SYSTEMS SURVEY FORM



Patient		Doc	ctor		Date
Birth Date	1 1	Approx Weight			Sex: Male Female
Pulse: Rec	umbent	Standing			 Vegetarian: Yes No
	sure: Recumbent	/	Standing		/ Ragland's Test is Positive
Diood press			otariding		Tragiana s rest is rositive
• O O MILE O • O MOD O O • SEVI O O C Leav 1 2 3 1 0 0 0	ONS: Fill in only the circles who symptoms (occurs rarely). DERATE symptoms (occurs several ERE symptoms (occurs almost core circles BLANK if they don't GROUP 1 Acid foods upset Get chilled often	al times a month).	53 54 58 56 57	3 0 0 0 4 0 0 0 5 0 0 0 7 0 0 0	Awaken after few hours sleep - hard to get back to sleep Crave candy or coffee in afternoons Moods of depression - "blues" or melancholy Abnormal craving for sweets or snacks GROUP 4 Hands and feet go to sleep easily, numbness Sigh frequently, "air hunger" Aware of "breathing heavily"
4 0 0 0 5 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0	"Lump" in throat Dry mouth-eyes-nose Pulse speeds after meal Keyed up - fail to calm Cut heals slowly Gag easily		59 60 62 63	000 000 000 000 2000 8000	High altitude discomfort Opens windows in closed rooms Susceptible to colds and fevers Afternoon "yawner" Get "drowsy" often Swollen ankles, worse at night
10 0 0 0 11 0 0 0 12 0 0 0 13 0 0 0 14 0 0 0 15 0 0 0	Unable to relax; startles easily Extremities cold, clammy Strong light irritates Urine amount reduced Heart pounds after retiring "Nervous" stomach Appetite reduced Cold sweats often Fever easily raised		66 67 68 69 70 7	6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 1 0 0 0	Muscle cramps, worse during exercise; get "charley horses" Shortness of breath on exertion Dull pain in chest or radiating into left arm, worse on exertion Bruise easily, "black and blue" spots Tendency to anemia "Nose bleeds" frequent Noises in head, or "ringing in ears" Tension under the breastbone, or feeling of "tightness", worse on exertion
19 000	Neuralgia-like pains Staring, blinks little Sour stomach often GROUP 2		74	000	GROUP 5 Dizziness Dry skin Burning feet
22 0 0 0 23 0 0 0 24 0 0 0	Joint stiffness on arising Muscle-leg-toe cramps at night "Butterfly" stomach, cramps Eyes or nose watery Eyes blink often		76 77 78 79	6 000 7 000 8 000 9 000	Blurred vision Itching skin and feet Excessive falling hair Frequent skin rashes
26 0 0 0 27 0 0 0 28 0 0 0 29 0 0 0	Eyelids swollen, puffy Indigestion soon after meals Always seems hungry; feels "lig Digestion rapid	htheaded" often	81 82 83 84	000 2000 3000 4000	Bitter, metallic taste in mouth in mornings Bowel movements painful or difficult Worrier, feels insecure Feeling queasy; headache over eyes Greasy foods upset
31 0 0 0 32 0 0 0 33 0 0 0	Vomiting frequent Hoarseness frequent Breathing irregular Pulse slow; feels "irregular" Gagging reflex slow		86 87 88	000 000 000	Stools light colored Skin peels on foot soles Pain between shoulder blades Use laxatives Stools alternate from soft to watery
36 0 0 0 37 0 0 0 38 0 0 0	Difficulty swallowing Constipation, diarrhea alternating "Slow starter" Get "chilled" infrequently Perspire easily	3	90 97 92 93	0000	History of gallbladder attacks or gallstones Sneezing attacks Dreaming, nightmare type bad dreams Bad breath (halitosis)
40 0 0 0 41 0 0 0	Circulation poor, sensitive to cold Subject to colds, asthma, bronch GROUP 3 Eat when nervous		95 96	000	Milk products cause distress Sensitive to hot weather Burning or itching anus Crave sweets
