

# SYSTEMS SURVEY FORM



Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Approx Weight \_\_\_\_\_ Vegetarian: Yes  No

**INSTRUCTIONS:** Fill in only the circles which apply to you. Leave blank if you don't have the problem.

- 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 ○○○○ Acid foods upset        | 8 ○○○○ Gag easily                       | 15 ○○○○ Appetite reduced       |
| 2 ○○○○ Get chilled often       | 9 ○○○○ Unable to relax; startles easily | 16 ○○○○ Cold sweats often      |
| 3 ○○○○ "Lump" in throat        | 10 ○○○○ Extremities cold, clammy        | 17 ○○○○ Fever easily raised    |
| 4 ○○○○ Dry mouth-eyes-nose     | 11 ○○○○ Strong light irritates          | 18 ○○○○ Neuralgia-like pains   |
| 5 ○○○○ Pulse speeds after meal | 12 ○○○○ Urine amount reduced            | 19 ○○○○ Staring, blinks little |
| 6 ○○○○ Keyed up - fail to calm | 13 ○○○○ Heart pounds after retiring     | 20 ○○○○ Sour stomach often     |
| 7 ○○○○ Cut heals slowly        | 14 ○○○○ "Nervous" stomach               |                                |

### GROUP 2

- |  |  |  |
|--|--|--|
| 21 ○○○○ Joint stiffness on arising                     | 29 ○○○○ Digestion rapid                    | 37 ○○○○ "Slow starter"                       |
| 22 ○○○○ Muscle-leg-toe cramps at night                 | 30 ○○○○ Vomiting frequent                  | 38 ○○○○ Get "chilled" infrequently           |
| 23 ○○○○ "Butterfly" stomach, cramps                    | 31 ○○○○ Hoarseness frequent                | 39 ○○○○ Perspire easily                      |
| 24 ○○○○ Eyes or nose watery                            | 32 ○○○○ Breathing irregular                | 40 ○○○○ Circulation poor, sensitive to cold  |
| 25 ○○○○ Eyes blink often                               | 33 ○○○○ Pulse slow; feels "irregular"      | 41 ○○○○ Subject to colds, asthma, bronchitis |
| 26 ○○○○ Eyelids swollen, puffy                         | 34 ○○○○ Gagging reflex slow                |  |
| 27 ○○○○ Indigestion soon after meals                   | 35 ○○○○ Difficulty swallowing              |  |
| 28 ○○○○ Always seems hungry; feels "lightheaded" often | 36 ○○○○ Constipation, diarrhea alternating |  |

### GROUP 3

- |  |  |   |
|--|--|---|
| 42 ○○○○ Eat when nervous               | 49 ○○○○ Heart palpitates if meals missed or delayed              | 53 ○○○○ Crave candy or coffee in afternoons         |
| 43 ○○○○ Excessive appetite             | 50 ○○○○ Afternoon headaches                                      | 54 ○○○○ Moods of depression - "blues" or melancholy |
| 44 ○○○○ Hungry between meals           | 51 ○○○○ Overeating sweets upsets                                 | 55 ○○○○ Abnormal craving for sweets or snacks       |
| 45 ○○○○ Irritable before meals         | 52 ○○○○ Awaken after few hours sleep - hard to get back to sleep |   |
| 46 ○○○○ Get "shaky" if hungry          |  |   |
| 47 ○○○○ Fatigue, eating relieves       |  |   |
| 48 ○○○○ "Lightheaded" if meals delayed |  |   |

### GROUP 4

- |   |  |  |
|---|--|--|
| 56 ○○○○ Hands and feet go to sleep easily, numbness | 63 ○○○○ Get "drowsy" often   | 68 ○○○○ Bruise easily, "black and blue" spots                                      |
| 57 ○○○○ Sigh frequently, "air hunger"               | 64 ○○○○ Swollen ankles, worse at night                                   | 69 ○○○○ Tendency to anemia   |
| 58 ○○○○ Aware of "breathing heavily"                | 65 ○○○○ Muscle cramps, worse during exercise; get "charley horses"       | 70 ○○○○ "Nose bleeds" frequent   |
| 59 ○○○○ High altitude discomfort                    | 66 ○○○○ Shortness of breath on exertion                                  | 71 ○○○○ Noises in head, or "ringing in ears"                                       |
| 60 ○○○○ Opens windows in closed rooms               | 67 ○○○○ Dull pain in chest or radiating into left arm, worse on exertion | 72 ○○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 ○○○○ Susceptible to colds and fevers             |  |  |
| 62 ○○○○ Afternoon "yawner"                          |  |  |

