## **SYSTEMS SURVEY FORM**

Good Health Naturally, PLLC, 3606 Main St., Ste 205 Vancouver WA, 98663 (360) 693-7781 www.ghn4you.com

Pulse: Recumbent Standing Vegetarian Gluten-free  Blood pressure: Recumbent / Standing / Ragland's Test is Positive   NSTRUCTIONS: Fill in only the circles which apply to you.  O O MILD symptoms (occurs rarely).  1 2 3 51 0 0 0 Awaken after few hours sleep - hard to get back to sleep	Patient Do	ctor		Date
Pulse: Recumbent	Birth Date / / Approx Weight	t		Sex: Male · · Female · ·
Standing				
NSTRUCTIONS: Fill in only the circles which apply to you.  O Characterize Symptomic (occurs rarely).  O Collegate Circles BLANK if they don't apply to you!  1 2 3 GROUP 1  1 0 0 0 Acid foods upset  5 0 0 0 Federice BLANK if they don't apply to you!  1 2 3 GROUP 1  1 0 0 0 Acid foods upset  5 0 0 0 Federice BLANK if they don't apply to you!  1 2 3 GROUP 1  1 0 0 0 Acid foods upset  5 0 0 0 Federice BLANK if they don't apply to you!  1 2 3 GROUP 1  1 0 0 0 Acid foods upset  5 0 0 0 Federice BLANK if they don't apply to you!  1 2 3 GROUP 1  1 0 0 0 Acid foods upset  5 0 0 0 Federice BLANK if they don't apply to you!  1 0 0 0 Carwage candy or coffee in aftermoons  5 0 0 0 Made foods upset  5 0 0 0 Federice BLANK if they don't apply to you!  1 0 0 0 Carwage candy or coffee in aftermoons  5 0 0 0 Made foods upset  5 0 0 0 Federice BLANK if they don't apply to you!  1 0 0 0 Carwage candy or coffee in aftermoons  5 0 0 0 Made foods upset  5 0 0 0 Made foods upset  5 0 0 0 Storn glot in the foods of the provided foods of the p		Standing		·
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<ul> <li>O MILD symptoms (occurs farely).</li> <li>O Most Tay symptoms (occurs arely).</li> <li>O Most Tay symptoms (occurs almost constantly).</li> <li>O Most Set VERE symptoms (occurs almost constantly).</li> <li>O Leave circles BLANK if they don't apply to you!</li> <li>1 2 3 GROUP 1</li> <li>1 0 0 Acid book upset.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of "bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Most of bulse" or mellancholy.</li> <li>5 0 0 0 Difficulty statistics of the substanting or mellancholy.</li> <li>5 0 0 0 Difficulty swallow or mellancholy.</li> <li>5 0 0 0 Difficulty swall</li></ul>	INSTRUCTIONS: Fill in only the circles which apply to you.		1 2 3	
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So   Cleave circles BLANK if they don't apply to you!   So   Craving for sweets or snacks   GROUP 4   So   CROUP 5   So   CROUP 6   So   CROUP 5   So   CR	O ● O MODERATE symptoms (occurs several times a month).			
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15 O O C cold sweats often  16 O O O Set heated easily  17 O O Nerve discomfort  18 O O Staring, blinks little  19 O O Sour stomach frequent  20 O O Joint stiffness on arising  21 O O Muscle-leg-toe cramps at night  22 O O Stutterfly stomach, cramps  23 O O Eyes or nose watery  24 O O Eyes or nose watery  25 O O Eyes or nose watery  26 O O Indigestion soon after meals  27 O O Always seems hungry, feels "lightheaded" often  28 O O Unditing occasionally  29 O O Vomiting occasionally  30 O Eyes show  30 O O Eyes show  31 O O Uneven breathing  32 O O Eyes show  33 O O Eyes show  34 O O Difficulty swallowing  35 O O Emporary constipation or diarrhea  36 O O Slow starter'  37 O O Bact breath easily  38 O O Stoos salternate from soft to watery  49 O O Erespire easily  30 O Eyerspire easily  31 O O Bact breath easily  40 O Difficulty swallowing  41 O O Experime reasily  42 O O Eyerspire easily  43 O O Difficulty swallowing  44 O O Expessive appetite  45 O O Experiment or chairmeals  46 O O Stoos sensitive to cold  47 O O Experiment or chairmeals  48 O O Stoos salternate from soft to watery  49 O O Bact breath full suits in senses  40 O Difficulty swallowing  41 O O Experiment or chairmeal  42 O O Experiment or chairmeal  43 O O Bact breath full suits in senses  44 O O Experiment or chairmeal  45 O O Experiment or chairmeal  46 O O Farspire easily  47 O O Bact breath full suits in senses  48 O O Stoos salternate from soft to watery  49 O O Experiment or chairmeal  40 O O Hungry between meals  41 O O Bact breath full suits in senses  42 O O Experiment or chairmeal  43 O O Experiment or chairmeal  44 O O Experiment or chairmeal  45 O O G Experiment or chairmeal  46 O O Experiment or chairmeal  47 O O Stoos salternate from soft to watery  48 O O G Experiment or chairmeal  49 O O Experiment or chairmeal  40 O O Experi				· · · · · · · · · · · · · · · · · · ·
