CLINICAL APPRAISAL INDICATOR

Client Name _____ **Date** _____

INSTRUCTIONS

Please *Circle the number* next to the symptom in the GROUPS below that are *applicable to you*

1) *Mild Symptoms* - symptoms occurring once or twice a month
2) *Moderate Symptoms* - symptoms occurring once or twice a week
3) *Severe Symptoms* - symptoms occurring daily

GROUP ONE

1) "Nervous" Stomach	1 2 3	**5)** Mental alert, quick	1 2 3	**9)** Fever easily raised	1 2 3
2) Dry Mouth-Eyes-Nose	1 2 3	**6)** Extremities cold, clammy	1 2 3	**10)** Cold sweats often	1 2 3
3) Pulse speeds after meals	1 2 3	**7)** Heart pounds after retiring	1 2 3	**11)** Neuralgia-like pains	1 2 3
4) Keyed up – fail to calm	1 2 3	**8)** Acid foods upset	1 2 3		

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes / No

GROUP TWO

12) Perspire easily	1 2 3	**16)** Digestion rapid	1 2 3	**20)** Joint stiffness after rising	1 2 3
13) Muscle-leg-toe cramps at night	1 2 3	**17)** Vomiting frequent	1 2 3	**21)** Circulation poor, sensitive to cold	1 2 3
14) Eyelids swollen, puffy	1 2 3	**18)** Difficulty swallowing	1 2 3	**22)** Subject to colds, asthma, bronchitis	1 2 3
15) Indigestion soon after meals	1 2 3	**19)** Constipation, diarrhea-alternating	1 2 3		

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes / No

GROUP THREE

23) Afternoon headaches	1 2 3	**26)** Heart palpitates if meals are missed or delayed	1 2 3	**28)** Awaken after few hours of sleep difficult to get back to sleep	1 2 3
24) Get "shaky" if hungry	1 2 3				
25) Faintness if meals delayed	1 2 3	**27)** Eat when nervous	1 2 3	**29)** Crave candy or coffee in afternoons	1 2 3
				30) Abnormal craving for sweets or snacks	1 2 3

GROUP FOUR

31) Bruise easily "black and blue" spots	1 2 3	**36)** Swollen ankles, worse at night	1 2 3	**40)** Hands and feet go to sleep easily, numbness	1 2 3
32) Sigh frequently, "air hunger"	1 2 3	**37)** Muscle cramps, worse during exercise	1 2 3	**41)** Tendency to anemia	1 2 3
33) Aware of "breathing heavily"	1 2 3	**38)** Shortness of breath on exertion	1 2 3	**42)** Tension under the breastbone, or feeling of "tightness", worse on exertion	1 2 3
34) Opens window in closed rooms	1 2 3	**39)** Dull pain in chest or radiating into left arm, worse on exertion	1 2 3		
35) Susceptible to colds and fevers	1 2 3				

GROUP FIVE

43) Dry Skin	1 2 3	**47)** Biliousness	1 2 3	**51)** Laxatives used often	1 2 3
44) Skin rashes frequent	1 2 3	**48)** Greasy foods upset	1 2 3	**52)** History of gallbladder attacks or gallstones	1 2 3
45) Bitter metallic taste in mouth in the mornings	1 2 3	**49)** Stools light colored	1 2 3	**53)** Sneezing attacks	1 2 3
	1 2 3	**50)** Pain between shoulder blades	1 2 3		
46) Bowel movements painful or difficult	1 2 3				

GROUP SIX

54) Lower bowel gas several hours after eating	1 2 3	**56)** Coated tongue	1 2 3	**58)** Gas shortly after eating	1 2 3
		57) Indigestion ½ to 1 hour after eating; may be up to 3 – 4 hours	1 2 3	**59)** Stomach "bloating" after eating	1 2 3
55) Burning stomach sensations, eating relieves	1 2 3				

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CLINICAL APPRAISAL INDICATOR

GROUP SEVEN

(A)

60) Pulse fast at rest 1 2 3
61) Nervousness 1 2 3
62) Can't gain weight 1 2 3
63) Intolerance to heat 1 2 3
64) Highly emotional 1 2 3
65) Flush easily 1 2 3
66) Night sweats 1 2 3
67) Inward trembling 1 2 3
68) Heart palpitates 1 2 3
69) Insomnia 1 2 3

(B)

70) Impaired hearing 1 2 3
71) Decrease in appetite 1 2 3
72) Ringing in ears 1 2 3
73) Constipation 1 2 3
74) Mental sluggishness 1 2 3
75) Headaches upon arising - wears off during the day 1 2 3

(B)

76) Slow pulse, below 65 1 2 3
77) Increase in weight 1 2 3

(C)

