## **SYSTEMS SURVEY FORM**



Patient	Doctor	Date						
Birth Date / / App	orox Weight	Vegetarian · · · Gluten-free · ·						
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								
1 2 3 1 0 0 Acid foods upset 2 0 0 Get chilled often 3 0 0 "Lump" in throat 4 0 0 Dry mouth-eyes-nose 5 0 0 Pulse speeds after meal 6 0 0 Keyed up - fail to calm 7 0 0 Cut heals slowly	1 2 3 8 0 0 Gag easily 9 0 0 Unable to relax; startles easily 10 0 0 Extremities cold, clammy 11 0 0 Strong light irritates 12 0 0 Urine amount reduced 13 0 0 Heart pounds after retiring 14 0 0 "Nervous" stomach	1 2 3 15 ○ ○ Appetite reduced 16 ○ ○ Cold sweats often 17 ○ ○ Fever easily raised 18 ○ ○ Neuralgia-like pains 19 ○ ○ Staring, blinks little 20 ○ ○ Sour stomach often						
	GROUP 2							
1 2 3 21 ○○○ Joint stiffness on arising 22 ○○○ Muscle-leg-toe cramps at night 23 ○○○ "Butterfly" stomach, cramps 24 ○○○ Eyes or nose watery 25 ○○○ Eyes blink often 26 ○○○ Eyelids swollen, puffy 27 ○○○ Indigestion soon after meals 28 ○○○ Always seems hungry; feels "lightheaded" often  1 2 3 42 ○○○ Eat when nervous 43 ○○○ Excessive appetite 44 ○○○ Hungry between meals 45 ○○○ Irritable before meals 46 ○○○ Get "shaky" if hungry 47 ○○○ Fatigue, eating relieves 48 ○○○ "Lightheaded" if meals delayed	1 2 3 29 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	afternoons  54 ○ ○ ○ Moods of depression - "blues" or melancholy						
1 2 3 56 OO Hands and feet go to sleep easily, numbness 57 OO Sigh frequently, "air hunger" 58 OO Aware of "breathing heavily" 59 OO High altitude discomfort 60 OO Opens windows in closed rooms 61 OO Susceptible to colds and fevers 62 OO Afternoon "yawner"	GROUP 4-  1 2 3  63 ○ ○ Get "drowsy" often  64 ○ ○ Swollen ankles, worse at night  65 ○ ○ Muscle cramps, worse during exercise; get "charley horses"  66 ○ ○ Shortness of breath on exertion  67 ○ ○ Dull pain in chest or radiating into left arm, worse on exertion	69						

