

Systems Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

List your 5 main health complaints in the order of importance:

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

Weight: _____ Vegetarian Vegan
 Height: _____ Gluten-free Dairy-free

Organs Removed:

Gallbladder Thyroid Colon Spleen
 Uterus Ovaries Breast Prostate
 Tonsils Appendix Other: _____

Circle the appropriate number that applies on all questions below. 0 is the least/never to 3 as the most/always

Group 1

1. Acid foods upset 0 1 2 3
2. Get the chills often 0 1 2 3
3. "Lump" in throat 0 1 2 3
4. Dry mouth, eyes, or nose 0 1 2 3
5. Pulse increases after a meal 0 1 2 3
6. Keyed up, difficult to calm down 0 1 2 3
7. Cuts or scratches heal slowly 0 1 2 3
8. Gag easily 0 1 2 3
9. Unable to relax; startle easily 0 1 2 3
10. Clammy or cold hands/feet 0 1 2 3
11. Irritated by strong light 0 1 2 3
12. Urine amount reduced 0 1 2 3
13. Heart pounds after retiring 0 1 2 3
14. "Nervous" stomach 0 1 2 3
15. Forgets to eat meals 0 1 2 3
16. Cold sweats 0 1 2 3
17. Temperature raises easily, fevers 0 1 2 3
18. Skin sensitive or painful if touched 0 1 2 3
19. Eyes lock in fixed stare (few seconds) 0 1 2 3
20. Queasy or sour stomach 0 1 2 3

Group 2

21. Joint stiffness on arising 0 1 2 3
22. Muscle, leg, or toe cramps at night 0 1 2 3
23. "Butterfly" stomach, cramps 0 1 2 3
24. Eyes or nose watery 0 1 2 3
25. Eyes blink rapidly 0 1 2 3
26. Eyelids swollen or puffy 0 1 2 3
27. Indigestion soon after meals 0 1 2 3
28. Always feel hungry; "lightheaded" often 0 1 2 3
29. Digestion is rapid 0 1 2 3
30. Occasional nausea or vomiting 0 1 2 3
31. Voice gets hoarse or raspy 0 1 2 3
32. Slow or Irregular breathing pattern 0 1 2 3
33. Pulse skips or feels "irregular" 0 1 2 3
34. Excessive saliva production 0 1 2 3
35. Difficulty swallowing food or pills 0 1 2 3
36. Alternating constipation & diarrhea 0 1 2 3
37. Slow starter in the morning 0 1 2 3
38. Ears get hot or red 0 1 2 3
39. Sweat easily 0 1 2 3
40. Feel cold – hands, feet, all over 0 1 2 3
41. Colds or respiratory infections 0 1 2 3

Group 3

42. Eat when nervous or anxious 0 1 2 3
43. Excessive appetite 0 1 2 3
44. Hungry between meals 0 1 2 3
45. Irritated before meals (hangry) 0 1 2 3
46. Get "shaky" or "jittery" if hungry 0 1 2 3
47. Fatigue after meals (food coma) 0 1 2 3
48. "Lightheaded" if meals delayed 0 1 2 3
49. Can feel heart beat, palpitates 0 1 2 3
50. Afternoon Headaches 0 1 2 3
51. Bloating after eating fiber, starch, sugar 0 1 2 3
52. Insomnia: Cannot stay asleep 0 1 2 3
53. Crave candy or coffee during the day 0 1 2 3
54. Depression, lack of motivation 0 1 2 3
55. Crave sweets or snacks during the day 0 1 2 3

Group 4

56. Hands or feet go to sleep, numbness 0 1 2 3
57. Sigh frequently, "Air hunger" 0 1 2 3
58. Aware of "breathing heavily" 0 1 2 3
59. High-Altitude discomfort 0 1 2 3
60. Feel must open windows in closed rooms 0 1 2 3
61. Easily gets colds or fevers 0 1 2 3
62. Afternoon "yawner" 0 1 2 3
63. Feel "drowsy" 0 1 2 3
64. Ankle or wrist swelling, fluid retention 0 1 2 3
65. Muscle cramps 0 1 2 3
66. Shallow, rapid breathing 0 1 2 3
67. Chest tightness, pressure or pain 0 1 2 3
68. Bruise easily, "black and blue" spots 0 1 2 3
69. Tendency to Anemia 0 1 2 3
70. "Nose bleeds" 0 1 2 3
71. Noises in head, or "ringing in ears" 0 1 2 3
72. Shortness of breath upon exertion 0 1 2 3

