

Examination Record

Name: _____ Age: _____ Male Female Date: ____ / ____ / ____

Chief Complaints (What are the chief complaints you would like us to help you with?)

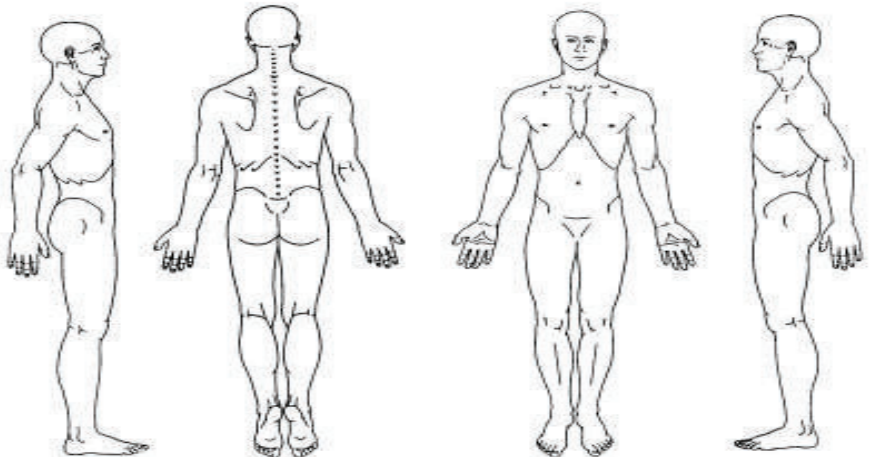
CIRCLE THE APPROPRIATE RESPONSE:

Emotion	Stable Anxious/Fear Worried Depressed Grief Irritable Easy Stressed Exuberant
Energy	Overall Energy: Low 1 2 3 4 5 6 7 8 9 10 High
Hot/Cold	Body: Hot Cold Warm Even Hands/Feet: Hot Cold Warm Even
Thirst	Never Usual Always Prefers drinking liquids: Cold Hot
Sweat	Normal Spontaneous Extremities Night Neck Up Whole body
Appetite	Normal Excessive Poor None Craves: Sweet Sour Bitter Salt Spicy
Digestion	Normal Bloating Gas Hiccup Reflux Nausea Vomiting Stomache
Stools	Soft Constipation Diarrhea Blood Mucous Incomplete Hemorrhoids Burn/Itch Rectum
Stool Frequency	less than 1 X day 1-2 X day more than 2 X day
Urine	Color without vitamins: Clear Light Dark Blood in urine Keydney/Gull Stones Wakes at night
Urine Frequency	Day Time: 1-5 X day 5-10X day more than 10 X day Night Time: 1-2 times more than 2 times
Urination Flow	Good Scant Incontinent Hesitant Frequent Urgent Pain Burning Night Bedwetting
Genital	Libido: Increased Decreased Impotence Premature ejaculation Vaginal: Dryness Discharge
Sleep	Restful Interrupted Restless Dreams Difficult: falling asleep staying asleep waking up
Neuro	Dizziness Unbalanced Tremors Seizures Spasms Poor Memory Foggy headed Confused
Headache	None Front Top Side Back Whole head Band-type Behind Eyes Sinus Pressure Stabbing
Eyes	Normal Dry Itchy Blurred Spots Red Painful Watery Corrected vision: Yes No
Mouth	Grinding teeth TMJ Facial Pain Gum problem Sores Dry Excess saliva
Ears	Normal Poor hearing Deaf Earache Discharge Pressure Ring in the Ear: Low pitch High pitch
Nose	Normal Dry Bleeds Congestion Postnasal drip Sneezing Allergies Difficult breathing Asthma
Throat	Swollen glands Sore Lumps Enlarged thyroid Cough Burning Irritated
Heart	Palpitations Racing Irregular HTN Fainting Low BP Blood clots Chest: Tightness Pain
Circulation	Normal Numbness Tingling Loss of Feeling: Hands Feet Arms Legs Fingers Toes
Mucous	None Thick Thin Profuse Scanty Nonproductive Color: yellow green white clear
Menses	Postmenopausal Last Menstrual Period: Cramps Clots Early Heavy Scanty Absent
Menses	#of day in cycle: #of Days Bleeding: Blood Color: Red Dark red Brown Light red
Pregnancy	#of Pregnancies: #of birth: #of premature birth: #of miscarriages:
Weight	Weight Gain/Loss in a year: lbs

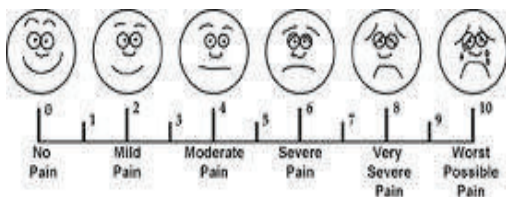
For Patients with Pain Describe: Heavy Empty Aching Distending Stabbing Moving Burning Gripping Pulling

MARK THE AREA WHERE YOU HAVE PAIN.