## **SYSTEMS SURVEY FORM - PAGE 2**

<b></b>	GROUP 5							
1 2 3	1 2 3	1 2 3						
73 O O Dizziness	83 OOO Feeling queasy; headache over	91 O O Sneezing attacks						
74 O O Dry skin	eyes	92 O O Dreaming, nightmare type bad						
75 O O Burning feet	84 O O Greasy foods upset	dreams						
76 OO Blurred vision	85 O O Stools light colored	93 OOO Bad breath (halitosis)						
77 O O Itching skin and feet	86 O O Skin peels on foot soles	94 O O Milk products cause distress						
78 O O Excessive falling hair	87 O O Pain between shoulder blades	95 O O Sensitive to hot weather						
79 O O Frequent skin rashes	88 O O O Use laxatives	96 OOO Burning or itching anus						
80 O O Bitter, metallic taste in mouth	89 O O Stools alternate from soft to	97 ○ ○ ○ Crave sweets						
in mornings	watery							
81 \cap \cap Bowel movements painful or	90 ○ ○ ○ History of gallbladder attacks or							
difficult	gallstones							
82 O O Worrier, feels insecure								
	GROUP 6							
1 2 3	1 2 3	1 2 3						
98 \cap \cap Loss of taste for meat	101 ○ ○ ○ Coated tongue	104 \cap \cap Mucous colitis or "irritable						
99 O O Lower bowel gas several hours	102 O O Pass large amounts of	bowel"						
after eating	foul-smelling gas	105 O O Gas shortly after eating						
100 O O Burning stomach sensations,	103 O O Indigestion 1/2 - 1 hour after	106 O O Stomach "bloating" after						
eating relieves	eating; may be up to 3-4 hrs.	Too O O O Chemiden Diedming and						
	GROUP 7							
1 2 3 (A)		<sub>123</sub> (E)						
1 2 3 1		150 O Dizziness						
107 O O Insomnia								
108 O O Nervousness	, , , (C)	151 O O Headaches						
109 O O Can't gain weight	1 2 3	152 O O Hot flashes						
110 O O Intolerance to heat	137 O O Failing memory	153 O O Increased blood pressure						
111 O O O Highly emotional	138 ○ ○ ○ Low blood pressure							
112 O O O Flush easily	139 ○ ○ ○ Increased sex drive	154 \cap \cap  Hair growth on face or body						
113 O O Night sweats	140 ○ ○ ○ Headaches, "splitting or	(female)						
114 OOO Thin, moist skin	rending" type	155 OOO Sugar in urine						
115 O O Inward trembling	141 O O Decreased sugar tolerance	(not diabetes)						
116 O O Heart palpitates		156 O O Masculine tendencies						
117 O O Increased appetite without		(female)						
weight gain		(consist)						
I	<b>(D)</b>							
118 O O Pulse fast at rest	<sub>123</sub> <b>(D)</b>	<b>(E)</b>						
119 O O Eyelids and face twitch	142 \cap \cap Abnormal thirst	<sub>1 2 3</sub> <b>(F)</b>						
120 O O Irritable and restless	143 \cap \cap \cap Bloating of abdomen	157 OOO Weakness, dizziness						
121 O O Can't work under pressure	144 OOO Weight gain around hips or	158 OOO Chronic fatigue						
	waist	159 OO Low blood pressure						
1 2 3 <b>(B)</b>	145 O O Sex drive reduced or lacking	160 OOO Nails weak, ridged						
122 OO Increase in weight	146 O O Tendency to ulcers, colitis	161 OOO Tendency to hives						
_								
123 O O Decrease in appetite	147 O O Increased sugar tolerance	162 O O Arthritic tendencies						
124 O O Fatigue easily	148 O O Women: menstrual disorders	163 O O Perspiration increase						
125 O O Ringing in ears	149 O O Young girls: lack of menstrual	164 OOO Bowel disorders						
126 O O Sleepy during day	function	165 O O Poor circulation						
127 O O Sensitive to cold		166 OOO Swollen ankles						
128 OOO Dry or scaly skin		167 OOO Crave salt						
129 O O Constipation		168 OOO Brown spots or bronzing of						
130 O O Mental sluggishness		skin						
131 OOO Hair coarse, falls out		169 OOO Allergies - tendency to						
132 O O Headaches upon arising, wear		asthma						
off during day		170 OOO Weakness after colds,						
133 OOO Slow pulse, below 65		influenza						
l ·		171 OOO Exhaustion - muscular and						
134 O O Frequency of urination		nervous						
135 O O Impaired hearing								
136 O O Reduced initiative		172 OOO Respiratory disorders						

## **SYSTEMS SURVEY FORM - PAGE 3**

GROUP 8—								
1 2 3 173 ○ ○ Muscle weakness 174 ○ ○ Lack of Stamina 175 ○ ○ Drowsiness after eating 176 ○ ○ Muscular soreness 177 ○ ○ Rapid heart beat 178 ○ ○ Hyper-irritable 179 ○ ○ Feeling of a band around your head 180 ○ ○ Melancholia (feeling of sadness) 181 ○ ○ Swelling of ankles 182 ○ ○ Diminished urination	1 2 3 183 OO Tendency or carbohy 184 OO Muscle sp 185 OO Blurred vis 186 OO Loss of mi 187 OO Numbness 188 OO Night swee 189 OO Sensitivity 191 OO Redness of bottom of	ydrates ydrate	1 2 3 192 O O Visible veins on chest and abdomen 193 O O Hemorrhoids 194 O O Apprehension (feeling that something bad will happe 195 O O Nervousness causing loss appetite 196 O O Nervousness with indiges 197 O O Gastritis 198 O O Forgetfulness 199 O O Thinning hair	at en) s of				
1 2 3 200 ○ ○ ○ Very easily fatigued 206 ○ ○ Menstruate too frequently 201 ○ ○ Premenstrual tension 207 ○ ○ Vaginal discharge 202 ○ ○ Painful menses 208 ○ Hysterectomy / ovaries 203 ○ ○ Depressed feelings before menstruation 209 ○ ○ Menopausal hot flashes 204 ○ ○ Menstruation excessive and 210 ○ ○ Menses scanty or missed prolonged 211 ○ ○ Acne, worse at menses 205 ○ ○ Painful breasts 212 ○ ○ Depression of long standing  IMPORTANT  Please list the five main complaints you have in the order of their importance:  1.			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					
2								
BARNES THYROID TEST  This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.		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.  Date Temperature						
PRE-MENSES FEMALES AND MENOPAUSAL FEMALES Any two days during the month FEMALES HAVING MENSTRUAL CYCLES The 2nd and 3rd day of flow OR any 5 days in a row MALES Any 2 days during the month		Date  Date  Date  Date  Date	Temperature Temperature Temperature Temperature					

## **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	We	ight		