SYMPTOM SURVEY FORM



										— Maestro
Patient	-		Doo	ctor _				Date	e	
Birth Date	/		Approx Weight				<u> </u>	Sex:	Male	Female
Pulse: Red	cumbent		Standing				Vege	etarian:	Yes	No
Blood pres	ssure: Recumbe	ent	/	Standing			1	Ragla	nd's Tes	t is Positive
INOTOLIOT			1 . 1							
	TONS: Fill in only D symptoms (occu					1 2 3	Awaken after few hour	s sleen - l	hard to de	t hack to sleen
 O MILD symptoms (occurred once or twice last 6 months). MODERATE symptoms (occurred once or twice last month). 						000	Crave candy or coffee		_	t back to sicep
○ ○ SEVERE symptoms (chronic, occurred once or twice last week).					54	00	Moods of depression -	"blues" or	melancho	ly
0 0 0 Le a	ive circles BLANI	K if they don't app	ply to you!		55	00	Abnormal craving for s	sweets or	snacks	
1 2 3	GROUP 1			•	EG	000	GROUP 4	المحمد محما	, numbro	
	Acid foods upset	t					Hands and feet go to si Sigh frequently, "air hu		, numbrie	55
	Get chilled often						Aware of "breathing he	-		
	"Lump" in throat	noso					High altitude discomfort			
	Dry mouth-eyes-Pulse speeds after						Opens windows in clos		5	
	Keyed up - fail to						Susceptible to colds ar Afternoon "yawner"	iu ieveis		
	Cut heals slowly						Get "drowsy" often			
	Gag easily	startles easily					Swollen ankles, worse	•		
	Unable to relax; sExtremities cold,	•					Muscle cramps, worse	-	ercise; ge	t "charley horses"
	Strong light irritat	•					Shortness of breath on Dull pain in chest or rac		left arm	worse on exertion
	Urine amount red						Bruise easily, "black ar	-		
	Heart pounds aft	-					Tendency to anemia			
	"Nervous" stomaAppetite reduced						"Nose bleeds" frequent		o"	
	Cold sweats ofte						Noises in head, or "ring Tension under the brea			f "tightness"
	Fever easily raise				-		worse on exertion			. ugooo ,
	Neuralgia-like pai						GROUP 5			
	Staring, blinks littlSour stomach of				73	000	Dizziness			
	GROUP 2						Dry skin			
21 0 0 0	Joint stiffness on	arising					Burning feet Blurred vision			
	Muscle-leg-toe ci						Itching skin and feet			
	Butterfly" stoma	•					Excessive falling hair			
	Eyes or nose waEyes blink often	itery					Frequent skin rashes	nauth in m	orningo	
	Eyelids swollen,	puffy					Bitter, metallic taste in r Bowel movements pair			
	Indigestion soon						Worrier, feels insecure		-	
	Always seems h	ungry; feels "lighth	eaded" often				Feeling queasy; heada	che over	eyes	
	Digestion rapidVomiting frequen	t					Greasy foods upset			
	Hoarseness freq						Stools light colored Skin peels on foot sole	s		
	Breathing irregula						Pain between shoulder			
	Pulse slow; feelsGagging reflex s	-					Use laxatives			
	Difficulty swallow						Stools alternate from s		-	
	Constipation, dia	-					History of gallbladder a Sneezing attacks	illacks or (gansiones	
	"Slow starter"						Dreaming, nightmare ty	pe bad dre	eams	
	Get "chilled" infrePerspire easily	equently					Bad breath (halitosis)			
	Circulation poor,	sensitive to cold					Milk products cause dis Sensitive to hot weather			
	Subject to colds,		•				Burning or itching anus			
	GROUP 3						Crave sweets			
	Eat when nervou						GROUP 6			
	Excessive appet						Loss of taste for meat			
	Hungry betweenIrritable before m						Lower bowel gas seve			~
	Get "shaky" if hu						Burning stomach sensa Coated tongue	auons, eat	ing relieve	3
	Fatigue, eating re						Pass large amounts of	foul-smell	ing gas	
	Lightheaded" if i	-	dolayod				Indigestion 1/2 - 1 hour			e up to 3-4 hrs.