GROUP 5   Nerve discomfort				
17 0 0 Nerve discomfort 18 0 0 0 Staring, blinks little 19 0 0 0 Sour stormach frequent 20 0 0 0 Joint stiffness on arising 21 0 0 0 Joint stiffness on arising 22 0 0 0 Joint stiffness on arising 23 0 0 0 Eyelt stiffness on arising 24 0 0 0 Blurred vision 25 0 0 0 Eyelterly "storeach, cramps 26 0 0 0 Eyes or nose watery 27 0 0 0 Blurred licitate in mouth in mornings 28 0 0 0 Eyes blink often 29 0 0 0 Eyelids swollen, puffy 29 0 0 0 Eyelids swollen, puffy 29 0 0 0 Eyelids swollen, puffy 29 0 0 0 Indigestion soon after meals 29 0 0 0 Indigestion soon after meals 29 0 0 0 Indigestion soon after meals 29 0 0 Digestion rapid 29 0 0 Vorniting occasionally after eating 29 0 0 Vorniting occasionally 30 0 0 Hoarseness frequent 30 0 0 Hoarseness frequent 31 0 0 Uneven breathing 32 0 0 Pulse slow 33 0 0 Eyelids swoller 34 0 0 Difficulty swallowing 35 0 0 Difficulty swallowing 36 0 0 Temporary constipation or diarrhea 37 0 0 O Bad breath (halliosis) 38 0 0 Story starter 39 0 0 Sensitive to cold 40 0 0 Upper respiratory challenges 40 0 0 Excessive appetite 41 0 0 Eat when nervous 42 0 0 Excessive appetite 43 0 0 Hoars eness frequent 44 0 0 Extra filter eating 45 0 0 Excessive appetite 46 0 0 Eat when nervous 47 0 0 Eat when nervous 48 0 0 Difficulty swallowing and the propers of the starter of the starter eating 48 0 0 Excessive appetite 49 0 0 Extra filter eating relieves 49 0 0 Extra filter eating relieves 40 0 Difficulty swallowing and the starter eating 41 0 0 Eat when nervous 42 0 0 Extra filter eating relieves 43 0 0 Extra filter eating relieves 44 0 0 Extra filter eating relieves 45 0 0 Extra filter eating relieves 46 0 0 Extra filter eating relieves 47 0 0 Extra filter eating relieves 48 0 0 Extra filter eating relieves 49 0 0 Extra filter eating relieves 40 0 Extra filter eating relieves 40 0 Extra filter eating relieves 41 0 0 Extra filter eating relieves 42 0 0 Extra filter eating relieves 43 0 0 Extra filter eating relieves 44 0 0 Extra filter eating relieves 45 0 0 Extra filter eating relieves 46 0 0 Extra filt	16 OOO Get heated easily	70		
Solution   Continue	17 OOO Nerve discomfort	71	000	
GROUP 2  O O O Joint stiffness on arising  Nuscle-leg-toe cramps at night  From Core Stutenting Skin and feet  O O Muscle-leg-toe cramps at night  O O O Huscle-leg-toe cramps at night  From Core Stuterfly's Stomach, cramps  O O Eyes or nose watery  From Core Stuterfly's Stomach, cramps  O O Eyes or nose watery  From Core Stuterfly's Stomach, cramps  O O Eyes blink often  O O Eyes blink often  O O Eyelids swollen, puffy  O O Cacasional constipation  O Nausea occasionally after eating  O Nausea occasionally after eating  O O Nausea occasionally after eating  O O Nausea occasionally after eating  O O Nomiting occasionally  O O Horizon Frequent  O O	e de la companya de			
GROUP 2 O O O O Joint stiffness on arising 175 O O Itching skin and feet 187 O O Muscle-leg-toe cramps at night 180 O O Muscle-leg-toe cramps at night 180 O O Hair loss 181 Co O Butterfly' stomach, cramps 180 O O Cacasional skin rashes 181 O O Cacasional skin rashes 181 O O Cacasional skin rashes 181 O O Cacasional constipation 182 O O Eyes blink often 182 O O Eyes blink often 183 O O Worrier, feels insecure 184 O O Diegestion on after meals 185 O O Diegestion rapid 185 O O Diegestion rapid 186 O O Diegestion on after meals 187 O O Cacasional constipation 187 O O Cacasional skin rashes 188 O O O Worrier, feels insecure 188 O O O Worrier, feels insecure 189 O O Diegestion rapid 180 O O Di	19 OOO Sour stomach frequent			
