SYSTEMS SURVEY FORM



Patient	Doctor	Date						
Birth Date // / App	orox Weight	Vegetarian Gluten-free						
INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem. Oo 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 2 3 1 0 0 Acid foods upset 2 0 0 Get chilled often 3 0 0 "Lump" in throat 4 0 0 Dry mouth-eyes-nose 5 0 0 Pulse speeds after meal 6 0 0 Keyed up - fail to calm 7 0 0 Cut heals slowly	1 2 3 8 0 0 Gag easily 9 0 0 Unable to relax; startles easily 10 0 0 Extremities cold, clammy 11 0 0 Strong light irritates 12 0 0 Urine amount reduced 13 0 0 Heart pounds after retiring 14 0 0 "Nervous" stomach	1 2 3 15						
1.00	GROUP 2							
1 2 3 21 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	29 O Digestion rapid 30 O Vomiting frequent 31 O Hoarseness frequent 32 O Breathing irregular 33 O Pulse slow; feels "irregular" 34 O Gagging reflex slow 35 O Difficulty swallowing 36 O Constipation, diarrhea alternating GROUP 3 1 2 3 49 O Heart palpitates if meals misse or delayed 50 O Afternoon headaches 51 O O Overeating sweets upsets 52 O Awaken after few hours sleep hard to get back to sleep	afternoons 54 OOO Moods of depression - "blues" or melancholy						
48 OOO "Lightheaded" if meals delayed								
GROUP 4 1 2 3 1 2 3 1 2 3								
 56 OOO Hands and feet go to sleep easily, numbness 57 OOO Sigh frequently, "air hunger" 58 OOO Aware of "breathing heavily" 59 OOO High altitude discomfort 60 OOO Opens windows in closed rooms 61 OOO Susceptible to colds and fevers 62 OOO Afternoon "yawner" 	63 OOO Get "drowsy" often 64 OOO Swollen ankles, worse at night 65 OOO Muscle cramps, worse during exercise; get "charley horses" 66 OOO Shortness of breath on exertion 67 OOO Dull pain in chest or radiating into left arm, worse on exertion	69 000 Tendency to anemia 70 000 "Nose bleeds" frequent 71 000 Noises in head, or "ringing in ears"						

SYSTEMS SURVEY FORM - PAGE 2

					— GROUP 5 ————			
	1 2 3			1 2 3			1 2 3	
73	000	Dizziness	83	000	Feeling queasy; headache over	91	000	Sneezing attacks
74	000	Dry skin			eyes	92	000	Dreaming, nightmare type bad
75	000	Burning feet	84	000	Greasy foods upset			dreams
76	000	Blurred vision	85	000	Stools light colored	93	000	Bad breath (halitosis)
77	000	Itching skin and feet	86	000	Skin peels on foot soles	94	000	Milk products cause distress
78	000	Excessive falling hair	87	000	Pain between shoulder blades	95	000	Sensitive to hot weather
79	000	Frequent skin rashes	88	000	Use laxatives	96	000	Burning or itching anus
		Bitter, metallic taste in mouth	89	000	Stools alternate from soft to	97	000	Crave sweets
		in mornings			watery			
81	000	Bowel movements painful or	90	000	History of gallbladder attacks or			
		difficult			gallstones			
82	000	Worrier, feels insecure						
		•			GROUP 6			
	1 2 3			1 2 3			1 2 3	
98		Loss of taste for meat	101		Coated tongue	104		Mucous colitis or "irritable
99	000	Lower bowel gas several hours			Pass large amounts of			bowel"
		after eating			foul-smelling gas	105	000	Gas shortly after eating
100	000	Burning stomach sensations,	103	000	Indigestion 1/2 - 1 hour after			Stomach "bloating" after
	000	eating relieves			eating; may be up to 3-4 hrs.			Clemaen bleating and
		3						
					GROUP 7			
	1 2 3	(A)					4 0 0	(E)
107	1 2 3	Insomnia				150	1 2 3	Dizziness
		Nervousness			(C)			Headaches
		Can't gain weight		1 2 3				Hot flashes
		Intolerance to heat			Failing memory	153	000	Increased blood pressure
		Highly emotional			Low blood pressure			
		Flush easily			Increased sex drive	154	000	Hair growth on face or body
		Night sweats	140	000	Headaches, "splitting or			(female)
114	000	Thin, moist skin			rending" type	155	000	Sugar in urine
115	000	Inward trembling	141	000	Decreased sugar tolerance			(not diabetes)
116	000	Heart palpitates				156	000	Masculine tendencies
117	000	Increased appetite without						(female)
		weight gain						
118	000	Pulse fast at rest		1 2 3	(D)			
		Eyelids and face twitch	1/12		Abnormal thirst		1 2 3	(F)
		Irritable and restless				157	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Washings dizzings
		Can't work under pressure			Bloating of abdomen			Weakness, dizziness
		Carre Work and of procedure	144	000	Weight gain around hips or			Chronic fatigue
		(B)			waist			Low blood pressure
	1 2 3				Sex drive reduced or lacking			Nails weak, ridged
		Increase in weight			Tendency to ulcers, colitis			Tendency to hives
		Decrease in appetite			Increased sugar tolerance			Arthritic tendencies
124	000	Fatigue easily	148	000	Women: menstrual disorders	163	000	Perspiration increase
125	000	Ringing in ears	149	000	Young girls: lack of menstrual	164	000	Bowel disorders
126	000	Sleepy during day			function	165	000	Poor circulation
127	000	Sensitive to cold				166	000	Swollen ankles
		Dry or scaly skin						Crave salt
		Constipation						Brown spots or bronzing of
		Mental sluggishness						skin
		Hair coarse, falls out				169	000	Allergies - tendency to
		Headaches upon arising, wear				. 55		asthma
102		off during day				170	000	Weakness after colds,
122	000					170		influenza
		Slow pulse, below 65				474	000	
		Frequency of urination				1/1		Exhaustion - muscular and
		Impaired hearing					~~~	nervous
136	000	Reduced initiative				172	000	Respiratory disorders

