SYSTEMS SURVEY FORM



Patient	Doctor	Date						
Birth Date // / A	pprox 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 ○○○ Appetite reduced 16 ○○○ Cold sweats often 17 ○○○ Fever easily raised 18 ○○○ Neuralgia-like pains 19 ○○○ Staring, blinks little 20 ○○○ Sour stomach often						
	GROUP 2							
1 2 3 21 ○○○ Joint stiffness on arising 22 ○○○ Muscle-leg-toe cramps at night 23 ○○○ "Butterfly" stomach, cramps 24 ○○○ Eyes or nose watery 25 ○○○ Eyes blink often 26 ○○○ Eyelids swollen, puffy 27 ○○○ Indigestion soon after meals 28 ○○○ Always seems hungry; feels "lightheaded" often 1 2 3 42 ○○○ Eat when nervous 43 ○○○ Excessive appetite 44 ○○○ Hungry between meals 45 ○○○ Irritable before meals 46 ○○○ Get "shaky" if hungry 47 ○○○ Fatigue, eating relieves 48 ○○○ "Lightheaded" if meals delayed	1 2 3 29 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	afternoons 54 000 Moods of depression - "blues" or melancholy						
GROUP 4								
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"	1 2 3 63 OO Get "drowsy" often 64 OO Swollen ankles, worse at night 65 OO Muscle cramps, worse during exercise; get "charley horses" 66 OO Shortness of breath on exertio 67 OO 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"						

					— 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			Stools light colored	93	000	Bad breath (halitosis)
		Itching skin and feet			Skin peels on foot soles			Milk products cause distress
		Excessive falling hair			Pain between shoulder blades			Sensitive to hot weather
		Frequent skin rashes			Use laxatives			Burning or itching anus
		Bitter, metallic taste in mouth			Stools alternate from soft to			Crave sweets
	000	in mornings	00	000	watery	01	000	Olave Sweets
01	000		00	000				
01	000	Bowel movements painful or difficult	90	000	History of gallbladder attacks or gallstones			
00	000				ganstones			
82	000	Worrier, feels insecure						
					GROUP 6			
00	1 2 3	1	404	1 2 3	On the difference	404	1 2 3	NA
		Loss of taste for meat			Coated tongue	104	000	Mucous colitis or "irritable
99	000	Lower bowel gas several hours	102	000	Pass large amounts of			bowel"
		after eating			foul-smelling gas			Gas shortly after eating
100	000	Burning stomach sensations,	103	000	Indigestion 1/2 - 1 hour after	106	000	Stomach "bloating" after
		eating relieves			eating; may be up to 3-4 hrs.			
					GROUP 7			
		(4)						(E)
	1 2 3	(A)					1 2 3	(E)
107	000	Insomnia				150		Dizziness
108	000	Nervousness				151	000	Headaches
		Can't gain weight		1 2 3	(C)			Hot flashes
		Intolerance to heat	137	င်္ဂလိ	Failing memory			Increased blood pressure
		Highly emotional			Low blood pressure		000	moreacea precedire
		Flush easily			Increased sex drive	15/	$\bigcirc\bigcirc\bigcirc$	Hair growth on face or body
		Night sweats			Headaches, "splitting or	154	000	(female)
			140	000	rending" type	155	000	
		Thin, moist skin	444	000		100	000	Sugar in urine (not diabetes)
		Inward trembling	141	000	Decreased sugar tolerance	450		
		Heart palpitates				156	000	Masculine tendencies
117	000	Increased appetite without						(female)
		weight gain			(5)			
		Pulse fast at rest		1 2 3	(D)			(-)
119	000	Eyelids and face twitch	142		Abnormal thirst		1 2 3	(F)
		Irritable and restless			Bloating of abdomen	157	000	Weakness, dizziness
121	000	Can't work under pressure			Weight gain around hips or			Chronic fatigue
					waist			Low blood pressure
	1 2 3	(B)	145	000	Sex drive reduced or lacking			Nails weak, ridged
122		Increase in weight			Tendency to ulcers, colitis			Tendency to hives
		Decrease in appetite			Increased sugar tolerance			Arthritic tendencies
					-			
		Fatigue easily			Women: menstrual disorders			Perspiration increase
		Ringing in ears	149	000	Young girls: lack of menstrual			Bowel disorders
		Sleepy during day			function			Poor circulation
		Sensitive to cold						Swollen ankles
		Dry or scaly skin						Crave salt
		Constipation				168	000	Brown spots or bronzing of
130	000	Mental sluggishness						skin
131	000	Hair coarse, falls out				169	000	Allergies - tendency to
		Headaches upon arising, wear						asthma
	_	off during day				170	000	Weakness after colds,
133	000	Slow pulse, below 65				-	_	influenza
		Frequency of urination				171	000	Exhaustion - muscular and
		Impaired hearing						nervous
		Reduced initiative				172	000	Respiratory disorders
130		Nouvoca milialive				112		respiratory districts

