

# Nutrition Response Testing®

## New Patient Orientation

### Welcome.

If you are like most people who come to us for help, then most likely:

- You have one or more health conditions that have become chronic and,
- You have probably tried conventional medicine or even alternative practitioners and did not get the results you hoped for and,
- These conditions are impacting your personal life, your relationships with your spouse or children, your career or job performance, and/or your personal finances and,
- You know that, as time goes by, these conditions are not going to get better and will probably continue to worsen unless you change what you are doing and do something really effective about it.

If this describes you and you are ready to make a real demand for improvement that will put you back in charge of your own health, then you have come to the right place.

If you are a Nutrition Response Testing case and you follow our recommendations to the letter, then there is hope that you will receive the help you need to restore your health.

### What is Nutrition Response Testing?

**Nutrition Response Testing** is a non-invasive system of analyzing the body in order to determine the underlying causes of ill health. When these are corrected through safe, natural, nutritional means, the body can repair itself in order to attain and maintain more optimum health.

Nutrition Response Testing is very precise and scientific. However, if we were to analyze you using Nutrition Response Testing before it was explained to you, you might find it strange, or simply not believable – only because it is probably very different from anything you may have experienced before.

I can understand this because when I first saw this type of work being done, my first reaction was “Hmm, what is this strange stuff?” No one was more skeptical than I was. As a result, I studied Nutrition Response Testing extensively to see if it was for real. And I am sure happy I did because it has greatly helped me improve my health and the health of so many patients. Because of Nutrition Response Testing, we are here and are able to help you improve your health.

If you want to get healthy and stay healthy, it is important that you understand what Nutrition Response Testing is and what our recommendations are based on.

Otherwise, you are less likely to follow through and actually do what you need to do to get well. If you don't follow through, you won't get well. And if you are not going to get well, why do it in the first place?

The results we have been having with Nutrition Response Testing are often in the 90% and better range. The only reason we are here is to help you get well. We have no other reason for being here and hopefully, you are here for that same reason. That is why I want to make sure you get the correct understanding of what Nutrition Response Testing is right from the start.

### What Makes this Approach Unique?

In medical practice there are two key parts: the diagnosis (identifying and/or naming the “disease” or syndrome) and the treatment (drugs, surgery, etc.).

In Nutrition Response Testing we do not diagnose or treat disease - but we also have two parts: the analysis (the assessment of your body's current health status) and the personalized health improvement program (using designed clinical nutrition).

Simply put, first we do an analysis, and then we design a natural health improvement program to help you handle what we find in our analysis of your body and condition.

### First the Analysis.

The analysis is done through testing the body's nervous system.

Nutrition Response Testing analyzes different areas on the surface of the body that relate to the state of health and to the flow of energy in each and every organ and function of the body.

This information is derived from the part of the nervous system whose job it is to regulate the functions of each and every organ.

Interestingly, since the human anatomy has not changed significantly in thousands of years, the utilization of these organs / areas have become extremely useful in our practice because they are so accurate!

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### Think About It.

Each area that gives a response represents a specific organ, tissue, or function, and indicates the effect that energy, or the lack of energy, is having on the body. By testing these organs / areas, we have a system of monitoring your body at each visit that has proven to be extremely accurate clinically, and that helps us identify exactly what the body needs and how well we are meeting that need.

Doesn't this sound like something you would want for yourself in order to predict, with certainty, what is needed and wanted by the body to get you to the next stage of improved health?

### How Do We Do The Nutrition Response Testing Analysis?

If I were to hook you up to an electro-cardiograph machine and take a reading, that would make perfect sense to you, right?

What is actually happening during this procedure? Electrical energy from the heart is running over the wires. This electrical energy makes the electrocardiograph record the energy pattern in the form of a graph or chart. I could then study this graph and tell you what it all means.

Here is what we do with Nutrition Response Testing. Instead of connecting electrodes to the areas being tested, the Nutrition Response Testing practitioner contacts these areas with his/her own hand. With the other hand, he/she will test the muscle of your extended arm. If the organ/area being contacted is "active" the nervous system will respond by reducing energy to the extended arm, and the arm will weaken and drop. This drop signifies underlying stress or dysfunction, which can be affecting your health.

### Why are the people doing a Program with us Feeling Better?

Because we did a Nutrition Response Testing analysis for him or her, we found the "active" organs/areas, and then made specific nutritional recommendations to help the body return to an improved state of health. Most importantly, the person is following through on our recommendations.

