

SYSTEMS SURVEY FORM



Patient _____ Doctor _____ Date _____
 Birth Date ____ / ____ / ____ Approx Weight _____ Vegetarian Gluten-free

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

- | | | | | |
|---|--|----------------------------------|--|------------------------|
| 1 2 3 | 8 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Gag easily | 15 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Appetite reduced |
| 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 9 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Unable to relax; startles easily | 16 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Cold sweats often |
| 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 10 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Extremities cold; clammy | 17 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Fever easily raised |
| 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Strong light irritates | 18 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Neuralgia-like pains |
| 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Urine amount reduced | 19 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Staring, blinks little |
| 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 13 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Heart pounds after retiring | 20 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Sour stomach often |
| 7 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 14 <input type="radio"/> <input type="radio"/> <input type="radio"/> | "Nervous" stomach | | |

GROUP 2 - Parasympathetic Dominance

- | | | | | |
|--|--|------------------------------------|--|--------------------------------------|
| 1 2 3 | 29 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Digestion rapid | 37 <input type="radio"/> <input type="radio"/> <input type="radio"/> | "Slow starter" |
| 21 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 30 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Vomiting frequent | 38 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Get "chilled" infrequently |
| 22 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 31 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Hoarseness frequent | 39 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Perspire easily |
| 23 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 32 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Breathing irregular | 40 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Circulation poor, sensitive to cold |
| 24 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 33 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Pulse slow; feels "irregular" | 41 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Subject to colds, asthma, bronchitis |
| 25 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 34 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Gagging reflex slow | | |
| 26 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 35 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Difficulty swallowing | | |
| 27 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 36 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Constipation, diarrhea alternating | | |
| 28 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |

GROUP 3 - Sugar Handling

- | | | | | |
|--|--|--|--|---|
| 1 2 3 | 49 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Heart palpitates if meals missed or delayed | 53 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Crave candy or coffee in afternoons |
| 42 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 50 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Afternoon headaches | 54 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Moods of depression - "blues" or melancholy |
| 43 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 51 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Overeating sweets upsets | 55 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Abnormal craving for sweets or snacks |
| 44 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 52 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Awaken after few hours sleep - hard to get back to sleep | | |
| 45 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |
| 46 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |
| 47 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |
| 48 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |

GROUP 4 - Cardio-Vascular

- | | | | | |
|--|--|--|--|--|
| 1 2 3 | 63 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Get "drowsy" often | 68 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Bruise easily, "black and blue" spots |
| 56 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 64 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Swollen ankles, worse at night | 69 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Tendency to anemia |
| 57 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 65 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Muscle cramps, worse during exercise; get "charley horses" | 70 <input type="radio"/> <input type="radio"/> <input type="radio"/> | "Nose bleeds" frequent |
| 58 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 66 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Shortness of breath on exertion | 71 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Noises in head, or "ringing in ears" |
| 59 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 67 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Dull pain in chest or radiating into left arm, worse on exertion | 72 <input type="radio"/> <input type="radio"/> <input type="radio"/> | Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 60 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |
| 61 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |
| 62 <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | |

SYSTEMS SURVEY FORM - PAGE 2

GROUP 5 - Biliary / Liver

	1	2	3		1	2	3	
73	0	0	0	Dizziness	91	0	0	Sneezing attacks
74	0	0	0	Dry skin	92	0	0	Dreaming, nightmare type bad dreams
75	0	0	0	Burning feet	93	0	0	Bad breath (halitosis)
76	0	0	0	Blurred vision	94	0	0	Milk products cause distress
77	0	0	0	Itching skin and feet	95	0	0	Sensitive to hot weather
78	0	0	0	Excessive falling hair	96	0	0	Burning or itching anus
79	0	0	0	Frequent skin rashes	97	0	0	Crave sweets
80	0	0	0	Bitter, metallic taste in mouth in mornings				
81	0	0	0	Bowel movements painful or difficult				
82	0	0	0	Worrier, feels insecure				
83	0	0	0	Feeling queasy; headache over eyes				
84	0	0	0	Greasy foods upset				
85	0	0	0	Stools light colored				
86	0	0	0	Skin peels on foot soles				
87	0	0	0	Pain between shoulder blades				
88	0	0	0	Use laxatives				
89	0	0	0	Stools alternate from soft to watery				
90	0	0	0	History of gallbladder attacks or gallstones				