43 0 0 0 44 0 0 0 45 0 0 0 46 0 0 0	Excessive appetite Hungry between meals Irritable before meals Get "shaky" if hungry Fatigue, eating relieves		99 100 101	000	GROUP 6 Loss of taste for meat Lower bowel gas several hours after eating Burning stomach sensations, eating relieves Coated tongue Pass large amounts of foul-smelling gas
49 0 0 0 50 0 0 0	"Lightheaded" if meals delayed Heart palpitates if meals missed Afternoon headaches Overeating sweets upsets	or delayed	103 104 105	000 000 000	Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs. Mucous colitis or "irritable bowel" Gas shortly after eating 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 O O O Exhaustion - muscular and nervous
109 O O Can't gain weight	172 O O Respiratory disorders
110 O O O Intolerance to heat	
111 O O O Highly emotional	GROUP 8
112 O O O Flush easily	173 O O O Apprehension
and the second s	174 O O O Irritability
113 O O O Night sweats	175 O O O Morbid fears
114 O O O Thin, moist skin	176 O O O Never seems to get well
115 O O O Inward trembling	177 O O O Forgetfulness
116 O O O Heart palpitates	178 O O O Indigestion
117 O O O Increased appetite without weight gain	179 OOO Poor appetite
118 O O O Pulse fast at rest	180 O O O Craving for sweets
119 O O O Eyelids and face twitch	181 O O O Muscular soreness
120 O O Irritable and restless	182 O O O Depression; feelings of dread
121 OOO Can't work under pressure	183 OOO Noise sensitivity
GROUP 7B	184 O O O Acoustic hallucinations
122 OOO Increase in weight	185 OOO Tendency to cry without reason
123 O O O Decrease in appetite	186 OOO Hair is coarse and/or thinning
124 O O O Fatigue easily	187 O O O Weakness
125 O O O Ringing in ears	188 O O O Fatigue
126 O O O Sleepy during day	189 O O O Skin sensitive to touch
127 O O O Sensitive to cold	190 O O O Tendency toward hives
	191 O O O Nervousness
128 O O O Dry or scaly skin	
129 O O Constipation	192 O O O Headache
130 O O Mental sluggishness	193 O O O Insomnia
131 O O O Hair coarse, falls out	194 O O O Anxiety
132 OOO Headaches upon arising, wear off during day	195 O O Anorexia
133 OOO Slow pulse, below 65	196 O O O Inability to concentrate; confusion
134 OOO Frequency of urination	197 OOO Frequent stuffy nose; sinus infections
135 O O O Impaired hearing	198 OOO Allergy to some foods
136 O O O Reduced initiative	199 O O O Loose joints
GROUP 7C	FEMALE ONLY
137 O O O Failing memory	200 O O O Very easily fatigued
138 O O O Low blood pressure	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 OOO Decreased sugar tolerance	204 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 OOO Vaginal discharge
144 OOO Weight gain around hips or waist	208 O Hysterectomy / ovaries removed
145 O O O Sex drive reduced or lacking	209 O O O Menopausal hot flashes
146 OOO Tendency to ulcers, colitis	210 O O Menses scanty or missed
147 O O O Increased sugar tolerance	211 OOO Acne, worse at menses
148 O O O Women: menstrual disorders	212 OOO 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 O O O Urination difficult or dribbling
	215 O O O Night urination frequent
151 O O O Headaches	216 O O O Depression
152 O O O Hot flashes	•
153 O O O Increased blood pressure	217 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 OOO Weakness, dizziness	222 O O O Avoids activity
158 O O O Chronic fatigue	223 OOO Leg nervousness at night
159 O O O Low blood pressure	224 OOO 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	List the five main complaints you have in the order of their importance:
•	1
162 O O O Arthritic tendencies	· ·
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	
167 OOO Crave salt	4
168 OOO Brown spots or bronzing of skin	
169 O O O Allergies - tendency to asthma	5
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