We are prepared to do the exact same thing for you now. How does that sound to you? However, the best is yet to come.

### Your "Personalized Health Improvement Program".

Let's say the liver or kidney areas are active. Then what?

Our next step is to test specific, time-tested and proven, highest-possible quality nutritional formulas against those weak areas, to find which ones bring the organ/areas back to strength.

Our decades of clinical experience tell us that when we have found the correct nutritional supplements, as indicated by this procedure, and have worked out a highly personalized nutritional supplement schedule, we have identified the most important first step in correcting the underlying deficiency or imbalance that caused the organ/area to be active in the first place. By following the program as precisely as possible, you are well on your way to restoring normal function and improving your health.

It's that simple!

In medicine, the medical doctor makes a diagnosis and then uses drugs or surgery to attack or suppress the symptom, or to surgically remove the "offending" organ or malfunctioning part.

In Nutrition Response Testing we use "DESIGNED CLINICAL NUTRITION" to correct the cause of the problem, so that the body can regain the ability to correct itself.

### What is Designed Clinical Nutrition?

"Designed Clinical Nutrition" is exactly that: **designed** (*especially prepared based on a specific plan*) **clinical** (*pertaining to the results gotten in clinical use or actual practice on huge numbers of patients over many years*) **nutrition** (*real food, designed by nature to enable the body to repair itself and grow healthfully*).

In most cases it is concentrated, whole food in a tablet, capsule or powder, prepared using a unique manufacturing process that preserves all of the active enzymes and vital components that make it work as Nature intended. These real food supplements have been designed to match the needs of the body, as determined by the positive response shown when tested against the

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### **There is a Great Deal of Technology and Know-How Behind What We Do.**

Having been designed through decades of clinical use on tens of thousands of patients, and on patients from many different types of health care practitioners, you can be assured that Nutrition Response Testing is capable of evaluating and solving your health concerns.

An analysis of your active organs / areas will be performed on each follow up visit. Often these follow up visits also reveal additional layers of dysfunction. These can then be addressed in the correct sequence for your body.

Each patient gets a completely individualized program.

Very much like opening a combination lock, you must use the right numbers in the right sequence and in the right direction at the right time – then the lock opens easily.

Therefore, since every case is different, by following the correct sequence as revealed through Nutrition Response Testing, even the most complicated cases can be handled.

### **Is it Possible to Restore Your Health?**

Many people we see in our practice have eaten themselves into their current state of ill-health, to one degree or another. The deficiencies or imbalances lead to a breakdown in resistance, or immunity, and a loss of the ability to cope with environmental stresses (food, immune, chemical or otherwise).

So, yes, the **good news** is that it is possible to reverse the process!

What could be more natural? What could be more correct? Each cell, tissue, and organ in your body is in the process of replacing itself every day, month, and year. The health of each organ is dependent on making the correct nutrients available to upgrade or to maintain the health of the body at a cellular level.

Designed Clinical Nutrition provides the right basic materials.

Nutrition Response Testing tells you when and what to use to bring about the desired result.

With this understanding of what we do, can you see how we might be able to help you do something effective to get yourself well?

And once that is achieved, do you see how you might be able to use this approach to stay well?

Now you have the complete 1-2-3 package. You now know:

- What we do
- How and why we do it
- What you need to do to have the potential of restoring your health and staying healthy.

But in the end you are the one responsible for your own condition. And with our guidance, we feel that – if you are a Nutrition Response Testing case – your chances of greatly improving your health can be as high as 90% or better.

### **How Do You Qualify to be a Nutrition Response Testing Patient?**

Our long-term experience in a wide variety of cases tells us the first thing we must determine is whether or not you are a “Nutrition Response Testing Case”. If you are NOT a “Nutrition Response Testing Case” then it is unlikely that Nutrition Response Testing will ever help you. However, if you are a “Nutrition Response Testing Case”, then, in our experience, it is our belief that nothing else will help you as much.

If our analysis indicates that you are not a Nutrition Response Testing case, then in all probability, while a nutritional program may give you some benefit, it may not give you the maximum results you desire.

We wish you the best of luck in your quest to take back full responsibility for your health. Just remember to do it one step at a time, and that we are here to guide you in that quest.

