Systems Assessment Form

Name:		A	\ge:	Sex:	Date:	
List your 5 main health complaints		•	Weight:		_ Vegetarian 🔲 🔻	Vegan
1.			Height:		_ ☐ Gluten-free ☐ I	Dairy-free
2			Organs	Domovo	.d.	
3			_			Coloop
4					-	Spleen
5			Uteru			P rostate
			☐ Tonsi	IS	☐ Appendix ☐ Other:	
Circle the appropriate number the	nat appl	ies on all questions bel	ow. 0 is	the least	t/never to 3 as the most/alway	'S
Group 1		Group 3			75. Burning or itching feet	0 1 2 3
1. Acid foods upset		42. Eat when nervous or		0 1 2 3	76. Blurred vision	0 1 2 3
2. Get the chills often		43. Excessive appetite		0 1 2 3	77. Unexplained itching skin or	0 1 2 3
3. "Lump" in throat		44. Hungry between mea		0 1 2 3	rash anywhere	
4. Dry mouth, eyes, or nose		45. Irritated before meals		0 1 2 3	78. Excessive falling hair	0 1 2 3
5. Pulse increases after a meal		46. Get "shaky" or "jittery	/" if	0 1 2 3	79. Reddened skin, especially	0 1 2 3
6. Keyed up, difficult to calm down	0 1 2 3		ood.	0 4 2 2	palms or feet	
7. Cuts or scratches heal slowly8. Gag easily	0 1 2 3	47. Fatigue after meals (f coma)	oou	0 1 2 3	80. Bitter or metallic taste in	0 1 2 3
Unable to relax; startle easily		48. "Lightheaded" if meal	s delayed	0123	mouth in mornings	0.4.0.0
10. Clammy or cold hands/feet		49. Can feel heart beat, p		0 1 2 3	81. Bowel movements painful or difficult	0 1 2 3
11. Irritated by strong light		50. Afternoon Headaches	•	0 1 2 3	82. Worrier, feel insecure	0 1 2 3
12. Urine amount reduced		51. Bloating after eating f		0 1 2 3	83. Tightness/headache over eye	
13. Heart pounds after retiring	0 1 2 3				84. Greasy or high-fat foods caus	
14. "Nervous" stomach		52. Insomnia: Cannot sta		0 1 2 3	distress	- 0123
15. Forgets to eat meals	0 1 2 3	53. Crave candy or coffee	during	0 1 2 3	85. Stool color is pale, white or	0 1 2 3
16. Cold sweats	0 1 2 3	the day			light colored	
17. Temperature raises easily, fevers	0 1 2 3	54. Depression, lack of m		0 1 2 3	,	
18. Skin sensitive or painful if	0 1 2 3	55. Crave sweets or snack	ks during	0 1 2 3	87. Muscle tightness between	0 1 2 3
touched 19. Eyes lock in fixed stare (few	0 1 2 3	the day			shoulder blades	
seconds)		Group 4			88. Occasional constipation	0 1 2 3
20. Queasy or sour stomach	0 1 2 3	56. Hands or feet go to sl	leep,	0 1 2 3	89. Stools alternate from soft to	0 1 2 3
Zer Queusy er seur sternaerr	0 0	numbness			watery 90. History of gallbladder spasms	0123
Group 2		57. Sigh frequently, "Air h	luligei	0 1 2 3	or stones	0123
21. Joint stiffness on arising	0 1 2 3	58. Aware of "breathing h	icaviij	0 1 2 3 0 1 2 3	91. Sneezing attacks	0 1 2 3
22. Muscle, leg, or toe cramps at	0 1 2 3	59. High-Altitude discomf	0	0 1 2 3	92. Nightmare-type dreams or	0 1 2 3
night		60. Feel must open windo closed rooms	ows in	0 1 2 3	terrors	
23. "Butterfly" stomach, cramps	0 1 2 3	61. Easily gets colds or fe	Wers	0 1 2 3	93. Bad breath (halitosis)	0 1 2 3
24. Eyes or nose watery	0 1 2 3	62. Afternoon "yawner"		0 1 2 3	94. Dairy, Milk products cause	0 1 2 3
25. Eyes blink rapidly	0 1 2 3	63. Feel "drowsy"		0 1 2 3	distress or lactose intolerant	
26. Eyelids swollen or puffy	0 1 2 3	64. Ankle or wrist swelling	g, fluid	0 1 2 3	95. Sensitive to hot weather	0 1 2 3
27. Indigestion soon after meals	0 1 2 3	retention	0 .		96. Itching or burning anus	0 1 2 3
28. Always feel hungry;	0 1 2 3	65. Muscle cramps		0 1 2 3	97. Sweet and sour cravings	0 1 2 3
"lightheaded" often	0122	66. Shallow, rapid breathi	J	0 1 2 3	Croup 6	
29. Digestion is rapid30. Occasional nausea or vomiting	0 1 2 3 0 1 2 3	67. Chest tightness, press	sure or	0 1 2 3	Group 6 98. Loss of interest to eat meat	
31. Voice gets hoarse or raspy	0 1 2 3	pain			99. Use antacids	0 1 2 3
32. Slow or Irregular breathing	0 1 2 3	68. Bruise easily, "black a	ind blue"	0 1 2 3	100. Burning stomach relieved by	
pattern		spots		0 1 2 2	eating	0123
33. Pulse skips or feels "irregular"	0 1 2 3	69. Tendency to Anemia 70. "Nose bleeds"		0 1 2 3 0 1 2 3	101. White coating on tongue	0 1 2 3