Group 5

73. Dizziness 0 1 2 3
74. Dry or flaky skin (scalp, feet, anywhere) 0 1 2 3

75. Burning or itching feet 0 1 2 3
76. Blurred vision 0 1 2 3
77. Unexplained itching skin or rash anywhere 0 1 2 3
78. Excessive falling hair 0 1 2 3
79. Reddened skin, especially palms or feet 0 1 2 3
80. Bitter or metallic taste in mouth in mornings 0 1 2 3
81. Bowel movements painful or difficult 0 1 2 3
82. Worrier, feel insecure 0 1 2 3
83. Tightness/headache over eyes 0 1 2 3
84. Greasy or high-fat foods cause distress 0 1 2 3
85. Stool color is pale, white or light colored 0 1 2 3
86. Perfume/fragrance sensitivity 0 1 2 3
87. Muscle tightness between shoulder blades 0 1 2 3
88. Occasional constipation 0 1 2 3
89. Stools alternate from soft to watery 0 1 2 3
90. History of gallbladder spasms or stones 0 1 2 3
91. Sneezing attacks 0 1 2 3
92. Nightmare-type dreams or terrors 0 1 2 3
93. Bad breath (halitosis) 0 1 2 3
94. Dairy, Milk products cause distress or lactose intolerant 0 1 2 3
95. Sensitive to hot weather 0 1 2 3
96. Itching or burning anus 0 1 2 3
97. Sweet and sour cravings 0 1 2 3

Group 6

98. Loss of interest to eat meat 0 1 2 3
99. Use antacids 0 1 2 3
100. Burning stomach relieved by eating 0 1 2 3
101. White coating on tongue 0 1 2 3
102. Pass large amounts of foul-smelling gas 0 1 2 3
103. Bloating lasts hours after eating 0 1 2 3
104. Unpredictable urgency to defecate 0 1 2 3
105. Pass large amounts of gas: No odor 0 1 2 3
106. Heartburn when lying down 0 1 2 3

Group 7A

107. Insomnia: Hard to fall asleep 0 1 2 3
 108. Nervousness, feel on edge 0 1 2 3
 109. Difficult to gain weight 0 1 2 3
 110. Intolerance to heat 0 1 2 3
 111. Highly emotional 0 1 2 3
 112. Face or skin flushes easily 0 1 2 3
 113. Night sweats 0 1 2 3
 114. Thin, moist skin 0 1 2 3
 115. Inward trembling 0 1 2 3
 116. Can hear heartbeat on pillow 0 1 2 3
 117. Increased appetite but can't gain weight 0 1 2 3
 118. Increased or rapid pulse at rest 0 1 2 3
 119. Eyelids or face twitch 0 1 2 3
 120. Irritable and restless 0 1 2 3
 121. Difficulty working under pressure 0 1 2 3

Group 7B

122. Increase in weight 0 1 2 3
 123. Decrease in appetite 0 1 2 3
 124. Fatigue easily 0 1 2 3
 125. Ringing in ears (Pitch: High Low) 0 1 2 3
 126. Sleepy during day 0 1 2 3
 127. Sensitive to cold 0 1 2 3
 128. Dry or scaly skin 0 1 2 3
 129. Use laxatives 0 1 2 3
 130. Mental sluggishness 0 1 2 3
 131. Hair coarse or falling out 0 1 2 3
 132. Headaches in mornings, wear off during the day 0 1 2 3
 133. Slow pulse, below 65 0 1 2 3
 134. Frequent urination 0 1 2 3
 135. Impaired or loss of hearing 0 1 2 3
 136. Reduced initiative or motivation 0 1 2 3

Group 7C

137. Failing memory 0 1 2 3
 138. Low blood pressure 0 1 2 3
 139. Increased sex drive 0 1 2 3
 140. "Splitting or rending" headache near the temple 0 1 2 3
 141. Cannot handle sugar well 0 1 2 3

Group 7D

142. Thirsty all the time 0 1 2 3
 143. Bloating of abdomen 0 1 2 3
 144. Weight gain around hips or waist 0 1 2 3
 145. Sex drive reduced or lacking 0 1 2 3
 146. Tendency to ulcers, colitis 0 1 2 3
 147. Can eat and burn sugar easily 0 1 2 3
 148. Increased urine output 0 1 2 3
 149. Sexual dysfunction 0 1 2 3