Once we accept your case, you can count on us to do everything in our power to help you achieve your health objectives, and to help you achieve a healthier, happier life.

May you never be the same.

*Carloni Chiropractic Offices*

*1231 Monaco Ct.*

*Stockton, CA 95207*

*(209) 957-1035*

# Nutrition Response Testing®

## New Patient Orientation

active Nutrition Response Testing organs/areas that were found on your individual Nutrition Response Testing analysis. These are nutrients you are simply not getting, or not assimilating, in your current diet.

These deficiencies may be due to your past personal eating habits and routines, but it is for sure due, in some large extent, to the lack of quality in the foods commercially available in grocery stores or restaurants today.

An example of a whole food could be carrots. Carrots are high in Vitamin A Complex. A “complex” is something made up of many different parts that work together. Synthetic vitamin A does not contain the whole “Vitamin A Complex” found in nature. So, if we were looking for a food high in Vitamin A, carrots might be one of our choices.

If one actually were deficient in any of the components of Vitamin A Complex, one would be wise to seek out a supplement that was made from whole foods that were rich in this complex - not from chemicals re-engineered in a laboratory to look like one little part of the Vitamin A Complex that has erroneously been labeled as “Vitamin A.”

Designed Clinical Nutrition is not ‘over-the-counter’ vitamins. Over-the-counter vitamins are pharmaceutically engineered chemical fractions of vitamin structures reproduced in a laboratory. Because they are not made from whole foods, “over-the-counter” vitamins are not “genuine replacement parts” as they lack many of the essential elements normally present in WHOLE foods.

Vitamins that are being used all over today generally only need to have a small percentage of their actual content derived from natural sources to be labeled “natural”. If they are not derived from whole foods, they often make you even more deficient and nutritionally out-of-balance. They can create other health problems because they do not contain all of the co-factors found in nature that make the vitamins work.

So-called “scientific research,” done with these shoddy substitutes, repeatedly “proves” that vitamins don’t do much good for anyone! Can you imagine who pays for these “researches”?

### SUMMARY

1. Through an analysis of your body’s organs/areas, we help you to determine the exact nutrients you need to supplement your diet, in order to bring about balance and better health.
2. We make these highly concentrated therapeutic formulations available to you in tablets, capsules, or in powdered form to “supplement” your current diet. That’s why they are called “food supplements.”
3. Depending on your individual situation, we might also require that you make some specific changes in your diet & eating habits, and in your routines, in order to bring about the best possible results.

### How are These Products Produced?

One example of a designed clinical nutrition supplement that we use is called “Catalyn”. This product is produced by starting with a wide variety of carefully chosen organically grown vegetables, taking the water and fiber out using a vacuum, low heat process - without heating or cooking the vegetables, and then utilizing the concentrated food to make a bottle of Standard Process Catalyn Tablets.

The key to this whole procedure is the way it is done, using the “Standard Process” method:

- A. Standard Process nutrients are derived from plants grown on their own farms, in soil free of pesticides – and no chemicals are ever used. Ph.D.’s check the soil before the seeds are sown, to make sure of the fertility of the soil – and even the weeding is done by hand.
- B. The machinery involved in the processing of these products is made of glass and stainless steel only.
- C. The temperature used in processing harvested plants is never raised above the point of 90 degrees Fahrenheit, so that the active ingredients are not cooked; they remain active and alive, and have a very long shelf life.

Your vitality and energy is derived from live food. Most foods available today are dead - or are not really foods at all - as in boxed cereals, canned vegetables, soda pop, etc. You can readily understand the difference between dead, devitalized pseudo-foods, with the synthetic or isolated vitamins on the one hand, and “Designed Clinical Nutrition” and a diet of real foods, on the other.

