# **SYSTEMS SURVEY FORM**



Patient	Doctor	Date					
Birth Date // / Ap	prox Weight	Vegetarian Gluten-free					
Birth Date Approx Weight Vegetarian Gluten-free  INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.  O 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 - Sympathetic Dominance						
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 8 000 Gag easily 9 000 Unable to relax; startles easily 10 000 Extremities cold, clammy 11 000 Strong light irritates 12 000 Urine amount reduced 13 000 Heart pounds after retiring 14 000 "Nervous" stomach	1 2 3 15					
	GROUP 2 - Parasympathetic Dominane						
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 O O Digestion rapid 30 O O Vomiting frequent 31 O O Hoarseness frequent 32 O Breathing irregular 33 O Pulse slow; feels "irregular" 34 O O Gagging reflex slow 35 O Difficulty swallowing 36 O Constipation, diarrhea alternating  GROUP 3 - Sugar Handling  1 2 3 49 O O Heart palpitates if meals misser or delayed 50 O Afternoon headaches 51 O O Overeating sweets upsets 52 O O Awaken after few hours sleep hard to get back to sleep	afternoons  54					
GROUP 4 - Cardio-Vascular							
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 ○ ○ ○ Get "drowsy" often 64 ○ ○ ○ Swollen ankles, worse at night 65 ○ ○ ○ Muscle cramps, worse during exercise; get "charley horses" 66 ○ ○ ○ Shortness of breath on exertior 67 ○ ○ ○ Dull pain in chest or radiating into left arm, worse on exertion	ears"					

				GRC	OUP 5 - Biliary / Liver ——			
	1 2 3			2 3			1 2 3	
73	000	Dizziness	83 🔾	00	Feeling queasy; headache over			Sneezing attacks
74	000	Dry skin			eyes	92	000	Dreaming, nightmare type bad
75	000	Burning feet	84 🔾	00	Greasy foods upset			dreams
76	000	Blurred vision	85 🔾	00	Stools light colored	93	000	Bad breath (halitosis)
1		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
00	000	in mornings	03 (		watery	31	000	Clave sweets
04	000		00 0					
81	000	Bowel movements painful or	90 (		History of gallbladder attacks or			
		difficult			gallstones			
82	000	Worrier, feels insecure						
					ROUP 6 - Digestiv <del>e</del>			
	1 2 3			2 3			1 2 3	
		Loss of taste for meat	101 🔘	00	Coated tongue	104	000	Mucous colitis or "irritable
99	000	Lower bowel gas several hours	102 🔾		Pass large amounts of			bowel"
		after eating			foul-smelling gas	105	000	Gas shortly after eating
100	000	Burning stomach sensations,	103 🔾	00	Indigestion 1/2 - 1 hour after	106	000	Stomach "bloating" after
		eating relieves	_		eating; may be up to 3-4 hrs.			ŭ
					OUP 7 - Endocrine			
				GR	OUP / - Endocrine			
		(A) - Hyperthyroid						(E) - Hyperadrenal
407	1 2 3					450	1 2 3	
1		Insomnia						Dizziness
1		Nervousness			(C) - Hypernituitary			Headaches
		Can't gain weight		2 3	(C) - Hyperpituitary			Hot flashes
110	000	Intolerance to heat			Failing memory	153	000	Increased blood pressure
111	000	Highly emotional	138 🔾	00	Low blood pressure			
112	000	Flush easily	139 🔾	00	Increased sex drive	154	000	Hair growth on face or body
113	000	Night sweats	140 🔾	00	Headaches, "splitting or			(female)
		Thin, moist skin			rending" type	155	000	Sugar in urine
		Inward trembling	141 ()	$ \begin{array}{c} 0 \\ 0 \end{array} $	Decreased sugar tolerance			(not diabetes)
		Heart palpitates		00	zeereaeea eagar tereramee	156	000	Masculine tendencies
		Increased appetite without				.00		(female)
' ' '	000	weight gain						(iomaio)
110	000				(D) - Hypopituitary			
1		Pulse fast at rest	1	2 3	(D) - Hypopituitary			(E) Thursday
1		Eyelids and face twitch	142 🔾	00	Abnormal thirst		1 2 3	(F) - Hypoadrenal
1		Irritable and restless	143 🔾	00	Bloating of abdomen	157		Weakness, dizziness
121	000	Can't work under pressure	144 🔾	00	Weight gain around hips or	158	000	Chronic fatigue
					waist			Low blood pressure
	1 2 3	(B) - Hypothyroid	145 🔿	00	Sex drive reduced or lacking			Nails weak, ridged
122	1 2 3	Increase in weight			Tendency to ulcers, colitis			Tendency to hives
1		Decrease in appetite			Increased sugar tolerance			Arthritic tendencies
		Fatigue easily			Women: menstrual disorders			Perspiration increase
1								
1		Ringing in ears	149 (		Young girls: lack of menstrual			Bowel disorders
1		Sleepy during day			function			Poor circulation
1		Sensitive to cold						Swollen ankles
1	$\alpha \alpha \alpha$	Dry or scaly skin						Crave salt
1 120	000	Constipation				168	000	Brown spots or bronzing of
130	000	Constipation Mental sluggishness						skin
	000							
131	000 000 000	Mental sluggishness						skin
131	000 000 000	Mental sluggishness Hair coarse, falls out				169	000	skin Allergies - tendency to asthma
131 132	000 000 000	Mental sluggishness Hair coarse, falls out Headaches upon arising, wear off during day				169	000	skin Allergies - tendency to
131 132 133	000 000 000 000	Mental sluggishness Hair coarse, falls out Headaches upon arising, wear off during day Slow pulse, below 65				169 170	000	skin Allergies - tendency to asthma Weakness after colds, influenza
131 132 133 134	000 000 000 000	Mental sluggishness Hair coarse, falls out Headaches upon arising, wear off during day Slow pulse, below 65 Frequency of urination				169 170	000	skin Allergies - tendency to asthma Weakness after colds, influenza Exhaustion - muscular and
131 132 133 134 135	000 000 000 000 000	Mental sluggishness Hair coarse, falls out Headaches upon arising, wear off during day Slow pulse, below 65				169 170 171	000 000 000	skin Allergies - tendency to asthma Weakness after colds, influenza