34. Excessive saliva production	0 1 2 3	71. Noises in head, or "rir		0 1 2 3	102. Pass large amounts of	0 1 2 3
35. Difficulty swallowing food or pills	0 1 2 3	ears"	igirig iii	0 1 2 3	foul-smelling gas	
36. Alternating constipation &	0 1 2 3	72. Shortness of breath u	pon	0 1 2 3	103. Bloating lasts hours after	0 1 2 3
diarrhea		exertion			eating	
37. Slow starter in the morning	0 1 2 3				104. Unpredictable urgency to	0 1 2 3
38. Ears get hot or red		Group 5		0122	defecate	
39. Sweat easily40. Feel cold – hands, feet, all over		73. Dizziness74. Dry or flaky skin (scal		0 1 2 3 0 1 2 3	105. Pass large amounts of gas: No odor	0 1 2 3
41. Colds or respiratory infections	0 1 2 3		ρ, ιοσι,	V 1 2 3	106. Heartburn when lying down	0 1 2 3
I Shad di raaphatorj intootions						

Group 7A		Group 7F		FEMALE ONLY	
107. Insomnia: Hard to fall asleep	0 1 2 3	157. Weakness, dizziness	0 1 2 3	, , ,	0 1 2 3
108. Nervousness, feel on edge		158. Chronic fatigue	0 1 2 3	201. Premenstrual tension	0 1 2 3
109. Difficult to gain weight		159. Low blood pressure	0 1 2 3		0 1 2 3
110. Intolerance to heat		160. Weak nails or have ridges	0 1 2 3	203. Depressed feelings before	0 1 2 3
111. Highly emotional		161. Tendency to hives	0 1 2 3	menstruation	
112. Face or skin flushes easily		162. Joint pain and stiffness	0 1 2 3	204. Menstruation excessive and	0 1 2 3
113. Night sweats		163. Perspiration increase	0 1 2 3	prolonged	0122
114. Thin, moist skin		164. Bowel inflammation	0 1 2 3	205. Painful breasts	0 1 2 3
115. Inward trembling		165. Poor circulation	0 1 2 3	206. Menstruate too frequently 207. Vaginal discharge	0 1 2 3 0 1 2 3
116. Can hear heartbeat on pillow117. Increased appetite but can't		166. Swelling of ankles (□ Left □ Right) 167. Crave salt		207. Vaginal discharge 208. Hair growth on face (upper	0 1 2 3
gain weight	0 1 2 3	168. Brown spots or bronzing of	0 1 2 3 0 1 2 3	lip, chin) areola, abdomen	0123
118. Increased or rapid pulse at rest	0 1 2 3	skin	0 1 2 0	209. Hot flashes	0 1 2 3
119. Eyelids or face twitch	0 1 2 3	169. Allergies	0 1 2 3	210. Menses scanty or missed	0 1 2 3
120. Irritable and restless	0 1 2 3	170. Weakness after colds,	0 1 2 3		0 1 2 3
121. Difficulty working under	0 1 2 3	influenza		212. Raised bumps on skin of arm	0 1 2 3
pressure		171. Exhaustion - muscular and	0 1 2 3		
		nervous		MALE ONLY	
Group 7B		172. Respiratory or breathing	0 1 2 3	213. Prostate challenges	0 1 2 3
122. Increase in weight	0 1 2 3	challenges		214. Urination difficult or dribbling	0 1 2 3
123. Decrease in appetite	0 1 2 3			215. Frequent night urination	0 1 2 3
124. Fatigue easily	0 1 2 3	Group 8 B Complex		216. Depression, melancholy	0 1 2 3
125. Ringing in ears (Pitch: ☐ High ☐Low)			0 1 2 3	o o	
126. Sleepy during day		174. Lack of Stamina	0 1 2 3	· ·	0 1 2 3
127. Sensitive to cold		175. Drowsiness after eating	0 1 2 3	evacuation	
128. Dry or scaly skin		176. Muscular soreness	0 1 2 3		0 1 2 3
129. Use laxatives		177. Rapid heart beat	0 1 2 3	220. Migrating aches or pain	0 1 2 3
130. Mental sluggishness		178. Hyper-irritable	0 1 2 3	221. Tire too easily	0 1 2 3
131. Hair coarse or falling out132. Headaches in mornings, wear	0 1 2 3	179. Feeling of a band around the head	0 1 2 3	222. Avoid social activity 223. Restless legs at night	0 1 2 3
off during the day	0 1 2 3	180. Melancholia (feeling of	0 1 2 3		0 1 2 3 0 1 2 3
133. Slow pulse, below 65	0 1 2 3	sadness)	0123		
133. Slow pulse, below 03	0 1 2 3	Judi 1033)		OFFICE LISE ONLY	
	0 1 2 3	181 Difficult to concentrate	0123	OFFICE USE ONL	Y
134. Frequent urination		181. Difficult to concentrate 182. Diminished urination	0 1 2 3	_	Y
134. Frequent urination135. Impaired or loss of hearing	0 1 2 3	182. Diminished urination	0 1 2 3	☐ Food Diary	Y
134. Frequent urination135. Impaired or loss of hearing136. Reduced initiative or motivation	0 1 2 3	182. Diminished urination183. Tendency to consume sweets	0 1 2 3	☐ Food Diary ☐ Tongue	Y
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