SYSTEMS SURVEY FORM



Patient		Doc	ctor		Date
Birth Date	/ /	Approx Weight	_		Sex: Male · · Female · ·
Pulse: Rec	umhent	Standing			Vegetarian Gluten-free
	sure: Recumbent	/ Clariding	Standing		-
blood pres	sure. Recumbent		Standing		/ Ragland's Test is Positive **
INSTRUCTI	ONS: Fill in only the circles wh	nich apply to you.		1 2 3	
	symptoms (occurs rarely).				Awaken after few hours sleep - hard to get back to sleep
O MODERATE symptoms (occurs several times a month).					Crave candy or coffee in afternoons
 ○ O SEVERE symptoms (occurs almost constantly) ○ ○ Leave circles BLANK if they don't apply to you! 					Moods of depression - "blues" or melancholy Abnormal craving for sweets or snacks
O O O Leav	e circles bearing it they don't ap	ppry to you:		3 0 0 0	GROUP 4
1 2 3	GROUP 1		5	6000	Hands and feet go to sleep easily, numbness
1000	Acid foods upset				Sigh frequently, "air hunger"
	Get chilled often				Aware of "breathing heavily"
	"Lump" in throat Dry mouth-eyes-nose				High altitude discomfort
	Pulse speeds after meal				Opens windows in closed rooms
	Keyed up - fail to calm				Susceptible to colds and fevers Afternoon "yawner"
	Cut heals slowly				Get "drowsy" often
	Gag easily				Swollen ankles, worse at night
	Unable to relax; startles easily		6	5000	Muscle cramps, worse during exercise; get "charley horses"
	Extremities cold, clammy Strong light irritates				Shortness of breath on exertion
	Urine amount reduced				Dull pain in chest or radiating into left arm, worse on exertion
	Heart pounds after retiring				Bruise easily, "black and blue" spots Tendency to anemia
14 0 0 0	"Nervous" stomach				"Nose bleeds" frequent
	Appetite reduced				Noises in head, or "ringing in ears"
	Cold sweats often		7:	2000	Tension under the breastbone, or feeling of "tightness",
	Fever easily raised Neuralgia-like pains				worse on exertion
	Staring, blinks little				GROUP 5
	Sour stomach often				Dizziness
	GROUP 2				Dry skin Burning feet
21 000	Joint stiffness on arising				Blurred vision
	Muscle-leg-toe cramps at night				Itching skin and feet
	"Butterfly" stomach, cramps				Excessive falling hair
	Eyes or nose watery Eyes blink often				Frequent skin rashes
	Eyelids swollen, puffy				Bitter, metallic taste in mouth in mornings
	Indigestion soon after meals				Bowel movements painful or difficult Worrier, feels insecure
	Always seems hungry; feels "ligh	theaded" often			Feeling queasy; headache over eyes
	Digestion rapid				Greasy foods upset
	Vomiting frequent		8	5000	Stools light colored
	Hoarseness frequent Breathing irregular				Skin peels on foot soles
	Pulse slow; feels "irregular"				Pain between shoulder blades
	Gagging reflex slow				Use laxatives Stools alternate from soft to watery
	Difficulty swallowing				History of gallbladder attacks or gallstones
	Constipation, diarrhea alternating	l			Sneezing attacks
	"Slow starter"		9	2000	Dreaming, nightmare type bad dreams
	Get "chilled" infrequently Perspire easily				Bad breath (halitosis)
	Circulation poor, sensitive to cold				Milk products cause distress
	Subject to colds, asthma, bronch				Sensitive to hot weather Burning or itching anus
	GROUP 3				Crave sweets
42 0 0 0	Eat when nervous		ŭ		GROUP 6
43 0 0 0	Excessive appetite		9	8 0 0 0	Loss of taste for meat
	Hungry between meals				Lower bowel gas several hours after eating
	Irritable before meals		10	0000	Burning stomach sensations, eating relieves
	Get "shaky" if hungry Fatigue, eating relieves				Coated tongue
	"Lightheaded" if meals delayed				Pass large amounts of foul-smelling gas
	Heart palpitates if meals missed	or delayed			Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs. Mucous colitis or "irritable bowel"
	Afternoon headaches	-			Gas shortly after eating
51 000	Overeating sweets upsets				Stomach "bloating" after eating

1 2 3 GROUP 7A	1 2 3
107 O O O Insomnia	170 O O O Weakness after colds, influenza