X = Sharp Pain O = Dull Pain



Pain Scale: Please indicate below



SYSTEMS SURVEY FORM



Patient _____ Doctor _____ Date _____
Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male Female
Pulse: Recumbent _____ Standing _____ Vegetarian Gluten-free
Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive

INSTRUCTIONS: Fill in only the circles which apply to you.

- ○ ○ MILD symptoms (occurs rarely).
- ● ○ MODERATE symptoms (occurs several times a month).
- ○ ● SEVERE symptoms (occurs almost constantly)
- ○ ○ Leave circles **BLANK** if they don't apply to you!

1 2 3 GROUP 1

- 1 ○ ○ ○ Acid foods upset
- 2 ○ ○ ○ Get chilled often
- 3 ○ ○ ○ "Lump" in throat
- 4 ○ ○ ○ Dry mouth-eyes-nose
- 5 ○ ○ ○ Pulse speeds after meal
- 6 ○ ○ ○ Keyed up - fail to calm
- 7 ○ ○ ○ Gag occasionally
- 8 ○ ○ ○ Unable to relax; startles easily
- 9 ○ ○ ○ Extremities cold, clammy
- 10 ○ ○ ○ Strong light irritates
- 11 ○ ○ ○ Occasionally weak urine flow
- 12 ○ ○ ○ Heart pounds after retiring
- 13 ○ ○ ○ "Nervous" stomach
- 14 ○ ○ ○ Appetite reduced occasionally
- 15 ○ ○ ○ Cold sweats often
- 16 ○ ○ ○ Get heated easily
- 17 ○ ○ ○ Nerve discomfort
- 18 ○ ○ ○ Staring, blinks little
- 19 ○ ○ ○ Sour stomach frequent

GROUP 2

- 20 ○ ○ ○ Joint stiffness on arising
- 21 ○ ○ ○ Muscle-leg-toe cramps at night
- 22 ○ ○ ○ "Butterfly" stomach, cramps
- 23 ○ ○ ○ Eyes or nose watery
- 24 ○ ○ ○ Eyes blink often
- 25 ○ ○ ○ Eyelids swollen, puffy
- 26 ○ ○ ○ Indigestion soon after meals
- 27 ○ ○ ○ Always seems hungry; feels "lightheaded" often
- 28 ○ ○ ○ Digestion rapid
- 29 ○ ○ ○ Vomiting occasionally
- 30 ○ ○ ○ Hoarseness frequent
- 31 ○ ○ ○ Uneven breathing
- 32 ○ ○ ○ Pulse slow
- 33 ○ ○ ○ Gagging reflex slow
- 34 ○ ○ ○ Difficulty swallowing
- 35 ○ ○ ○ Temporary constipation or diarrhea
- 36 ○ ○ ○ "Slow starter"
- 37 ○ ○ ○ Get "chilled"
- 38 ○ ○ ○ Perspire easily
- 39 ○ ○ ○ Sensitive to cold
- 40 ○ ○ ○ Upper respiratory challenges

GROUP 3

- 41 ○ ○ ○ Eat when nervous
- 42 ○ ○ ○ Excessive appetite
- 43 ○ ○ ○ Hungry between meals
- 44 ○ ○ ○ Irritable before meals
- 45 ○ ○ ○ Get "shaky" if hungry
- 46 ○ ○ ○ Fatigue, eating relieves
- 47 ○ ○ ○ "Lightheaded" if meals delayed
- 48 ○ ○ ○ Heart palpitates if meals missed or delayed
- 49 ○ ○ ○ Fatigue in afternoons
- 50 ○ ○ ○ Overeating sweets upsets

1 2 3

- 51 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep
- 52 ○ ○ ○ Crave candy or coffee in afternoons
- 53 ○ ○ ○ Moods of "blues" or melancholy
- 54 ○ ○ ○ Craving for sweets or snacks

GROUP 4

- 55 ○ ○ ○ Hands and feet go to sleep easily, numbness
- 56 ○ ○ ○ Sigh frequently, "air hunger"
- 57 ○ ○ ○ Aware of "breathing heavily"
- 58 ○ ○ ○ High altitude discomfort
- 59 ○ ○ ○ Opens windows in closed rooms
- 60 ○ ○ ○ Immune system challenges
- 61 ○ ○ ○ Afternoon "yawner"
- 62 ○ ○ ○ Get "drowsy" often
- 63 ○ ○ ○ Swollen ankles, worse at night
- 64 ○ ○ ○ Muscle cramps, worse during exercise; get "charley horses"
- 65 ○ ○ ○ Difficulty catching breath, especially during exercise
- 66 ○ ○ ○ Tightness or pressure in chest, worse on exertion
- 67 ○ ○ ○ Skin discolors easily after impact
- 68 ○ ○ ○ Tendency to anemia
- 69 ○ ○ ○ Noises in head, or "ringing in ears"
- 70 ○ ○ ○ Fatigue upon exertion