**Carloni Chiropractic Offices**  
**NEW PATIENT INFORMATION FORM**

Page 1 of 2

Please print clearly:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Shipping Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

e-mail address: \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex: M/F Height \_\_\_\_ Weight \_\_\_\_

Overall health (circle one): Excellent / Good / Fair / Poor / Other: \_\_\_\_\_

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint \_\_\_\_\_

Other complaints or problems: (use separate sheet if needed) \_\_\_\_\_

Current medications/drugs being taken: (use separate sheet if needed) \_\_\_\_\_

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

Nutritional supplements you are taking: \_\_\_\_\_

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_

=====

Office Use Only:

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**NEW PATIENT INFORMATION FORM**

Page 2 of 2

Name: \_\_\_\_\_ Date \_\_\_\_\_

**HISTORY:**

List any major illnesses (with approx. dates): \_\_\_\_\_

\_\_\_\_\_

List any surgery or operations with approx. date: \_\_\_\_\_

\_\_\_\_\_

Past Accidents or injuries: \_\_\_\_\_

=====

Marital Status: S M D W Name of Spouse \_\_\_\_\_

Describe health of spouse: \_\_\_\_\_ Number of children if any \_\_\_\_\_

Name of Child	Age	Sex	Any physical conditions or concerns?
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other \_\_\_\_\_

Any household pets or other animals you or family members are in close contact with:

\_\_\_\_\_

What can we do to make you happier? \_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

**Carloni Chiropractic Offices**

**1231 Monaco Ct.**

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**(209) 957-1035**

**New Patient Introduction Form**

**Patient Name:**

**Date:**

**1. Chief Concerns:**

**2. Medications and/or Nutritional Supplements currently on:**

**3. Dietary Intake for 2 days before appointment:**

**Breakfast:**

**Breakfast:**

**Snacks:**

**Snacks:**

**Lunch:**

**Lunch:**

**Snacks:**

**Snacks:**

**Dinner:**

**Dinner:**

**Snacks:**

**Snacks:**

# ***Carloni Chiropractic Offices***

1231 Monaco Ct. Stockton, CA 95207 980 E. Augusta St. Woodbridge, CA 95258 Phone (209) 957-1035

## **PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF NUTRITION RESPONSE TESTING®**

### **PLEASE READ BEFORE SIGNING:**

I specifically authorize the natural health practitioners at the Carloni Chiropractic Offices to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**

I understand that **Nutrition Response Testing is a safe, non-invasive, natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Nutrition Response Testing is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Response Testing is a means by which the body's natural organ responses can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_

(If minor, signature of parent or guardian required)

Witness: \_\_\_\_\_



# SYMPTOM SURVEY FORM



Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Sex: Male  Female   
 Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Vegetarian: Yes  No   
 Blood pressure: Recumbent \_\_\_\_ / \_\_\_\_ Standing \_\_\_\_ / \_\_\_\_ Ragland's Test is Positive

**INSTRUCTIONS:** Fill in only the circles which apply to you.  
 ● ○ ○ MILD symptoms (occurred once or twice last 6 months).  
 ○ ● ○ MODERATE symptoms (occurred once or twice last month).  
 ○ ○ ● SEVERE symptoms (chronic, occurred once or twice last week).  
 ○ ○ ○ Leave circles BLANK if they don't apply to you!

1 2 3

- 52 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep
- 53 ○ ○ ○ Crave candy or coffee in afternoons
- 54 ○ ○ ○ Moods of depression - "blues" or melancholy
- 55 ○ ○ ○ Abnormal craving for sweets or snacks

**GROUP 4**

- 56 ○ ○ ○ Hands and feet go to sleep easily, numbness
- 57 ○ ○ ○ Sigh frequently, "air hunger"
- 58 ○ ○ ○ Aware of "breathing heavily"
- 59 ○ ○ ○ High altitude discomfort
- 60 ○ ○ ○ Opens windows in closed rooms
- 61 ○ ○ ○ Susceptible to colds and fevers
- 62 ○ ○ ○ Afternoon "yawner"
- 63 ○ ○ ○ Get "drowsy" often
- 64 ○ ○ ○ Swollen ankles, worse at night
- 65 ○ ○ ○ Muscle cramps, worse during exercise; get "charley horses"
- 66 ○ ○ ○ Shortness of breath on exertion
- 67 ○ ○ ○ Dull pain in chest or radiating into left arm, worse on exertion
- 68 ○ ○ ○ Bruise easily, "black and blue" spots
- 69 ○ ○ ○ Tendency to anemia
- 70 ○ ○ ○ "Nose bleeds" frequent
- 71 ○ ○ ○ Noises in head, or "ringing in ears"
- 72 ○ ○ ○ Tension under the breastbone, or feeling of "tightness", worse on exertion