	Heart palpitates iAfternoon heada		uciayeu				Mucous colitis or "irrita		'	
	Overeating sweet						Gas shortly after eating Stomach "bloating" after	-		
							Dieding und	19		

1 2 3 GROUP 7A	1 2 3
107 O O O Insomnia	170 O O O Weakness after colds, influenza
108 O O O Nervousness	171 O O O Exhaustion - muscular and nervous
109 O O Can't gain weight	172 O O Respiratory disorders
110 O O O Intolerance to heat	
111 OOO Highly emotional	GROUP 8
112 O O O Flush easily	173 O O O Apprehension
113 O O O Night sweats	174 O O O Irritability
114 O O O Thin, moist skin	175 O O O Morbid fears
115 O O O Inward trembling	176 O O O Never seems to get well
116 O O O Heart palpitates	177 O O Forgetfulness
117 O O O Increased appetite without weight gain	178 O O O Indigestion
118 O O O Pulse fast at rest	179 O O O Poor appetite
119 O O O Fulse last at lest	180 O O Craving for sweets
120 O O Irritable and restless	181 O O O Muscular soreness
121 O O O Can't work under pressure	182 O O O Depression; feelings of dread
•	183 O O Noise sensitivity
GROUP 7B	184 O O O Acoustic hallucinations
122 O O O Increase in weight	185 O O O Tendency to cry without reason
123 O O O Decrease in appetite	186 O O O Hair is coarse and/or thinning
124 O O O Fatigue easily	187 O O O Weakness
125 O O O Ringing in ears	188 O O O Fatigue
126 O O O Sleepy during day	189 O O Skin sensitive to touch
127 O O O Sensitive to cold	190 O O O Tendency toward hives
128 O O O Dry or scaly skin	191 O O O Nervousness
129 O O Constipation	192 O O O Headache
130 O O O Mental sluggishness	193 O O O Insomnia
131 O O O Hair coarse, falls out	194 O O O Anxiety
132 O O O Headaches upon arising, wear off during day	195 O O O Anorexia
133 O O O Slow pulse, below 65	196 O O O Inability to concentrate; confusion
134 O O O Frequency of urination	197 OOO Frequent stuffy nose; sinus infections
135 O O O Impaired hearing	198 O O O Allergy to some foods
136 O O O Reduced initiative	199 O O O Loose joints
GROUP 7C	FEMALE ONLY
137 OOO Failing memory	200 O O Very easily fatigued
138 O O O Low blood pressure	201 O O O Premenstrual tension
139 O O O Increased sex drive	202 O O O Painful menses
140 OOO Headaches, "splitting or rending" type	203 OOO Depressed feelings before menstruation
141 OOO Decreased sugar tolerance	204 OOO Menstruation excessive and prolonged
GROUP 7D	205 O O O Painful breasts
142 O O O Abnormal thirst	206 O O O Menstruate too frequently
143 OOO Bloating of abdomen	207 O O O Vaginal discharge
144 O O O Weight gain around hips or waist	208 O Hysterectomy / ovaries removed
145 O O O Sex drive reduced or lacking	209 O O O Menopausal hot flashes
146 OOO Tendency to ulcers, colitis	210 OOO Menses scanty or missed
147 O O O Increased sugar tolerance	211 OOO Acne, worse at menses
148 O O O Women: menstrual disorders	212 OOO Depression of long standing
149 O O O Young girls: lack of menstrual function	MALE ONLY
GROUP 7E	213 O O O Prostate trouble
150 O O O Dizziness	214 OOO Urination difficult or dribbling
151 O O O Headaches	215 O O O Night urination frequent
152 O O O Hot flashes	216 O O O Depression
153 O O O Increased blood pressure	217 O O O Pain on inside of legs or heels
154 O O O Hair growth on face or body (female)	218 O O O Feeling of incomplete bowel evacuation
155 O O O Sugar in urine (not diabetes)	219 O O O Lack of energy
156 O O O Masculine tendencies (female)	220 O O O Migrating aches and pains
GROUP 7F	221 O O O Tire too easily
157 OOO Weakness, dizziness	222 O O O Avoids activity
158 O O O Chronic fatigue	223 OOO Leg nervousness at night
159 O O O Low blood pressure	224 O O O Diminished sex drive
160 O O O Nails weak, ridged	List the five major assemblished you have in the ander of their increases.
	List the five main complaints you have in the order of their importance:
161 O O O Tendency to hives 162 O O O Arthritic tendencies	1
163 O O O Perspiration increase	2
164 O O O Bowel disorders 165 O O O Poor circulation	
	3
166 O O O Swollen ankles	
167 O O O Crave salt	4
168 O O O Brown spots or bronzing of skin	
169 O O O Allergies - tendency to asthma	5