## SYSTEMS SURVEY FORM - PAGE 2

### GROUP 5

- |    |       |     |   |
|----|-------|-----|---|
| 73 | 1 2 3 | ○○○ | Dizziness                                   |
| 74 | 1 2 3 | ○○○ | Dry skin                                    |
| 75 | 1 2 3 | ○○○ | Burning feet                                |
| 76 | 1 2 3 | ○○○ | Blurred vision                              |
| 77 | 1 2 3 | ○○○ | Itching skin and feet                       |
| 78 | 1 2 3 | ○○○ | Excessive falling hair                      |
| 79 | 1 2 3 | ○○○ | Frequent skin rashes                        |
| 80 | 1 2 3 | ○○○ | Bitter, metallic taste in mouth in mornings |
| 81 | 1 2 3 | ○○○ | Bowel movements painful or difficult        |
| 82 | 1 2 3 | ○○○ | Worrier, feels insecure                     |

- |    |       |     |  |
|----|-------|-----|--|
| 83 | 1 2 3 | ○○○ | Feeling queasy; headache over eyes           |
| 84 | 1 2 3 | ○○○ | Greasy foods upset                           |
| 85 | 1 2 3 | ○○○ | Stools light colored                         |
| 86 | 1 2 3 | ○○○ | Skin peels on foot soles                     |
| 87 | 1 2 3 | ○○○ | Pain between shoulder blades                 |
| 88 | 1 2 3 | ○○○ | Use laxatives                                |
| 89 | 1 2 3 | ○○○ | Stools alternate from soft to watery         |
| 90 | 1 2 3 | ○○○ | History of gallbladder attacks or gallstones |

- |    |       |     |                                     |
|----|-------|-----|-------------------------------------|
| 91 | 1 2 3 | ○○○ | Sneezing attacks                    |
| 92 | 1 2 3 | ○○○ | Dreaming, nightmare type bad dreams |
| 93 | 1 2 3 | ○○○ | Bad breath (halitosis)              |
| 94 | 1 2 3 | ○○○ | Milk products cause distress        |
| 95 | 1 2 3 | ○○○ | Sensitive to hot weather            |
| 96 | 1 2 3 | ○○○ | Burning or itching anus             |
| 97 | 1 2 3 | ○○○ | Crave sweets                        |

### GROUP 6

- |     |       |     |   |
|-----|-------|-----|---|
| 98  | 1 2 3 | ○○○ | Loss of taste for meat                      |
| 99  | 1 2 3 | ○○○ | Lower bowel gas several hours after eating  |
| 100 | 1 2 3 | ○○○ | Burning stomach sensations, eating relieves |

- |     |       |     |  |
|-----|-------|-----|--|
| 101 | 1 2 3 | ○○○ | Coated tongue  |
| 102 | 1 2 3 | ○○○ | Pass large amounts of foul-smelling gas                      |
| 103 | 1 2 3 | ○○○ | Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs. |

- |     |       |     |                                     |
|-----|-------|-----|-------------------------------------|
| 104 | 1 2 3 | ○○○ | Mucous colitis or "irritable bowel" |
| 105 | 1 2 3 | ○○○ | Gas shortly after eating            |
| 106 | 1 2 3 | ○○○ | Stomach "bloating" after            |

### GROUP 7

- (A)**
- |     |       |     |  |
|-----|-------|-----|--|
| 107 | 1 2 3 | ○○○ | Insomnia                               |
| 108 | 1 2 3 | ○○○ | Nervousness                            |
| 109 | 1 2 3 | ○○○ | Can't gain weight                      |
| 110 | 1 2 3 | ○○○ | Intolerance to heat                    |
| 111 | 1 2 3 | ○○○ | Highly emotional                       |
| 112 | 1 2 3 | ○○○ | Flush easily                           |
| 113 | 1 2 3 | ○○○ | Night sweats                           |
| 114 | 1 2 3 | ○○○ | Thin, moist skin                       |
| 115 | 1 2 3 | ○○○ | Inward trembling                       |
| 116 | 1 2 3 | ○○○ | Heart palpitates                       |
| 117 | 1 2 3 | ○○○ | Increased appetite without weight gain |
| 118 | 1 2 3 | ○○○ | Pulse fast at rest                     |
| 119 | 1 2 3 | ○○○ | Eyelids and face twitch                |
| 120 | 1 2 3 | ○○○ | Irritable and restless                 |
| 121 | 1 2 3 | ○○○ | Can't work under pressure              |