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22 O O O "Butterfly" stornach, cramps  77 O O O Occasional skin rashes  Fyes or nose watery  78 O O Bitter, metalic taste in mouth in mornings  80 D Bitter, metalic taste in mouth in mornings  81 D O Occasional constipation  82 O O Eyelids swollen, puffy  83 O O Worrier, feels insecure  84 O O Bigestion soon after meals  85 O O Bigestion rapid  86 O O Greasy foods upset  87 O O Skin peels on foot soles  88 O O Skin peels on foot soles  89 O O Digestion rapid  89 O O Digestion rapid  80 O O Worniting occasionally  80 O O Skin peels on foot soles  81 O O Occasional laxative use  82 O O Greasy foods upset  83 O O Stools light colored  84 O O Skin peels on foot soles  85 O O Disconfort between shoulder blades  86 O O Occasional laxative use  87 O O Stools alternate from soft to watery  88 O O Dreaming, nightmare type bad dreams  89 O D Dreaming, nightmare type bad dreams  80 O O Perspire easily  80 O O Bad breath (halitosis)  80 O O Perspire easily  80 O O Barning or itching anus  81 O O Crave sweets  82 O O Excessive appetite  83 O O Lower bowel gas several hours after eating  84 O O Difficulty between meals  85 O O Lower bowel gas several hours after eating  86 O O Crave sweets  87 O O Bat when nervous  88 O O Deaming, nightmare type bad dreams  89 O D Dreaming, nightmare type bad dreams  80 O Dreaming, nightmare type bad dreams  80 O Dreaming, nightmare type bad dreams  80 O Dreaming or itching anus  80				
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24 0 0 0 Eyes blink often 79 0 0 0 Cocasional constipation 79 0 0 0 Cocasional 79 0 0 0 0 Cocasional 79 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		77	000	Occasional skin rashes
25 0 0 0 Eyelids swollen, puffy 26 0 0 0 Indigestion soon after meals 27 0 0 0 Always seems hungry; feels "lightheaded" often 28 0 0 0 Digestion rapid 28 0 0 0 Digestion rapid 29 0 0 0 Vorniting occasionally 30 0 0 Hoarseness frequent 31 0 0 0 Uneven breathing 32 0 0 0 Pulse slow 33 0 0 0 Gagging reflex slow 34 0 0 0 Difficulty swallowing 35 0 0 0 Temporary constipation or diarrhea 36 0 0 0 Dearning, nightmare type bad dreams 37 0 0 0 Get "chilled" 38 0 0 0 Sensitive to cold 40 0 0 Uper respiratory challenges 41 0 0 0 Eat when nervous 42 0 0 0 Excessive appetite 43 0 0 0 Excessive appetite 44 0 0 0 Fatigue, eating relieves 45 0 0 0 Fatigue, eating relieves 46 0 0 0 Fatigue, eating relieves 47 0 0 0 Fatigue, eating relieves 48 0 0 0 Fatigue, eating relieves 49 0 0 Fatigue, eating relieves 40 0 0 Fatigue, eating relieves 40 0 0 Fatigue, eating relieves 41 0 0 0 Fatigue, eating relieves 42 0 0 Fatigue in afternoons 45 0 0 0 Fatigue in afternoons 46 0 0 0 Fatigue in afternoons 47 0 0 0 Fatigue in afternoons 48 0 0 0 Fatigue in afternoons 49 0 0 0 Fatigue in afternoons 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				· · · · · · · · · · · · · · · · · · ·
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34 0 0 0 Difficulty swallowing 35 0 0 0 Temporary constipation or diarrhea 36 0 0 0 "Slow starter" 37 0 0 Get "chilled" 38 0 0 0 Bad breath (halitosis) 39 0 0 0 Sensitive to hot weather 39 0 0 0 Burning or itching anus 39 0 0 0 Burning or itching anus 30 0 0 Sensitive to cold 40 0 0 Upper respiratory challenges  6ROUP 3 41 0 0 0 Eat when nervous 42 0 0 0 Eat when nervous 43 0 0 0 Hungry between meals 44 0 0 0 Iritable before meals 45 0 0 0 Get "shaky" if hungry 46 0 0 0 Fatigue, eating relieves 47 0 0 0 "Lightheaded" if meals delayed 48 0 0 0 Heart palpitates if meals missed or delayed 49 0 0 0 Fatigue in afternoons 5 O 0 Deaming, nightmare type bad dreams 5 O 0 Deaming, nightmare type bad the labletes		87	000	Stools alternate from soft to watery
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38 O O Perspire easily 39 O O Sensitive to cold 40 O O Upper respiratory challenges  GROUP 3  41 O O Eat when nervous 42 O O Excessive appetite 43 O O Hungry between meals 44 O O Irritable before meals 45 O O Get "shaky" if hungry 46 O O Fatigue, eating relieves 47 O O "Lightheaded" if meals delayed 48 O O Heart palpitates if meals missed or delayed 49 O O Fatigue in afternoons				·
