# **SYSTEMS SURVEY FORM**



Patient			Doctor	D	Oate			
Birth Date	/ / App	orox Weig	ht	Vegetar	rian: Yes ·· No ··			
INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.  OO 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								
2 000 3 000 4 000 5 000 6 000	Acid foods upset Get chilled often "Lump" in throat Dry mouth-eyes-nose Pulse speeds after meal Keyed up - fail to calm Cut heals slowly	9 0 0 0 10 0 0 0 11 0 0 0 12 0 0 0 13 0 0 0	Gag easily Unable to relax; startles easily Extremities cold, clammy Strong light irritates Urine amount reduced Heart pounds after retiring "Nervous" stomach	16 000 17 000 18 000 19 000	Appetite reduced Cold sweats often Fever easily raised Neuralgia-like pains Staring, blinks little Sour stomach often			
			—GROUP 2—					
22 000 23 000 24 000 25 000 26 000 27 000	Joint stiffness on arising Muscle-leg-toe cramps at night "Butterfly" stomach, cramps Eyes or nose watery Eyes blink often Eyelids swollen, puffy Indigestion soon after meals Always seems hungry; feels "lightheaded" often	30 0 0 0 31 0 0 0 32 0 0 0 33 0 0 0 34 0 0 0 35 0 0 0	Digestion rapid Vomiting frequent Hoarseness frequent Breathing irregular Pulse slow; feels "irregular" Gagging reflex slow Difficulty swallowing Constipation, diarrhea alternating	38 () () 39 () () 40 () ()	"Slow starter"  Get "chilled" infrequently Perspire easily Circulation poor, sensitive to cold Subject to colds, asthma, bronchitis			
43 000 44 000 45 000 46 000 47 000	Eat when nervous Excessive appetite Hungry between meals Irritable before meals Get "shaky" if hungry Fatigue, eating relieves "Lightheaded" if meals delayed	50 O O O	Heart palpitates if meals missed or delayed Afternoon headaches Overeating sweets upsets Awaken after few hours sleep - hard to get back to sleep	54 000	Crave candy or coffee in afternoons  Moods of depression - "blues" or melancholy  Abnormal craving for sweets or snacks			
GROUP 4								
57 000 58 000 59 000 60 000	Hands and feet go to sleep easily, numbness Sigh frequently, "air hunger" Aware of "breathing heavily" High altitude discomfort Opens windows in closed rooms Susceptible to colds and fevers Afternoon "yawner"	64 000 65 000 66 000	Get "drowsy" often Swollen ankles, worse at night 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	69 000 70 000 71 000	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			

GROUP 5							
1 2 3			1 2 3			1 2 3	
	Dizziness	83	000	Feeling queasy; headache over	91		Sneezing attacks
74 OOC	Dry skin			eyes	92	000	Dreaming, nightmare type
	Burning feet	84	000	Greasy foods upset			bad dreams
	Blurred vision			Stools light colored	93	000	Bad breath (halitosis)
	Itching skin and feet			Skin peels on foot soles			Milk products cause distress
	Excessive falling hair			Pain between shoulder blades			Sensitive to hot weather
	<del>-</del>						
	Frequent skin rashes			Use laxatives			Burning or itching anus
80 000	Bitter, metallic taste in mouth	89	000	Stools alternate from soft to	97	000	Crave sweets
	in mornings			watery			
81 000	Bowel movements painful or	90	000	History of gallbladder attacks or			
	difficult			gallstones			
82 OOC	Worrier, feels insecure						
				—GROUP 6————			
1 2 3			1 2 3			1 2 3	
98 O O C	Loss of taste for meat	101	000	Coated tongue	104	000	Mucous colitis or "irritable
99 OOC	Lower bowel gas several hours	102	000	Pass large amounts of			bowel"
	after eating			foul-smelling gas	105	000	Gas shortly after eating
100 000	Burning stomach sensations,	103	000	Indigestion 1/2 - 1 hour after	106	000	Stomach "bloating" after
	eating relieves			eating; may be up to 3-4 hrs.			Gromaen greaming and
	3 1 1 1						
				—GROUP 7———			
	(A)						(E)
1 2 3						1 2 3	( <del>-</del> )
107 000							Dizziness
	Nervousness			(C)			Headaches
	Can't gain weight		1 2 3	(C)			Hot flashes
110 OOC	Intolerance to heat	137	000	Failing memory	153	000	Increased blood pressure
111 OOC	Highly emotional	138	000	Low blood pressure			
112 OOC	Flush easily	139	000	Increased sex drive	154	000	Hair growth on face or body
	Night sweats			Headaches, "splitting or			(female)
	Thin, moist skin			rending" type	155	000	Sugar in urine
	Inward trembling	141	000	Decreased sugar tolerance		000	(not diabetes)
	Heart palpitates	171	000	Decreased sagar tolerance	156	$\bigcirc$	Masculine tendencies
					130	000	(female)
117 000	Increased appetite without weight gain						(leffiale)
				(D)			
	Pulse fast at rest		1 2 3	(D)			( <del>-</del> )
119 OOC	Eyelids and face twitch	142	000	Abnormal thirst		1 2 3	(F)
	Irritable and restless	143	000	Bloating of abdomen	157	000	Weakness, dizziness
121 OOC	Can't work under pressure			Weight gain around hips or			Chronic fatigue
				waist			Low blood pressure
1 2 3	(B)	145	000	Sex drive reduced or lacking			Nails weak, ridged
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Increase in weight						<del>-</del>
	Increase in weight			Tendency to ulcers, colitis			Tendency to hives
	Decrease in appetite			Increased sugar tolerance			Arthritic tendencies
	Fatigue easily			Women: menstrual disorders			Perspiration increase
	Ringing in ears	149	000	Young girls: lack of menstrual			Bowel disorders
126 OOC	Sleepy during day			function	165	000	Poor circulation
127 000	Sensitive to cold				166	000	Swollen ankles
128 OOC	Dry or scaly skin				167	000	Crave salt
	Constipation				168	000	Brown spots or bronzing of
	Mental sluggishness						skin
	Hair coarse, falls out				169	000	Allergies - tendency to
	Headaches upon arising, wear				. 50		asthma
132 000	off during day				170	$\bigcirc$	Weakness after colds,
122 000					170		influenza
	Slow pulse, below 65				4-4	000	
	Frequency of urination				171	000	Exhaustion - muscular and
	Impaired hearing						nervous
136 OOC	Reduced initiative				172	000	Respiratory disorders