- (B)**
- |     |       |     |   |
|-----|-------|-----|---|
| 122 | 1 2 3 | ○○○ | Increase in weight                          |
| 123 | 1 2 3 | ○○○ | Decrease in appetite                        |
| 124 | 1 2 3 | ○○○ | Fatigue easily                              |
| 125 | 1 2 3 | ○○○ | Ringing in ears                             |
| 126 | 1 2 3 | ○○○ | Sleepy during day                           |
| 127 | 1 2 3 | ○○○ | Sensitive to cold                           |
| 128 | 1 2 3 | ○○○ | Dry or scaly skin                           |
| 129 | 1 2 3 | ○○○ | Constipation                                |
| 130 | 1 2 3 | ○○○ | Mental sluggishness                         |
| 131 | 1 2 3 | ○○○ | Hair coarse, falls out                      |
| 132 | 1 2 3 | ○○○ | Headaches upon arising, wear off during day |
| 133 | 1 2 3 | ○○○ | Slow pulse, below 65                        |
| 134 | 1 2 3 | ○○○ | Frequency of urination                      |
| 135 | 1 2 3 | ○○○ | Impaired hearing                            |
| 136 | 1 2 3 | ○○○ | Reduced initiative                          |

- (C)**
- |     |       |     |  |
|-----|-------|-----|--|
| 137 | 1 2 3 | ○○○ | Failing memory                         |
| 138 | 1 2 3 | ○○○ | Low blood pressure                     |
| 139 | 1 2 3 | ○○○ | Increased sex drive                    |
| 140 | 1 2 3 | ○○○ | Headaches, "splitting or rending" type |
| 141 | 1 2 3 | ○○○ | Decreased sugar tolerance              |

- (D)**
- |     |       |     |   |
|-----|-------|-----|---|
| 142 | 1 2 3 | ○○○ | Abnormal thirst                         |
| 143 | 1 2 3 | ○○○ | Bloating of abdomen                     |
| 144 | 1 2 3 | ○○○ | Weight gain around hips or waist        |
| 145 | 1 2 3 | ○○○ | Sex drive reduced or lacking            |
| 146 | 1 2 3 | ○○○ | Tendency to ulcers, colitis             |
| 147 | 1 2 3 | ○○○ | Increased sugar tolerance               |
| 148 | 1 2 3 | ○○○ | Women: menstrual disorders              |
| 149 | 1 2 3 | ○○○ | Young girls: lack of menstrual function |

- (E)**
- |     |       |     |                                      |
|-----|-------|-----|--------------------------------------|
| 150 | 1 2 3 | ○○○ | Dizziness                            |
| 151 | 1 2 3 | ○○○ | Headaches                            |
| 152 | 1 2 3 | ○○○ | Hot flashes                          |
| 153 | 1 2 3 | ○○○ | Increased blood pressure             |
| 154 | 1 2 3 | ○○○ | Hair growth on face or body (female) |
| 155 | 1 2 3 | ○○○ | Sugar in urine (not diabetes)        |
| 156 | 1 2 3 | ○○○ | Masculine tendencies (female)        |

- (F)**
- |     |       |     |                                   |
|-----|-------|-----|-----------------------------------|
| 157 | 1 2 3 | ○○○ | Weakness, dizziness               |
| 158 | 1 2 3 | ○○○ | Chronic fatigue                   |
| 159 | 1 2 3 | ○○○ | Low blood pressure                |
| 160 | 1 2 3 | ○○○ | Nails weak, ridged                |
| 161 | 1 2 3 | ○○○ | Tendency to hives                 |
| 162 | 1 2 3 | ○○○ | Arthritic tendencies              |
| 163 | 1 2 3 | ○○○ | Perspiration increase             |
| 164 | 1 2 3 | ○○○ | Bowel disorders                   |
| 165 | 1 2 3 | ○○○ | Poor circulation                  |
| 166 | 1 2 3 | ○○○ | Swollen ankles                    |
| 167 | 1 2 3 | ○○○ | Crave salt                        |
| 168 | 1 2 3 | ○○○ | Brown spots or bronzing of skin   |
| 169 | 1 2 3 | ○○○ | Allergies - tendency to asthma    |
| 170 | 1 2 3 | ○○○ | Weakness after colds, influenza   |
| 171 | 1 2 3 | ○○○ | Exhaustion - muscular and nervous |
| 172 | 1 2 3 | ○○○ | Respiratory disorders             |