GROUP 8 - Foundatio <del>nal</del>						
1 2 3 173 OOO Muscle weakness 174 OOO Lack of Stamina 175 OOO Drowsiness after eating	1 2 3 183 \cap \cap \text{ Tendency or carbohy} 184 \cap \cap \text{ Muscle sp}	/drates asms	1 2 3 192 O O Visible veins on chest and abdomen 193 O O Hemorrhoids			
176 OOO Muscular soreness 177 OOO Rapid heart beat 178 OOO Hyper-irritable	185 OOO Blurred vis 186 OOO Loss of mi 187 OOO Numbness	uscular control	194 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
179 O O Feeling of a band around your head	188 OOO Night swee	ats	appetite  196 OOO Nervousness with indigestion			
180 O O Melancholia (feeling of sadness)	190 OOO Sensitivity 191 OOO Redness of	of palms of hands and				
181 OOO Swelling of ankles 182 OOO Diminished urination	bottom of	reet	199 🔾 🔾 Thinning hair			
FEMAL	E ONLY	1	MALE ONLY			
1 2 3 200 O O Very easily fatigued 201 O O Premenstrual tension 202 O O Painful menses 203 O Depressed feelings before menstruation 204 O O Menstruation excessive and prolonged 205 O O Painful breasts	1 2 3 206		1 2 3 213 000 Prostate trouble 214 000 Urination difficult or dribbling 215 000 Night urination frequent 216 000 Depression 217 000 Pain on inside of legs or heels 218 000 Feeling of incomplete bowel evacuation 219 000 Lack of energy			
IMPO	RTANT		220 OOO Migrating aches and pains 221 OOO Tire too easily			
Please list the five main complaints you have in the order of their importance:  1			222 OOO Avoids activity 223 OOO Leg nervousness at night 224 OOO Diminished sex drive			
2						
4						
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. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for		low thyroid. Use an ora	thermometer or a digital one. When you use a obe under your arm for 5 minutes then turn your of or an additional 5 minutes. When using a			
exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.		Date	1			
	Date	•				
PRE-MENSES FEMALES AND MENO  Any two days during the		Date	1			
FEMALES HAVING MENSTRU	Date	1				
The 2nd and 3rd day of flow OR any 5 days in a row  MALES  Date		·				
Any 2 days during the m	nonth	Date	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

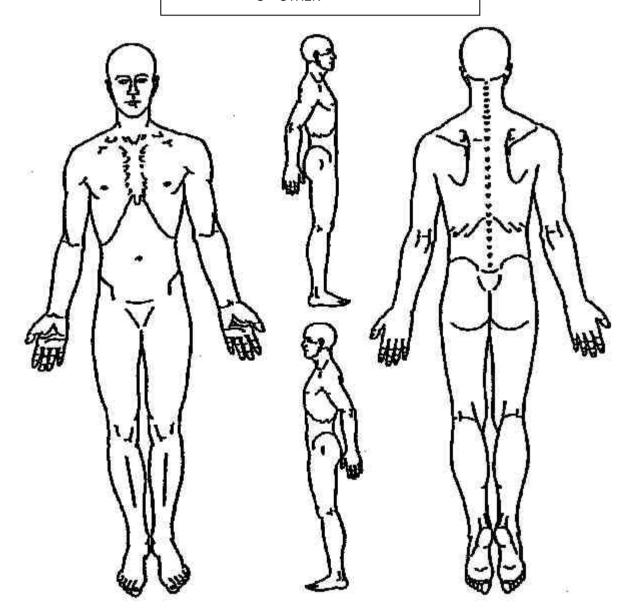
B = BURNING

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 \_\_\_\_\_