b> Eyes or nose watery	32 - <b>1 2 3</b> Breathing irregular	40 - <b>1 2 3</b> Circulation poor, sensitive to cold
25 - <b>1 2 3</b> Eyes blink often	33 - <b>1 2 3</b> Pulse slow; feels "irregular"	41 - <b>1 2 3</b> Subject to colds, asthma, bronchitis
26 - <b>1 2 3</b> Eyelids swollen, puffy	34 - <b>1 2 3</b> Gagging reflex slow	
27 - <b>1 2 3</b> Indigestion soon after meals	35 - <b>1 2 3</b> Difficulty swallowing	
28 - <b>1 2 3</b> Always seem hungry; feels "lightheaded" often	36 - <b>1 2 3</b> Constipation, diarrhea alternating	
<b>GROUP THREE</b>		
42 - <b>1 2 3</b> Eat when nervous	49 - <b>1 2 3</b> Heart palpitates if meals missed or delayed	54 - <b>1 2 3</b> Moods of depression - "blues" or melancholy
43 - <b>1 2 3</b> Excessive appetite	50 - <b>1 2 3</b> Afternoon headaches	55 - <b>1 2 3</b> Abnormal craving for sweets or snacks
44 - <b>1 2 3</b> Hungry between meals	51 - <b>1 2 3</b> Overeating sweets upsets	
45 - <b>1 2 3</b> Irritable before meals	52 - <b>1 2 3</b> Awaken after few hours sleep -hard to get back to sleep	
46 - <b>1 2 3</b> Get "shaky" if hungry	53 - <b>1 2 3</b> Crave candy or coffee in afternoons	
47 - <b>1 2 3</b> Fatigue, eating relieves		
48 - <b>1 2 3</b> "Lightheaded" if meals delayed		
<b>GROUP FOUR</b>		
56 - <b>1 2 3</b> Hands and feet go to sleep easily, numbness	63 - <b>1 2 3</b> Get "drowsy" often	68 - <b>1 2 3</b> Bruise easily, "black & blue" spots
57 - <b>1 2 3</b> Sigh frequently, "air hunger"	64 - <b>1 2 3</b> Swollen ankles worse at night	69 - <b>1 2 3</b> Tendency to anemia
58 - <b>1 2 3</b> Aware of "breathing heavily"	65 - <b>1 2 3</b> Muscle cramps, worse during exercise; get "charley horses"	70 - <b>1 2 3</b> "Nose bleeds"
59 - <b>1 2 3</b> High altitude discomfort	66 - <b>1 2 3</b> Shortness of breath on exertion	71 - <b>1 2 3</b> Noises in head, or "ringing in ears"
60 - <b>1 2 3</b> Opens windows in closed room	67 - <b>1 2 3</b> Dull pain in chest or radiating into left arm, worse on exertion	72 - <b>1 2 3</b> Tension under the breastbone, or feeling of "tightness"
61 - <b>1 2 3</b> Susceptible to colds and fevers		
62 - <b>1 2 3</b> Afternoon "yawner"		

**GROUP FIVE**

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

**GROUP SIX**

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

**GROUP SEVEN**

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

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - <b>1 2 3</b> Apprehension	200 - <b>1 2 3</b> Very easily fatigued	213 - <b>1 2 3</b> Prostate trouble
174 - <b>1 2 3</b> Irritability	201 - <b>1 2 3</b> Premenstrual tension	214 - <b>1 2 3</b> Urination difficult or dribbling
175 - <b>1 2 3</b> Morbid fears	202 - <b>1 2 3</b> Painful menses	215 - <b>1 2 3</b> Night urination frequent
176 - <b>1 2 3</b> Never seems to get well	203 - <b>1 2 3</b> Depressed feelings	216 - <b>1 2 3</b> Depression
177 - <b>1 2 3</b> Forgetfulness	204 - <b>1 2 3</b> Menstruation excessive and prolonged	217 - <b>1 2 3</b> Pain on inside of legs or heels
178 - <b>1 2 3</b> Indigestion	205 - <b>1 2 3</b> Painful breasts	218 - <b>1 2 3</b> Feeling of incomplete bowel evacuation
179 - <b>1 2 3</b> Poor appetite	206 - <b>1 2 3</b> Menstruate too frequently	219 - <b>1 2 3</b> Lack of energy
180 - <b>1 2 3</b> Craving for sweets	207 - <b>1 2 3</b> Vaginal discharge	220 - <b>1 2 3</b> Migrating aches and pains
181 - <b>1 2 3</b> Muscular soreness	208 - <b>1 2 3</b> Hysterectomy/ovaries removed	221 - <b>1 2 3</b> Tire too easily
182 - <b>1 2 3</b> Depression; feelings of dread	209 - <b>1 2 3</b> Menopausal hot flashes	222 - <b>1 2 3</b> Avoids activity
183 - <b>1 2 3</b> Noise sensitivity	210 - <b>1 2 3</b> Menses scanty or missed	223 - <b>1 2 3</b> Leg nervousness at night
184 - <b>1 2 3</b> Acoustic hallucinations	211 - <b>1 2 3</b> Acne, worse at menses	224 - <b>1 2 3</b> Diminished sex drive
185 - <b>1 2 3</b> Tendency to cry without reason	212 - <b>1 2 3</b> Depression of long standing	
186 - <b>1 2 3</b> Hair is coarse and/or thinning		
187 - <b>1 2 3</b> Weakness		
188 - <b>1 2 3</b> Fatigue		
189 - <b>1 2 3</b> Skin sensitive to touch		
190 - <b>1 2 3</b> Tendency toward hives		
191 - <b>1 2 3</b> Nervousness		
192 - <b>1 2 3</b> Headache		
193 - <b>1 2 3</b> Insomnia		
194 - <b>1 2 3</b> Anxiety		
195 - <b>1 2 3</b> Anorexia		
196 - <b>1 2 3</b> Inability to concentrate; confusion		
197 - <b>1 2 3</b> Frequent stuffy nose; sinus infections		
198 - <b>1 2 3</b> Allergy to some foods		
199 - <b>1 2 3</b> Loose joints		
	<b>IMPORTANT</b>	
	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	<b>1 2 3 4 5 6 7 8 9 10</b>	Passionate
Resentment	<b>1 2 3 4 5 6 7 8 9 10</b>	Forgiving
Grief & Separation	<b>1 2 3 4 5 6 7 8 9 10</b>	Connection
Troubled	<b>1 2 3 4 5 6 7 8 9 10</b>	Peace
Low Self Esteem	<b>1 2 3 4 5 6 7 8 9 10</b>	Self-Loving
Complaining	<b>1 2 3 4 5 6 7 8 9 10</b>	Abundance
Unmoved	<b>1 2 3 4 5 6 7 8 9 10</b>	Triggered & Reactive
Fear & Regret	<b>1 2 3 4 5 6 7 8 9 10</b>	Confidence
Dogmatic Positioning	<b>1 2 3 4 5 6 7 8 9 10</b>	Flexible
Histrionic	<b>1 2 3 4 5 6 7 8 9 10</b>	Containment
Aggressive	<b>1 2 3 4 5 6 7 8 9 10</b>	Assertive
Barren & Unimaginative	<b>1 2 3 4 5 6 7 8 9 10</b>	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 \_\_\_\_\_