**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 \_\_\_\_\_ pH of Stool Specimen \_\_\_\_\_

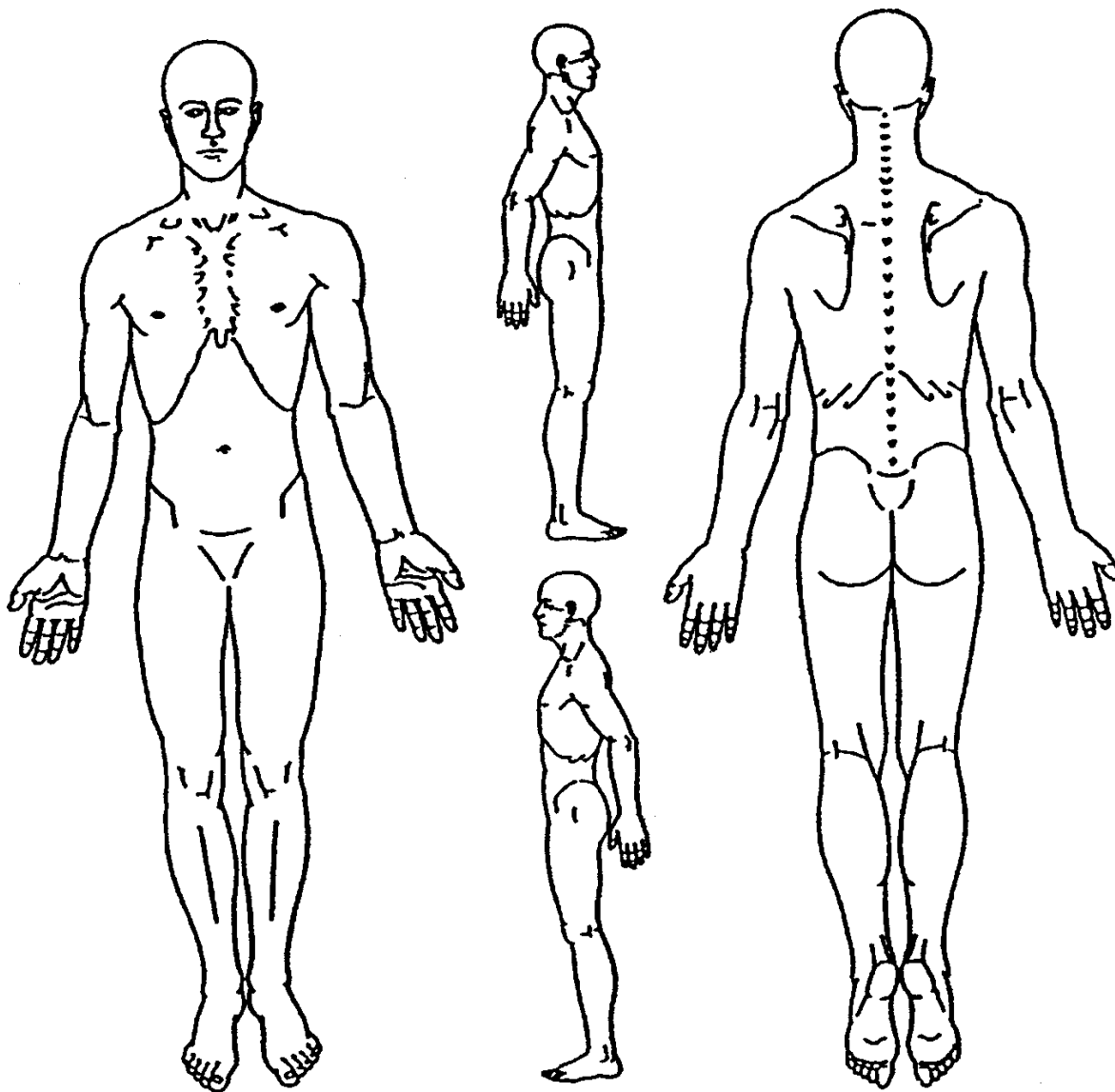
Blood Clotting Time \_\_\_\_\_ Hemoglobin \_\_\_\_\_ Blood Type \_\_\_\_\_ Weight \_\_\_\_\_

# SYSTEMS SURVEY FORM - PAGE 5

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 \_\_\_\_\_