**GROUP 5**

- 73 ○ ○ ○ Dizziness
- 74 ○ ○ ○ Dry skin
- 75 ○ ○ ○ Burning feet
- 76 ○ ○ ○ Blurred vision
- 77 ○ ○ ○ Itching skin and feet
- 78 ○ ○ ○ Excessive falling hair
- 79 ○ ○ ○ Frequent skin rashes
- 80 ○ ○ ○ Bitter, metallic taste in mouth in mornings
- 81 ○ ○ ○ Bowel movements painful or difficult
- 82 ○ ○ ○ Worrier, feels insecure
- 83 ○ ○ ○ Feeling queasy; headache over eyes
- 84 ○ ○ ○ Greasy foods upset
- 85 ○ ○ ○ Stools light colored
- 86 ○ ○ ○ Skin peels on foot soles
- 87 ○ ○ ○ Pain between shoulder blades
- 88 ○ ○ ○ Use laxatives
- 89 ○ ○ ○ Stools alternate from soft to watery
- 90 ○ ○ ○ History of gallbladder attacks or gallstones
- 91 ○ ○ ○ Sneezing attacks
- 92 ○ ○ ○ Dreaming, nightmare type bad dreams
- 93 ○ ○ ○ Bad breath (halitosis)
- 94 ○ ○ ○ Milk products cause distress
- 95 ○ ○ ○ Sensitive to hot weather
- 96 ○ ○ ○ Burning or itching anus
- 97 ○ ○ ○ Crave sweets

**GROUP 6**

- 98 ○ ○ ○ Loss of taste for meat
- 99 ○ ○ ○ Lower bowel gas several hours after eating
- 100 ○ ○ ○ Burning stomach sensations, eating relieves
- 101 ○ ○ ○ Coated tongue
- 102 ○ ○ ○ Pass large amounts of foul-smelling gas
- 103 ○ ○ ○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- 104 ○ ○ ○ Mucous colitis or "irritable bowel"
- 105 ○ ○ ○ Gas shortly after eating
- 106 ○ ○ ○ Stomach "bloating" after eating

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 ○ ○ ○ Cut heals slowly
- 8 ○ ○ ○ Gag easily
- 9 ○ ○ ○ Unable to relax; startles easily
- 10 ○ ○ ○ Extremities cold, clammy
- 11 ○ ○ ○ Strong light irritates
- 12 ○ ○ ○ Urine amount reduced
- 13 ○ ○ ○ Heart pounds after retiring
- 14 ○ ○ ○ "Nervous" stomach
- 15 ○ ○ ○ Appetite reduced
- 16 ○ ○ ○ Cold sweats often
- 17 ○ ○ ○ Fever easily raised
- 18 ○ ○ ○ Neuralgia-like pains
- 19 ○ ○ ○ Staring, blinks little
- 20 ○ ○ ○ Sour stomach often

**GROUP 2**

- 21 ○ ○ ○ Joint stiffness on arising
- 22 ○ ○ ○ Muscle-leg-toe cramps at night
- 23 ○ ○ ○ "Butterfly" stomach, cramps
- 24 ○ ○ ○ Eyes or nose watery
- 25 ○ ○ ○ Eyes blink often
- 26 ○ ○ ○ Eyelids swollen, puffy
- 27 ○ ○ ○ Indigestion soon after meals
- 28 ○ ○ ○ Always seems hungry; feels "lightheaded" often
- 29 ○ ○ ○ Digestion rapid
- 30 ○ ○ ○ Vomiting frequent
- 31 ○ ○ ○ Hoarseness frequent
- 32 ○ ○ ○ Breathing irregular
- 33 ○ ○ ○ Pulse slow; feels "irregular"
- 34 ○ ○ ○ Gagging reflex slow
- 35 ○ ○ ○ Difficulty swallowing
- 36 ○ ○ ○ Constipation, diarrhea alternating
- 37 ○ ○ ○ "Slow starter"
- 38 ○ ○ ○ Get "chilled" infrequently
- 39 ○ ○ ○ Perspire easily
- 40 ○ ○ ○ Circulation poor, sensitive to cold
- 41 ○ ○ ○ Subject to colds, asthma, bronchitis

**GROUP 3**

- 42 ○ ○ ○ Eat when nervous
- 43 ○ ○ ○ Excessive appetite
- 44 ○ ○ ○ Hungry between meals
- 45 ○ ○ ○ Irritable before meals
- 46 ○ ○ ○ Get "shaky" if hungry
- 47 ○ ○ ○ Fatigue, eating relieves
- 48 ○ ○ ○ "Lightheaded" if meals delayed
- 49 ○ ○ ○ Heart palpitates if meals missed or delayed
- 50 ○ ○ ○ Afternoon headaches
- 51 ○ ○ ○ Overeating sweets upsets