Group 7E

150. Dizzy after standing up quickly 0 1 2 3
 151. Headaches that go away with caffeine 0 1 2 3
 152. Hot flashes 0 1 2 3
 153. Increased blood pressure 0 1 2 3
 154. Thinning skin on arms or hands 0 1 2 3
 155. Urine smells sweet or fruity 0 1 2 3
 156. Masculine tendencies (female) 0 1 2 3

Group 7F

157. Weakness, dizziness 0 1 2 3
 158. Chronic fatigue 0 1 2 3
 159. Low blood pressure 0 1 2 3
 160. Weak nails or have ridges 0 1 2 3
 161. Tendency to hives 0 1 2 3
 162. Joint pain and stiffness 0 1 2 3
 163. Perspiration increase 0 1 2 3
 164. Bowel inflammation 0 1 2 3
 165. Poor circulation 0 1 2 3
 166. Swelling of ankles (Left Right) 0 1 2 3
 167. Crave salt 0 1 2 3
 168. Brown spots or bronzing of skin 0 1 2 3
 169. Allergies 0 1 2 3
 170. Weakness after colds, influenza 0 1 2 3
 171. Exhaustion - muscular and nervous 0 1 2 3
 172. Respiratory or breathing challenges 0 1 2 3

Group 8 | B Complex

173. Muscle weakness 0 1 2 3
 174. Lack of Stamina 0 1 2 3
 175. Drowsiness after eating 0 1 2 3
 176. Muscular soreness 0 1 2 3
 177. Rapid heart beat 0 1 2 3
 178. Hyper-irritable 0 1 2 3
 179. Feeling of a band around the head 0 1 2 3
 180. Melancholia (feeling of sadness) 0 1 2 3
 181. Difficult to concentrate 0 1 2 3
 182. Diminished urination 0 1 2 3
 183. Tendency to consume sweets or carbohydrates 0 1 2 3

Group 8 | G Complex

184. Muscle spasms, twitches 0 1 2 3
 185. Anxiety 0 1 2 3
 186. Loss of muscular control 0 1 2 3
 187. Numbness 0 1 2 3
 188. Night sweats 0 1 2 3
 189. Rapid digestion 0 1 2 3
 190. Sensitivity to noise 0 1 2 3
 191. Cracking of skin, hands or bottom of feet 0 1 2 3
 192. Visible veins on chest and abdomen 0 1 2 3
 193. Hemorrhoids or spider veins 0 1 2 3
 194. Apprehension (feeling that something bad will happen) 0 1 2 3
 195. Nervousness causing loss of appetite 0 1 2 3
 196. Nervousness with indigestion 0 1 2 3
 197. Gastritis 0 1 2 3
 198. Forgetfulness 0 1 2 3
 199. Thinning hair 0 1 2 3

Notes:**FEMALE ONLY**

200. Very easily fatigued 0 1 2 3
 201. Premenstrual tension 0 1 2 3
 202. Painful menses or ovulation 0 1 2 3
 203. Depressed feelings before menstruation 0 1 2 3
 204. Menstruation excessive and prolonged 0 1 2 3
 205. Painful breasts 0 1 2 3
 206. Menstruate too frequently 0 1 2 3
 207. Vaginal discharge 0 1 2 3
 208. Hair growth on face (upper lip, chin) areola, abdomen 0 1 2 3
 209. Hot flashes 0 1 2 3
 210. Menses scanty or missed 0 1 2 3
 211. Acne, worse at menses 0 1 2 3
 212. Raised bumps on skin of arm 0 1 2 3

MALE ONLY

213. Prostate challenges 0 1 2 3
 214. Urination difficult or dribbling 0 1 2 3
 215. Frequent night urination 0 1 2 3
 216. Depression, melancholy 0 1 2 3
 217. Pain on inside of legs or heels 0 1 2 3
 218. Feeling of incomplete bowel evacuation 0 1 2 3
 219. Lack of energy 0 1 2 3
 220. Migrating aches or pain 0 1 2 3
 221. Tire too easily 0 1 2 3
 222. Avoid social activity 0 1 2 3
 223. Restless legs at night 0 1 2 3
 224. Diminished sex drive 0 1 2 3

OFFICE USE ONLY

- Food Diary
 Tongue
 Fingernails

Zinc Test Results: _____

Postural Hypotension:

Recumbent: _____ / _____ Pulse: _____

Standing: _____ / _____ Pulse: _____

SpO₂: _____%

Calcium Cuff Test:

Before: _____ After: _____

The Nutritional Exam:

- HCL Ascending
 Enzyme Transverse
 Murphy's Sign Descending