GROUP 6 - Digestive

	1	2	3		1	2	3	
98	0	0	0	Loss of taste for meat	104	0	0	Mucous colitis or "irritable bowel"
99	0	0	0	Lower bowel gas several hours after eating	105	0	0	Gas shortly after eating
100	0	0	0	Burning stomach sensations, eating relieves	106	0	0	Stomach "bloating" after eating
101	0	0	0	Coated tongue				
102	0	0	0	Pass large amounts of foul-smelling gas				
103	0	0	0	Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.				

GROUP 7 - Endocrine

(A) - Hyperthyroid

	1	2	3	
107	0	0	0	Insomnia
108	0	0	0	Nervousness
109	0	0	0	Can't gain weight
110	0	0	0	Intolerance to heat
111	0	0	0	Highly emotional
112	0	0	0	Flush easily
113	0	0	0	Night sweats
114	0	0	0	Thin, moist skin
115	0	0	0	Inward trembling
116	0	0	0	Heart palpitates
117	0	0	0	Increased appetite without weight gain

118 0 0 0 Pulse fast at rest

119 0 0 0 Eyelids and face twitch

120 0 0 0 Irritable and restless

121 0 0 0 Can't work under pressure

(B) - Hypothyroid

	1	2	3	
122	0	0	0	Increase in weight
123	0	0	0	Decrease in appetite
124	0	0	0	Fatigue easily
125	0	0	0	Ringing in ears
126	0	0	0	Sleepy during day
127	0	0	0	Sensitive to cold
128	0	0	0	Dry or scaly skin
129	0	0	0	Constipation
130	0	0	0	Mental sluggishness
131	0	0	0	Hair coarse, falls out
132	0	0	0	Headaches upon arising, wear off during day
133	0	0	0	Slow pulse, below 65
134	0	0	0	Frequency of urination
135	0	0	0	Impaired hearing
136	0	0	0	Reduced initiative

(C) - Hyperpituitary

	1	2	3	
137	0	0	0	Failing memory
138	0	0	0	Low blood pressure
139	0	0	0	Increased sex drive
140	0	0	0	Headaches, "splitting or rending" type
141	0	0	0	Decreased sugar tolerance

(D) - Hypopituitary

	1	2	3	
142	0	0	0	Abnormal thirst
143	0	0	0	Bloating of abdomen
144	0	0	0	Weight gain around hips or waist
145	0	0	0	Sex drive reduced or lacking
146	0	0	0	Tendency to ulcers, colitis
147	0	0	0	Increased sugar tolerance
148	0	0	0	Women: menstrual disorders
149	0	0	0	Young girls: lack of menstrual function

(E) - Hyperadrenal

	1	2	3	
150	0	0	0	Dizziness
151	0	0	0	Headaches
152	0	0	0	Hot flashes
153	0	0	0	Increased blood pressure
154	0	0	0	Hair growth on face or body (female)
155	0	0	0	Sugar in urine (not diabetes)
156	0	0	0	Masculine tendencies (female)

(F) - Hypoadrenal

	1	2	3	
157	0	0	0	Weakness, dizziness
158	0	0	0	Chronic fatigue
159	0	0	0	Low blood pressure
160	0	0	0	Nails weak, ridged
161	0	0	0	Tendency to hives
162	0	0	0	Arthritic tendencies
163	0	0	0	Perspiration increase
164	0	0	0	Bowel disorders
165	0	0	0	Poor circulation
166	0	0	0	Swollen ankles
167	0	0	0	Crave salt
168	0	0	0	Brown spots or bronzing of skin
169	0	0	0	Allergies - tendency to asthma
170	0	0	0	Weakness after colds, influenza
171	0	0	0	Exhaustion - muscular and nervous
172	0	0	0	Respiratory disorders

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 _____ p-H of Saliva _____ pH of Stool Specimen _____

Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____