GROUP 5

- 71 ○ ○ ○ Dizziness
- 72 ○ ○ ○ Dry skin
- 73 ○ ○ ○ Burning feet
- 74 ○ ○ ○ Blurred vision
- 75 ○ ○ ○ Itching skin and feet
- 76 ○ ○ ○ Hair loss
- 77 ○ ○ ○ Occasional skin rashes
- 78 ○ ○ ○ Bitter, metallic taste in mouth in mornings
- 79 ○ ○ ○ Occasional constipation
- 80 ○ ○ ○ Worrier, feels insecure
- 81 ○ ○ ○ Nausea occasionally after eating
- 82 ○ ○ ○ Greasy foods upset
- 83 ○ ○ ○ Stools light colored
- 84 ○ ○ ○ Skin peels on foot soles
- 85 ○ ○ ○ Discomfort between shoulder blades
- 86 ○ ○ ○ Occasional laxative use
- 87 ○ ○ ○ Stools alternate from soft to watery
- 88 ○ ○ ○ Sneezing attacks
- 89 ○ ○ ○ Dreaming, nightmare type bad dreams
- 90 ○ ○ ○ Bad breath (halitosis)
- 91 ○ ○ ○ Milk products cause upset
- 92 ○ ○ ○ Sensitive to hot weather
- 93 ○ ○ ○ Burning or itching anus
- 94 ○ ○ ○ Crave sweets

GROUP 6

- 95 ○ ○ ○ Loss of taste for meat
- 96 ○ ○ ○ Lower bowel gas several hours after eating
- 97 ○ ○ ○ Burning stomach sensations, eating relieves
- 98 ○ ○ ○ Coated tongue
- 99 ○ ○ ○ Pass large amounts of foul-smelling gas
- 100 ○ ○ ○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- 101 ○ ○ ○ Watery or loose stool
- 102 ○ ○ ○ Gas shortly after eating
- 103 ○ ○ ○ Stomach "bloating"

1 2 3 GROUP 7A

- 104 ○ ○ ○ Difficulty sleeping
- 105 ○ ○ ○ On edge
- 106 ○ ○ ○ Can't gain weight
- 107 ○ ○ ○ Intolerance to heat
- 108 ○ ○ ○ Highly emotional
- 109 ○ ○ ○ Flush easily
- 110 ○ ○ ○ Night sweats
- 111 ○ ○ ○ Thin, moist skin
- 112 ○ ○ ○ Inward trembling
- 113 ○ ○ ○ Heart races
- 114 ○ ○ ○ Increased appetite without weight gain
- 115 ○ ○ ○ Pulse fast at rest
- 116 ○ ○ ○ Eyelids and face twitch
- 117 ○ ○ ○ Irritable and restless
- 118 ○ ○ ○ Can't work under pressure

GROUP 7B

- 119 ○ ○ ○ Increase in weight
- 120 ○ ○ ○ Decrease in appetite
- 121 ○ ○ ○ Fatigue easily
- 122 ○ ○ ○ Ringing in ears
- 123 ○ ○ ○ Sleepy during day
- 124 ○ ○ ○ Sensitive to cold
- 125 ○ ○ ○ Dry or scaly skin
- 126 ○ ○ ○ Temporary constipation
- 127 ○ ○ ○ Mental sluggishness
- 128 ○ ○ ○ Hair coarse, falls out
- 129 ○ ○ ○ Tension in head upon arising wears off during day
- 130 ○ ○ ○ Slow pulse, below 65
- 131 ○ ○ ○ Changing urinary function
- 132 ○ ○ ○ Sounds appear diminished
- 133 ○ ○ ○ Reduced initiative

GROUP 7C

- 134 ○ ○ ○ Failing memory with age
- 135 ○ ○ ○ Increased sex drive
- 136 ○ ○ ○ Episodes of tension in head
- 137 ○ ○ ○ Decreased sugar tolerance

GROUP 7D

- 138 ○ ○ ○ Abnormal thirst
- 139 ○ ○ ○ Bloating of abdomen
- 140 ○ ○ ○ Weight gain around hips or waist
- 141 ○ ○ ○ Sex drive reduced or lacking
- 142 ○ ○ ○ Tendency for stomach issues
- 143 ○ ○ ○ Increased sugar tolerance
- 144 ○ ○ ○ Menstrual disorders

GROUP 7E

- 145 ○ ○ ○ Dizziness
- 146 ○ ○ ○ Headaches
- 147 ○ ○ ○ Hot flashes
- 148 ○ ○ ○ Hair growth on face or body (female)
- 149 ○ ○ ○ Sugar in urine (not diabetes)
- 150 ○ ○ ○ Masculine tendencies (female)