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 \cap \cap \cap \cap	ydrates	1 2 3 192 OOO Visible veins on chest and abdomen 193 OOO Hemorrhoids				
176 OOO Blowsiness after eating 176 OOO Muscular soreness 177 OOO Rapid heart beat	185 OOO Blurred vis	sion	194 O O Apprehension (feeling that something bad will happen)				
178 O O Hyper-irritable 179 O O Feeling of a band around your head	187 OOO Numbness 188 OOO Night swe 189 OOO Rapid dige	ats	195 O O Nervousness causing loss of appetite196 O O Nervousness with indigestion				
180 \(\cap \) \(\cap \) Melancholia (feeling of sadness)	190 O O Sensitivity 191 O O Redness of	to noise of palms of hands and	197 O O Gastritis 198 O O Forgetfulness				
181 OOO Swelling of ankles 182 OOO Diminished urination	bottom of	feet	199 🔾 🔾 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	scharge omy / ovaries sal hot flashes canty or missed se at menses	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				
IMPORTANT Please list the five main complaints you have in the order of their importance:			220 OOO Migrating aches and pains 221 OOO Tire too easily 222 OOO Avoids activity 223 OOO Leg nervousness at night 224 OOO Diminished sex drive				
1							
4							
5							
BARNES THYROID T This test was developed by Dr. Broda Barnes, M.D. the underarm temperature to determine hypo and h 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	and is a measurement of yperthyroid states. The test g bed - with the invalidated if the patient up for any reason, shaking	You can do the following test at home to see if you may have a functional 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					
PRE-MENSES FEMALES AND MENO	Date	•					
. The military i rimarry vito Mirita	. AUUME I EINALLU	I					
Any two days during the	month	Date	Temperature				
FEMALES HAVING MENSTRU	AL CYCLES	Date	'				
, , ,	AL CYCLES		Temperature				

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		

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

KEY

A = ACHE

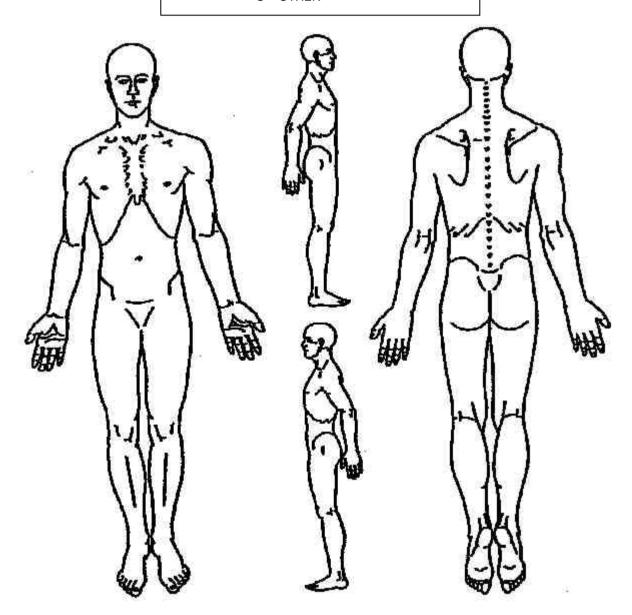
B = BURNING

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

Patient Signature _____ Date _____