108 O O O Nervousness	171 OOO Exhaustion - muscular and nervous
109 O O Can't gain weight	172 O O O Respiratory disorders
110 OOO Intolerance to heat	GROUP 8
111 OOO Highly emotional	173 O O O Muscle weakness
112 O O O Flush easily	174 O O O Lack of Stamina
113 O O O Night sweats	175 O O O Drowsiness after eating
114 O O O Thin, moist skin	176 O O O Muscular soreness
115 O O O Inward trembling	177 O O O Rapid heart beat
116 O O O Heart palpitates	178 O O O Hyper-irritable
117 O O O Increased appetite without weight gain	179 O O O Feeling of a band around your head
118 O O O Pulse fast at rest 119 O O O Eyelids and face twitch	180 O O O Melancholia (feeling of sadness)
120 O O Irritable and restless	181 O O O Swelling of ankles
121 O O O Can't work under pressure	182 O O O Diminished urination
GROUP 7B	183 O O O Tendency to consume sweets or carbohydrates184 O O O Muscle spasms
122 O O O Increase in weight	185 OOO Blurred vision
123 O O O Decrease in appetite	186 O O O Loss of muscular control
124 O O O Fatigue easily	187 O O O Numbness
125 O O O Ringing in ears	188 O O O Night sweats
126 O O O Sleepy during day	189 O O O Rapid digestion
127 OOO Sensitive to cold	190 O O O Sensitivity to noise
128 OOO Dry or scaly skin	191 OOO Redness of palms of hands and bottom of feet
129 O O O Constipation	192 O O O Visible veins on chest and abdomen
130 O O O Mental sluggishness	193 O O O Hemorrhoids
131 O O O Hair coarse, falls out	194 O O O Apprehension (feeling that something bad will happen)
132 O O O Headaches upon arising, wear off during day	195 O O O Nervousness causing loss of appetite
133 O O O Slow pulse, below 65	196 O O O Nervousness with indigestion
134 O O O Frequency of urination	197 O O O Gastritis
135 O O O Impaired hearing 136 O O O Reduced initiative	198 OOO Forgetfulness 199 OOO Thinning hair
	-
GROUP 7C	FEMALE ONLY
137 O O O Failing memory 138 O O O Low blood pressure	200 O O O Very easily fatigued 201 O O O Premenstrual tension
139 O O O Increased sex drive	202 O O O Painful menses
140 O O O Headaches, "splitting or rending" type	203 O O O Depressed feelings before menstruation
141 O O O Decreased sugar tolerance	204 O O O Menstruation excessive and prolonged
GROUP 7D	205 O O O Painful breasts
142 O O O Abnormal thirst	206 O O O Menstruate too frequently
143 O O O Bloating of abdomen	207 O O O Vaginal discharge
144 OOO Weight gain around hips or waist	208 O Hysterectomy / ovaries removed
145 OOO Sex drive reduced or lacking	209 O O O Menopausal hot flashes
146 O O O Tendency to ulcers, colitis	210 O O O Menses scanty or missed
147 O O O Increased sugar tolerance	211 O O O Acne, worse at menses
148 O O O Women: menstrual disorders	212 O O O Depression of long standing
149 OOO Young girls: lack of menstrual function	MALE ONLY
GROUP 7E	213 O O O Prostate trouble
150 O O O Dizziness	214 OOO Urination difficult or dribbling 215 OOO Night urination frequent
151 O O O Headaches 152 O O O Hot flashes	216 O O O Depression
153 O O O Increased blood pressure	217 O O O Pain on inside of legs or heels
154 O O O Hair growth on face or body (female)	218 O O O Feeling of incomplete bowel evacuation
155 O O O Sugar in urine (not diabetes)	219 O O O Lack of energy
156 O O O Masculine tendencies (female)	220 OOO Migrating aches and pains
GROUP 7F	221 OOO Tire too easily
157 O O O Weakness, dizziness	222 OOO Avoids activity
158 O O O Chronic fatigue	223 O O O Leg nervousness at night
159 O O O Low blood pressure	224 O O O Diminished sex drive
160 O O O Nails weak, ridged	List the five main complaints you have in the order of their importance:
161 OOO Tendency to hives	
162 O O O Arthritic tendencies	1
163 O O O Perspiration increase	2
164 O O O Bowel disorders	
165 O O O Poor circulation	3
166 O O O Swollen ankles	- 1
167 OOO Crave salt	
	4
168 O O O Brown spots or bronzing of skin 169 O O O Allergies - tendency to asthma	4. 5.