Systems Assessment Form

List your 5 main health complaints in the order of importance: Weight: Glutten-free Dalry-free Da	Name:		A	\ge:	Sex:	Date:	
Second S	•		•	Weight:		_ Uegetarian U	∕egan
Company Comp				Height:		_ ☐ Gluten-free ☐ I	Dairy-free
Gallbladder	2			Organs	Pomovo		
Group 1 Circle the appropriate number that applies on all questions below. 0 is the least/never to 3 as the most/always Group 1 Circle the appropriate number that applies on all questions below. 0 is the least/never to 3 as the most/always Circle the appropriate number that applies on all questions below. 0 is the least/never to 3 as the most/always Circle the chilis often 0.1 2.3 4. Acid foods upset 0.1 2.3 4. Excessive appetite 0.1 2.3 4. Excessive app	3			_			l Coloon
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Company Comp				☐ Tonsi	IIS	Appendix U Other:	
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2. Get the chills often							
4. Dry mouth, eyes, or nose							
5. Puise increases after a meal 0 1 2 3 4 6 Keyed up, difficult to calm down of Execution of Execution (Seption of Execution) (Seption of Execution of Execution) (Sep							
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35. Difficulty swallowing food or pills 0 1 2 3 ears" 36. Alternating constipation & 0 1 2 3 diarrhea 37. Slow starter in the morning 38. Ears get hot or red 39. Sweat easily 0 1 2 3 Group 5 To. Dizziness To. D	34. Excessive saliva production	0 1 2 3		naina in		102. Pass large amounts of	
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37. Slow starter in the morning 38. Ears get hot or red 39. Sweat easily 40. Feel cold – hands, feet, all over 31. Slow starter in the morning 32. Slow starter in the morning 33. Lars get hot or red 34. Unpredictable urgency to 35. 104. Unpredictable urgency to 36. 1 2 3 46. Feel cold – hands, feet, all over 40. The morning 40. 1 2 3 40. Feel cold – hands, feet, all over 40. The morning 40. 1 2 3 40. Feel cold – hands, feet, all over 40. The morning 40. 1 2 3 40. Feel cold – hands, feet, all over 40. The morning 40. The		0.4.5.5		•			
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40. Feel cold – hands, feet, all over 0 1 2 3 74. Dry or flaky skin (scalp, feet, 0 1 2 3 No odor					0122		
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Group 7A		Group 7F		FEMALE ONLY	
107. Insomnia: Hard to fall asleep		157. Dizzy after standing up quickly	0 1 2 3	200. Very easily fatigued	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	0 1 2 3	159. Headaches w/ exertion, stress	0 1 2 3	202. Painful menses or ovulation	0 1 2 3
110. Intolerance to heat	0 1 2 3	160. Weak nails or have ridges	0 1 2 3	203. Depressed feelings before	0 1 2 3
111. Highly emotional	0 1 2 3	161. Tendency to hives	0 1 2 3	menstruation	
112. Face or skin flushes easily	0 1 2 3	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	
114. Thin, moist skin	0 1 2 3	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	0 1 2 3
116. Can hear heartbeat on pillow		166. Swelling of ankles (Left Right)	0 1 2 3	207. Vaginal discharge	0 1 2 3
117. Increased appetite but can't	0 1 2 3	167. Crave salt	0 1 2 3	208. Hair growth on face (upper	0 1 2 3
gain weight			0 1 2 3	lip, chin) areola, abdomen	
118. Increased or rapid pulse at rest		skin		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	211. Acne, worse at menses	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			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)		173. Muscle weakness	0 1 2 3	o o	0 1 2 3
126. Sleepy during day		174. Lack of Stamina	0 1 2 3	218. Feeling of incomplete bowel	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	219. Lack of energy	0 1 2 3
129. Use laxatives		177. Rapid heart beat	0 1 2 3		0 1 2 3
130. Mental sluggishness		178. Hyper-irritable	0 1 2 3		0 1 2 3
131. Hair coarse or falling out	0 1 2 3	179. Feeling of a band around the	0 1 2 3	222. Avoid social activity	0 1 2 3
132. Headaches in mornings, wear	0 1 2 3	head		223. Restless legs at night	0 1 2 3
off during the day		180. Melancholia (feeling of	0 1 2 3	224. Diminished sex drive	0 1 2 3
122 Slow pulso holow 65	0 1 2 3	sadness)			
133. Slow pulse, below 65		•		OFFICE LISE ONL	V
134. Frequent urination	0 1 2 3	181. Difficult to concentrate	0 1 2 3	OFFICE USE ONL	Y
134. Frequent urination135. Impaired or loss of hearing	0 1 2 3 0 1 2 3	181. Difficult to concentrate 182. Diminished urination	0 1 2 3	OFFICE USE ONL Food Diary	Y
134. Frequent urination	0 1 2 3 0 1 2 3	181. Difficult to concentrate182. Diminished urination183. Tendency to consume sweets	0 1 2 3	☐ Food Diary	Y
134. Frequent urination135. Impaired or loss of hearing136. Reduced initiative or motivation	0 1 2 3 0 1 2 3	181. Difficult to concentrate 182. Diminished urination	0 1 2 3	☐ Food Diary ☐ Tongue	Y
134. Frequent urination135. Impaired or loss of hearing136. Reduced initiative or motivationGroup 7C	0 1 2 3 0 1 2 3 0 1 2 3	181. Difficult to concentrate182. Diminished urination183. Tendency to consume sweets or carbohydrates	0 1 2 3	☐ Food Diary	Y
 134. Frequent urination 135. Impaired or loss of hearing 136. Reduced initiative or motivation Group 7C 137. Failing memory 	0 1 2 3 0 1 2 3 0 1 2 3	 181. Difficult to concentrate 182. Diminished urination 183. Tendency to consume sweets or carbohydrates Group 8 G Complex 	0 1 2 3 0 1 2 3	☐ Food Diary ☐ Tongue ☐ Fingernails	Y
 134. Frequent urination 135. Impaired or loss of hearing 136. Reduced initiative or motivation Group 7C 137. Failing memory 138. Low blood pressure 	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	181. Difficult to concentrate 182. Diminished urination 183. Tendency to consume sweets or carbohydrates Group 8 G Complex 184. Muscle spasms, twitches	0 1 2 3 0 1 2 3 0 1 2 3	☐ Food Diary ☐ Tongue	Y -
 134. Frequent urination 135. Impaired or loss of hearing 136. Reduced initiative or motivation Group 7C 137. Failing memory 138. Low blood pressure 139. Increased sex drive 	0 1 2 3 0 1 2 3	181. Difficult to concentrate 182. Diminished urination 183. Tendency to consume sweets or carbohydrates Group 8 G Complex 184. Muscle spasms, twitches 185. Anxiety	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	☐ Food Diary ☐ Tongue ☐ Fingernails Zinc Test Results:	Y -
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