GROUP 7F

- 151 ○ ○ ○ Weakness, dizziness
- 152 ○ ○ ○ Tired throughout day
- 153 ○ ○ ○ Nails weak, ridged
- 154 ○ ○ ○ Sensitive skin
- 155 ○ ○ ○ Stiff joints
- 156 ○ ○ ○ Perspiration increase
- 157 ○ ○ ○ Bowel discomfort
- 158 ○ ○ ○ Poor circulation
- 159 ○ ○ ○ Swollen ankles
- 160 ○ ○ ○ Crave salt
- 161 ○ ○ ○ Areas of skin darkening
- 162 ○ ○ ○ Upper respiratory sensitivity
- 163 ○ ○ ○ Tiredness
- 164 ○ ○ ○ Breathing challenges

1 2 3 GROUP 8

- 165 ○ ○ ○ Muscle weakness
- 166 ○ ○ ○ Lack of Stamina
- 167 ○ ○ ○ Drowsiness after eating
- 168 ○ ○ ○ Muscular soreness
- 169 ○ ○ ○ Heart races
- 170 ○ ○ ○ Hyper-irritable
- 171 ○ ○ ○ Feeling of a band around your head
- 172 ○ ○ ○ Melancholia (feeling of sadness)
- 173 ○ ○ ○ Swelling of ankles
- 174 ○ ○ ○ Change in urinary function
- 175 ○ ○ ○ Tendency to consume sweets or carbohydrates
- 176 ○ ○ ○ Muscle spasms
- 177 ○ ○ ○ Blurred vision
- 178 ○ ○ ○ Involuntary muscle action
- 179 ○ ○ ○ Numbness
- 180 ○ ○ ○ Night sweats
- 181 ○ ○ ○ Rapid digestion
- 182 ○ ○ ○ Sensitivity to noise
- 183 ○ ○ ○ Redness of palms of hands and bottom of feet
- 184 ○ ○ ○ Visible veins on chest and abdomen
- 185 ○ ○ ○ Hemorrhoids
- 186 ○ ○ ○ Apprehension (feeling that something bad will happen)
- 187 ○ ○ ○ Nervousness causing loss of appetite
- 188 ○ ○ ○ Nervousness with indigestion
- 189 ○ ○ ○ Gastritis
- 190 ○ ○ ○ Forgetfulness
- 191 ○ ○ ○ Thinning hair

FEMALE ONLY

- 192 ○ ○ ○ Very easily fatigued
- 193 ○ ○ ○ Premenstrual tension
- 194 ○ ○ ○ Menses more painful than usual
- 195 ○ ○ ○ Depressed feelings before menstruation
- 196 ○ ○ ○ Painful breasts during menses
- 197 ○ ○ ○ Menstruate too frequently
- 198 ○ ○ ○ Hysterectomy / ovaries removed
- 199 ○ ○ ○ Menopausal hot flashes
- 200 ○ ○ ○ Menses scanty or missed
- 201 ○ ○ ○ Acne, worse at menses

MALE ONLY

- 202 ○ ○ ○ Less involved in exercise/social activities
- 203 ○ ○ ○ Difficult to postpone urination
- 204 ○ ○ ○ Weak urinary stream
- 205 ○ ○ ○ Feeling of "blues" or melancholy
- 206 ○ ○ ○ Feeling of incomplete bowel evacuation
- 207 ○ ○ ○ Lack of energy
- 208 ○ ○ ○ Muscles in arms and legs seem softer/smaller
- 209 ○ ○ ○ Tire too easily
- 210 ○ ○ ○ Avoids activity
- 211 ○ ○ ○ Leg nervousness at night
- 212 ○ ○ ○ Diminished sex drive

List the five main complaints you have in the order of their importance:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

RESTRICTIONS ON USE

THE SYSTEMS SURVEY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. IF YOU ARE A PATIENT, YOU SHOULD NOT USE THE SYSTEMS SURVEY. IF YOU ARE NOT A TRAINED HEALTH CARE PRACTITIONER, YOU SHOULD NOT USE THE SYSTEMS SURVEY. HEALTH CARE PRACTITIONERS SHOULD ONLY USE THE SYSTEMS SURVEY TO PROVIDE SERVICES THAT ARE WITHIN THE SCOPE OF THEIR LICENSE OR PROFESSIONAL TRAINING. THE SYSTEMS SURVEY IS NOT INTENDED TO DIAGNOSE ANY DISEASE. THE SYSTEMS SURVEY IS INTENDED TO BE USED AS A HELPFUL TOOL FOR HEALTH CARE PRACTITIONERS IN COLLECTING INFORMATION CONCERNING THE HEALTH AND WELLNESS OF PATIENTS.