

SYSTEMS SURVEY FORM

Referred by: _____

Name _____

Approx Weight _____

Date _____

Birth Date _____ Address: _____

Sex: Male ☐ Female ☐

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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 four main complaints you have in the order of their importance:

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

Name _____

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.