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48 OOO Heart palpitates if meals missed or delayed 49 OOO Fatigue in afternoons  103 OOO Stomach "bloating"				· · · · · · · · · · · · · · · · · · ·
49 OOO Fatigue in afternoons				
		103	000	Stomach "bloating"

	1 2 3	GROUP 7A		1 2 3	GROUP 8
104	000	Difficulty sleeping	165	000	Muscle weakness
105	000	On edge	166	000	Lack of Stamina
106	000	Can't gain weight	167	000	Drowsiness after eating
		Intolerance to heat			Muscular soreness
108	000	Highly emotional			Heart races
		Flush easily			Hyper-irritable
		Night sweats			Feeling of a band around your head
		Thin, moist skin			Melancholia (feeling of sadness)
		Inward trembling			Swelling of ankles
		Heart races			Change in urinary function
		Increased appetite without weight gain			Tendency to consume sweets or carbohydrates
_		Pulse fast at rest			Muscle spasms
		Eyelids and face twitch			Blurred vision
		Irritable and restless			Involuntary muscle action
118	000	Can't work under pressure			Numbness
440		GROUP 7B			Night sweats
		Increase in weight			Rapid digestion
		Decrease in appetite			Sensitivity to noise
		Fatigue easily			Redness of palms of hands and bottom of feet Visible veins on chest and abdomen
		Ringing in ears			Hemorrhoids
		Sleepy during day			Apprehension (feeling that something bad will happen)
		Sensitive to cold			Nervousness causing loss of appetite
		Dry or scaly skin			Nervousness with indigestion
		Temporary constipation			Gastritis
		Mental sluggishness Hair coarse, falls out			Forgetfulness
		Tension in head upon arising wears off during day			Thinning hair
		Slow pulse, below 65			FEMALE ONLY
		Changing urinary function	192	000	Very easily fatigued
		Sounds appear diminished			Premenstrual tension
		Reduced initiative			Menses more painful than usual
100		GROUP 7C			Depressed feelings before menstruation
134	000	Failing memory with age			Painful breasts during menses
		Increased sex drive			Menstruate too frequently
		Episodes of tension in head	198		Hysterectomy / ovaries removed
		Decreased sugar tolerance	199		Menopausal hot flashes
		GROUP 7D			Menses scanty or missed
138	000	Abnormal thirst			Acne, worse at menses
		Bloating of abdomen			MALE ONLY
		Weight gain around hips or waist	202	000	Less involved in exercise/social activities
		Sex drive reduced or lacking	203	000	Difficult to postpone urination
		Tendency for stomach issues			Weak urinary stream
		Increased sugar tolerance	205	000	Feeling of "blues" or melancholy
		Menstrual disorders			Feeling of incomplete bowel evacuation
		GROUP 7E	207	000	Lack of energy
145	000	Dizziness	208	000	Muscles in arms and legs seem softer/smaller
		Headaches			Tire too easily
147	000	Hot flashes			Avoids activity
148	000	Hair growth on face or body (female)			Leg nervousness at night
		Sugar in urine (not diabetes)	212	000	Diminished sex drive
		Masculine tendencies (female)	List	the five r	main complaints you have in the order of their importance:
		GROUP 7F			main complaints you have in the crack of their importance.
151	000	Weakness, dizziness	1		
		Tired throughout day			
		Nails weak, ridged	2		
		Sensitive skin	3		
155	000	Stiff joints	5		
156	000	Perspiration increase	4		
		Bowel discomfort			
158	000	Poor circulation	5		
159	000	Swollen ankles			
		Crave salt			RESTRICTIONS ON USE
		Areas of skin darkening			/EY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. IF YOU J SHOULD NOT USE THE SYSTEMS SURVEY. IF YOU ARE NOT A TRAINED
		Upper respiratory sensitivity	HEALTH C	ARE PRAC	TITIONER, YOU SHOULD NOT USE THE SYSTEMS SURVEY. HEALTH CARE
163	000	Tiredness	I PRACTITION	JNEKS SH	OULD ONLY USE THE SYSTEMS SURVEY TO PROVIDE SERVICES THAT ARE

163 OOO Tiredness

164 O O O Breathing challenges

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.