

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 - Sympathetic Dominance

- | | | |
|---|--|--|
| <p>1 2 3</p> <p>1 ○○○○ Acid foods upset</p> <p>2 ○○○○ Get chilled often</p> <p>3 ○○○○ "Lump" in throat</p> <p>4 ○○○○ Dry mouth-eyes-nose</p> <p>5 ○○○○ Pulse speeds after meal</p> <p>6 ○○○○ Keyed up - fail to calm</p> <p>7 ○○○○ Cut heals slowly</p> | <p>1 2 3</p> <p>8 ○○○○ Gag easily</p> <p>9 ○○○○ Unable to relax; startles easily</p> <p>10 ○○○○ Extremities cold, clammy</p> <p>11 ○○○○ Strong light irritates</p> <p>12 ○○○○ Urine amount reduced</p> <p>13 ○○○○ Heart pounds after retiring</p> <p>14 ○○○○ "Nervous" stomach</p> | <p>1 2 3</p> <p>15 ○○○○ Appetite reduced</p> <p>16 ○○○○ Cold sweats often</p> <p>17 ○○○○ Fever easily raised</p> <p>18 ○○○○ Neuralgia-like pains</p> <p>19 ○○○○ Staring, blinks little</p> <p>20 ○○○○ Sour stomach often</p> |
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GROUP 2 - Parasympathetic Dominance

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| <p>1 2 3</p> <p>21 ○○○○ Joint stiffness on arising</p> <p>22 ○○○○ Muscle-leg-toe cramps at night</p> <p>23 ○○○○ "Butterfly" stomach, cramps</p> <p>24 ○○○○ Eyes or nose watery</p> <p>25 ○○○○ Eyes blink often</p> <p>26 ○○○○ Eyelids swollen, puffy</p> <p>27 ○○○○ Indigestion soon after meals</p> <p>28 ○○○○ Always seems hungry; feels "lightheaded" often</p> | <p>1 2 3</p> <p>29 ○○○○ Digestion rapid</p> <p>30 ○○○○ Vomiting frequent</p> <p>31 ○○○○ Hoarseness frequent</p> <p>32 ○○○○ Breathing irregular</p> <p>33 ○○○○ Pulse slow; feels "irregular"</p> <p>34 ○○○○ Gagging reflex slow</p> <p>35 ○○○○ Difficulty swallowing</p> <p>36 ○○○○ Constipation, diarrhea alternating</p> | <p>1 2 3</p> <p>37 ○○○○ "Slow starter"</p> <p>38 ○○○○ Get "chilled" infrequently</p> <p>39 ○○○○ Perspire easily</p> <p>40 ○○○○ Circulation poor, sensitive to cold</p> <p>41 ○○○○ Subject to colds, asthma, bronchitis</p> |
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GROUP 3 - Sugar Handling

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|---|--|---|
| <p>1 2 3</p> <p>42 ○○○○ Eat when nervous</p> <p>43 ○○○○ Excessive appetite</p> <p>44 ○○○○ Hungry between meals</p> <p>45 ○○○○ Irritable before meals</p> <p>46 ○○○○ Get "shaky" if hungry</p> <p>47 ○○○○ Fatigue, eating relieves</p> <p>48 ○○○○ "Lightheaded" if meals delayed</p> | <p>1 2 3</p> <p>49 ○○○○ Heart palpitates if meals missed or delayed</p> <p>50 ○○○○ Afternoon headaches</p> <p>51 ○○○○ Overeating sweets upsets</p> <p>52 ○○○○ Awaken after few hours sleep - hard to get back to sleep</p> | <p>1 2 3</p> <p>53 ○○○○ Crave candy or coffee in afternoons</p> <p>54 ○○○○ Moods of depression - "blues" or melancholy</p> <p>55 ○○○○ Abnormal craving for sweets or snacks</p> |
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GROUP 4 - Cardio-Vascular

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| <p>1 2 3</p> <p>56 ○○○○ Hands and feet go to sleep easily, numbness</p> <p>57 ○○○○ Sigh frequently, "air hunger"</p> <p>58 ○○○○ Aware of "breathing heavily"</p> <p>59 ○○○○ High altitude discomfort</p> <p>60 ○○○○ Opens windows in closed rooms</p> <p>61 ○○○○ Susceptible to colds and fevers</p> <p>62 ○○○○ Afternoon "yawner"</p> | <p>1 2 3</p> <p>63 ○○○○ Get "drowsy" often</p> <p>64 ○○○○ Swollen ankles, worse at night</p> <p>65 ○○○○ Muscle cramps, worse during exercise; get "charley horses"</p> <p>66 ○○○○ Shortness of breath on exertion</p> <p>67 ○○○○ Dull pain in chest or radiating into left arm, worse on exertion</p> | <p>1 2 3</p> <p>68 ○○○○ Bruise easily, "black and blue" spots</p> <p>69 ○○○○ Tendency to anemia</p> <p>70 ○○○○ "Nose bleeds" frequent</p> <p>71 ○○○○ Noises in head, or "ringing in ears"</p> <p>72 ○○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion</p> |
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SYSTEMS SURVEY FORM - PAGE 2