78) Low blood pressure 1 2 3
79) Failing memory 1 2 3
80) Increased sex desire 1 2 3
81) Headaches, "splitting or rending" type 1 2 3
82) Decreased sugar tolerance 1 2 3

(D)

83) Bloating of intestines 1 2 3
84) Abnormal thirst 1 2 3
85) Weight gain around hips or waist 1 2 3
86) Sex desire reduced or lacking 1 2 3
87) Tendency to ulcers colitis 1 2 3
88) Increased sugar tolerance 1 2 3
89) Women: menstrual disorders 1 2 3
90) Young girls: lack of menstrual 1 2 3

(E)

91) Hot flashes 1 2 3
92) Headaches 1 2 3
93) Dizziness 1 2 3
94) Increased blood pressure 1 2 3
95) Sugar in urine (not diabetes) 1 2 3
96) Masculine tendencies (female) 1 2 3

(F)

97) Low blood pressure 1 2 3
98) Chronic fatigue 1 2 3
99) Weakness, fatigue 1 2 3
100) Tendency to hives 1 2 3
101) Arthritic tendencies 1 2 3
102) Perspiration increases 1 2 3
103) Crave salt 1 2 3
104) Brown spots or bronzing of skin 1 2 3
105) Allergies – tendency to asthma 1 2 3
106) Exhaustion – muscular and nervousness 1 2 3
107) Respiratory disorders 1 2 3

GROUP EIGHT

Female Only

108) Painful menses 1 2 3
109) Premenstrual tension 1 2 3
110) Very easily fatigued 1 2 3
111) Depressed feeling before period 1 2 3
112) Menstruation excessive / prolonged 1 2 3
113) Painful breasts 1 2 3
114) Menstruate too frequently 1 2 3
115) Vaginal discharge 1 2 3
116) Menopause, hot flashes, etc. 1 2 3
117) Menses scanty 1 2 3
118) Acne, worse at menses 1 2 3
119) Tire too easily 1 2 3
120) Urination difficult 1 2 3
121) Night urination frequent movement 1 2 3

Male Only

122) Pain on inside of legs or heel 1 2 3
123) Feeling of incomplete bowel 1 2 3
124) Prostate trouble 1 2 3
125) Leg nervousness at night 1 2 3
126) Diminished sex desire 1 2 3

GROUP NINE

127) Chronic cough 1 2 3
128) Pain around ribs 1 2 3
129) Shortness of breath 1 2 3
130) Chest pain 1 2 3
131) Difficulty breathing 1 2 3
132) Coughing up phlegm 1 2 3
133) Coughing up blood 1 2 3
134) Bronchitis (frequent) 1 2 3
135) Infections settle in lungs 1 2 3
136) Sensitive to smog 1 2 3

GROUP TEN

137) Frequent urination 1 2 3
138) Rose colored (bloody) urine 1 2 3
139) Dripping after urination 1 2 3
140) Difficulty passing urine 1 2 3
141) Cloudy urine 1 2 3
142) Rarely need to urine 1 2 3
143) Frequent bladder infections 1 2 3
144) Painful/burning when passing urine 1 2 3
145) Urination when you cough or sneeze 1 2 3
146) Strong smelling urine 1 2 3

GROUP ELEVEN

(A)

147) Throat infections 1 2 3
148) Poor wound healing 1 2 3
149) Slow to recover from cold or flu 1 2 3
150) Gets boils or styes 1 2 3
151) Swollen lymph glands 1 2 3
152) Catch colds or flu too easily 1 2 3
153) Bumpy skin on back of arms 1 2 3
154) Inflamed or bleeding gums 1 2 3

(B)

155) Poor wound healing 1 2 3
156) Post nasal drip 1 2 3
157) Swollen lymph glands 1 2 3
158) Swollen tongue 1 2 3
159) Hyperactivity 1 2 3
160) Food sensitivity or allergy 1 2 3

CLINICAL APPRAISAL INDICATOR

IMPORTANT - Please list below your four main health complaints in order of importance:

1) _____

2) _____

3) _____

4) _____

PLEASE FILL IN BELOW:

Name:_____ Phone No:_____

Address:_____ City:_____ State:_____ Zip:_____

Birthdate:_____ Weight:_____ Height:_____ Married: Yes / No Gender: Male / Female

Email Address:_____ Occupation:_____

History of Illnesses and Treatments:_____

_____

_____

Operations, Accidents, or Injuries:_____

_____

_____

Present Diagnosed Illnesses:_____

_____

_____

Please List any Family History of Illness or Disease:_____

_____

_____

Please List any Medications or Supplements you are presently taking:_____

_____

_____

_____

_____

_____

_____

_____ _____

Client Signature **Date**

_____ _____

Technician Signature **Date**

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