GROUP 8—								
1 2 3 173 ○ ○ ○ Apprehension 174 ○ ○ Irritability 175 ○ ○ Morbid fears 176 ○ ○ ○ Never seems to get well 177 ○ ○ ○ Forgetfulness 178 ○ ○ ○ Indigestion 179 ○ ○ ○ Poor appetite 180 ○ ○ ○ Craving for sweets 181 ○ ○ ○ Muscular soreness 182 ○ ○ ○ Depression; feelings of dread	1 2 3 183	esitivity nallucinations to cry without reason arse and/or thinning s itive to touch toward hives ess	1 2 3 193 ○ ○ ○ Insomnia 194 ○ ○ ○ Anxiety 195 ○ ○ ○ Anorexia 196 ○ ○ ○ Inability to concentrate; confusion 197 ○ ○ ○ Frequent stuffy nose; sinus infections 198 ○ ○ ○ Allergy to some foods 199 ○ ○ ○ Loose joints					
FEMAL	E ONLY———		MALE ONLY					
1 2 3 200 ○ ○ ○ ○ Very easily fatigued 201 ○ ○ ○ Premenstrual tension 202 ○ ○ ○ Painful menses 203 ○ ○ ○ Depressed feelings before menstruation 204 ○ ○ ○ Menstruation excessive and prolonged 205 ○ ○ ○ Painful breasts  IMPO  Please list the five main complaints you 1. 2. 3. 4. 5.	1 2 3 213 ○○○ Prostate trouble 214 ○○○ Urination difficult or dribbling 215 ○○○ Night urination frequent 216 ○○○ Depression 217 ○○○ Pain on inside of legs or heels 218 ○○○ Feeling of incomplete bowel evacuation 219 ○○○ Lack of energy 220 ○○○ Migrating aches and pains 221 ○○○ Tire too easily 222 ○○○ Avoids activity 223 ○○○ Leg nervousness at night 224 ○○○ Diminished sex drive							
BARNES THYROID T  This test was developed by Dr. Broda Barnes, M.D. a underarm temperature to determine hypo and hyperth conducted by the patient in the a.m. before leaving be being taken for 10 minutes. The test is invalidated if the energy prior to taking the test - getting up for any reast the test of the context of	nd is a measurement of the yroid states. The test is d - with the temperature he patient expends any on, shaking down the	You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.						
thermometer, etc. It is important that the test be cond making the prior positioning of both the thermometer a	and a clock important.	Date						
	Date	·						
PRE-MENSES FEMALES AND MENO								
Any two days during the		Date	Temperature ————					
FEMALES HAVING MENSTRU		Date	Temperature					
The 2nd and 3rd day of flow OR an	v 5 davs in a row	I _	_					

Date -

Date \_

MALES
Any 2 days during the month

Temperature \_

Temperature \_\_\_

Please list any medications you are taking:				☐ No Medications			
Please list any vitamins, herbs, or supplements you are	a taking:			☐ No Vitamins			
r lease list any vitalinis, helps, or supplements you are	taking.			No vitalling			
Please list any allergies you have:				☐ No Allergies			
Please list any surgeries you have had in the past 12 m	□ No Recent Surgeries             □						
Please list any other surgeries or medical procedures y	☐ 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	f 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

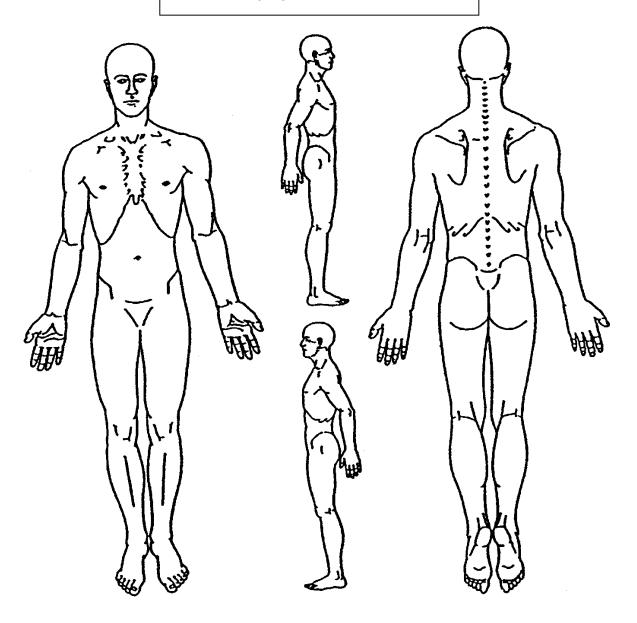
B = BURNING

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 \_\_\_\_\_