GROUP 5 - Biliary / Liver

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| 1 2 3
73 ○○○ Dizziness | 1 2 3
83 ○○○ Feeling queasy; headache over eyes | 1 2 3
91 ○○○ Sneezing attacks |
| 74 ○○○ Dry skin | 84 ○○○ Greasy foods upset | 92 ○○○ Dreaming, nightmare type bad dreams |
| 75 ○○○ Burning feet | 85 ○○○ Stools light colored | 93 ○○○ Bad breath (halitosis) |
| 76 ○○○ Blurred vision | 86 ○○○ Skin peels on foot soles | 94 ○○○ Milk products cause distress |
| 77 ○○○ Itching skin and feet | 87 ○○○ Pain between shoulder blades | 95 ○○○ Sensitive to hot weather |
| 78 ○○○ Excessive falling hair | 88 ○○○ Use laxatives | 96 ○○○ Burning or itching anus |
| 79 ○○○ Frequent skin rashes | 89 ○○○ Stools alternate from soft to watery | 97 ○○○ Crave sweets |
| 80 ○○○ Bitter, metallic taste in mouth in mornings | 90 ○○○ History of gallbladder attacks or gallstones | |
| 81 ○○○ Bowel movements painful or difficult | | |
| 82 ○○○ Worrier, feels insecure | | |

GROUP 6 - Digestive

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| 1 2 3
98 ○○○ Loss of taste for meat | 1 2 3
101 ○○○ Coated tongue | 1 2 3
104 ○○○ Mucous colitis or "irritable bowel" |
| 99 ○○○ Lower bowel gas several hours after eating | 102 ○○○ Pass large amounts of foul-smelling gas | 105 ○○○ Gas shortly after eating |
| 100 ○○○ Burning stomach sensations, eating relieves | 103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs. | 106 ○○○ Stomach "bloating" after |

GROUP 7 - Endocrine

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| (A) - Hyperthyroid | | (E) - Hyperadrenal |
| 1 2 3
107 ○○○ Insomnia | | 1 2 3
150 ○○○ Dizziness |
| 108 ○○○ Nervousness | | 151 ○○○ Headaches |
| 109 ○○○ Can't gain weight | (C) - Hyperpituitary | 152 ○○○ Hot flashes |
| 110 ○○○ Intolerance to heat | 1 2 3
137 ○○○ Failing memory | 153 ○○○ Increased blood pressure |
| 111 ○○○ Highly emotional | 138 ○○○ Low blood pressure | |
| 112 ○○○ Flush easily | 139 ○○○ Increased sex drive | 154 ○○○ Hair growth on face or body (female) |
| 113 ○○○ Night sweats | 140 ○○○ Headaches, "splitting or rending" type | 155 ○○○ Sugar in urine (not diabetes) |
| 114 ○○○ Thin, moist skin | 141 ○○○ Decreased sugar tolerance | 156 ○○○ Masculine tendencies (female) |
| 115 ○○○ Inward trembling | | |
| 116 ○○○ Heart palpitates | (D) - Hypopituitary | (F) - Hypoadrenal |
| 117 ○○○ Increased appetite without weight gain | 1 2 3
142 ○○○ Abnormal thirst | 1 2 3
157 ○○○ Weakness, dizziness |
| 118 ○○○ Pulse fast at rest | 143 ○○○ Bloating of abdomen | 158 ○○○ Chronic fatigue |
| 119 ○○○ Eyelids and face twitch | 144 ○○○ Weight gain around hips or waist | 159 ○○○ Low blood pressure |
| 120 ○○○ Irritable and restless | 145 ○○○ Sex drive reduced or lacking | 160 ○○○ Nails weak, ridged |
| 121 ○○○ Can't work under pressure | 146 ○○○ Tendency to ulcers, colitis | 161 ○○○ Tendency to hives |
| (B) - Hypothyroid | 147 ○○○ Increased sugar tolerance | 162 ○○○ Arthritic tendencies |
| 1 2 3
122 ○○○ Increase in weight | 148 ○○○ Women: menstrual disorders | 163 ○○○ Perspiration increase |
| 123 ○○○ Decrease in appetite | 149 ○○○ Young girls: lack of menstrual function | 164 ○○○ Bowel disorders |
| 124 ○○○ Fatigue easily | | 165 ○○○ Poor circulation |
| 125 ○○○ Ringing in ears | | 166 ○○○ Swollen ankles |
| 126 ○○○ Sleepy during day | | 167 ○○○ Crave salt |
| 127 ○○○ Sensitive to cold | | 168 ○○○ Brown spots or bronzing of skin |
| 128 ○○○ Dry or scaly skin | | 169 ○○○ Allergies - tendency to asthma |
| 129 ○○○ Constipation | | 170 ○○○ Weakness after colds, influenza |
| 130 ○○○ Mental sluggishness | | 171 ○○○ Exhaustion - muscular and nervous |
| 131 ○○○ Hair coarse, falls out | | 172 ○○○ Respiratory disorders |
| 132 ○○○ Headaches upon arising, wear off during day | | |
| 133 ○○○ Slow pulse, below 65 | | |
| 134 ○○○ Frequency of urination | | |
| 135 ○○○ Impaired hearing | | |
| 136 ○○○ Reduced initiative | | |

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 _____