SYSTEMS SURVEY FORM - PAGE 3

GROUP 8							
1 2 3 173 OOO Muscle weakness 174 OOO Lack of Stamina 175 OOO Drowsiness after eating	1 2 3 183 \cap \cap \cap \cap \text{Tendency} or carbohy 184 \cap \cap \cap \cap \text{Muscle sp}	/drates	1 2 3 192 OOO Visible veins on chest and abdomen 193 OOO Hemorrhoids				
176 O O Muscular soreness 177 O O Rapid heart beat	185 O O Blurred vis	sion	194 \(\cappa\) \(\cappa\) Apprehension (feeling that something bad will happen)				
178 OOO Hyper-irritable 179 OOO Feeling of a band around your head	187 OO Numbness	s ats	195 O O Nervousness causing loss of appetite				
180 O O Melancholia (feeling of sadness)	189 OOO Rapid dige 190 OOO Sensitivity 191 OOO Redness o	to noise	196 OOO Nervousness with indigestion 197 OOO Gastritis 198 OOO Forgetfulness				
181 O O Swelling of ankles 182 O O Diminished urination	bottom of	feet	199 OOO Thinning hair				
FEMAL	E ONLY		MALE ONLY				
1 2 3 200 O O Very easily fatigued 201 O O Premenstrual tension 202 O O Painful menses 203 O O Depressed feelings before menstruation 204 O O Menstruation excessive and prolonged 205 O O Painful breasts	1 2 3 206		1 2 3 213 OOO Prostate trouble 214 OOO Urination difficult or dribbling 215 OOO Night urination frequent 216 OOO Depression 217 OOO Pain on inside of legs or heels 218 OOO Feeling of incomplete bowel evacuation 219 OOO Lack of energy				
IMPO		220 OOO Migrating aches and pains 221 OOO Tire too easily					
Please list the five main complaints you 1	mportance:	222 OOO Avoids activity 223 OOO Leg nervousness at night 224 OOO Diminished sex drive					
2							
3							
4							
5	5						
BARNES THYROID TEST You can do the following test at home to see if you may have a functional							
This test was developed by Dr. Broda Barnes, M.D. the underarm temperature to determine hypo and hy is conducted by the patient in the a.m. before leavin temperature being taken for 10 minutes. The test is expends any energy prior to taking the test - getting down the thermometer, etc. It is important that the t	yperthyroid states. The test g bed - with the invalidated if the patient up for any reason, shaking	low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.					
exactly 10 minutes, making the prior positioning of both the thermometer and a clock important. Date			Temperature				
	Temperature						
PRE-MENSES FEMALES AND MENO	Date						
Any two days during the FEMALES HAVING MENSTRU		Date	'				
The 2nd and 3rd day of flow OR any 5 days in a row			•				
MALES Any 2 days during the m	Date	'					

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	r	pH of Stool Specimen				
Blood Clotting Time ————— Hemoglobin —		Blood Type	W	/eight		