**1 2 3, GROUP 7A**

- 107    Insomnia
- 108    Nervousness
- 109    Can't gain weight
- 110    Intolerance to heat
- 111    Highly emotional
- 112    Flush easily
- 113    Night sweats
- 114    Thin, moist skin
- 115    Inward trembling
- 116    Heart palpitates
- 117    Increased appetite without weight gain
- 118    Pulse fast at rest
- 119    Eyelids and face twitch
- 120    Irritable and restless
- 121    Can't work under pressure

**GROUP 7B**

- 122    Increase in weight
- 123    Decrease in appetite
- 124    Fatigue easily
- 125    Ringing in ears
- 126    Sleepy during day
- 127    Sensitive to cold
- 128    Dry or scaly skin
- 129    Constipation
- 130    Mental sluggishness
- 131    Hair coarse, falls out
- 132    Headaches upon arising, wear off during day
- 133    Slow pulse, below 65
- 134    Frequency of urination
- 135    Impaired hearing
- 136    Reduced initiative

**GROUP 7C**

- 137    Failing memory
- 138    Low blood pressure
- 139    Increased sex drive
- 140    Headaches, "splitting or rending" type
- 141    Decreased sugar tolerance

**GROUP 7D**

- 142    Abnormal thirst
- 143    Bloating of abdomen
- 144    Weight gain around hips or waist
- 145    Sex drive reduced or lacking
- 146    Tendency to ulcers, colitis
- 147    Increased sugar tolerance
- 148    Women: menstrual disorders
- 149    Young girls: lack of menstrual function

**GROUP 7E**

- 150    Dizziness
- 151    Headaches
- 152    Hot flashes
- 153    Increased blood pressure
- 154    Hair growth on face or body (female)
- 155    Sugar in urine (not diabetes)
- 156    Masculine tendencies (female)

**GROUP 7F**

- 157    Weakness, dizziness
- 158    Chronic fatigue
- 159    Low blood pressure
- 160    Nails weak, ridged
- 161    Tendency to hives
- 162    Arthritic tendencies
- 163    Perspiration increase
- 164    Bowel disorders
- 165    Poor circulation
- 166    Swollen ankles
- 167    Crave salt
- 168    Brown spots or bronzing of skin
- 169    Allergies - tendency to asthma

**1 2 3**

- 170    Weakness after colds, influenza
- 171    Exhaustion - muscular and nervous
- 172    Respiratory disorders

**GROUP 8**

- 173    Apprehension
- 174    Irritability
- 175    Morbid fears
- 176    Never seems to get well
- 177    Forgetfulness
- 178    Indigestion
- 179    Poor appetite
- 180    Craving for sweets
- 181    Muscular soreness
- 182    Depression; feelings of dread
- 183    Noise sensitivity
- 184    Acoustic hallucinations
- 185    Tendency to cry without reason
- 186    Hair is coarse and/or thinning
- 187    Weakness
- 188    Fatigue
- 189    Skin sensitive to touch
- 190    Tendency toward hives
- 191    Nervousness
- 192    Headache
- 193    Insomnia
- 194    Anxiety
- 195    Anorexia
- 196    Inability to concentrate; confusion
- 197    Frequent stuffy nose; sinus infections
- 198    Allergy to some foods
- 199    Loose joints

**FEMALE ONLY**

- 200    Very easily fatigued
- 201    Premenstrual tension
- 202    Painful menses
- 203    Depressed feelings before menstruation
- 204    Menstruation excessive and prolonged
- 205    Painful breasts
- 206    Menstruate too frequently
- 207    Vaginal discharge
- 208    Hysterectomy / ovaries removed
- 209    Menopausal hot flashes
- 210    Menses scanty or missed
- 211    Acne, worse at menses
- 212    Depression of long standing

**MALE ONLY**

- 213    Prostate trouble
- 214    Urination difficult or dribbling
- 215    Night urination frequent
- 216    Depression
- 217    Pain on inside of legs or heels
- 218    Feeling of incomplete bowel evacuation
- 219    Lack of energy
- 220    Migrating aches and pains
- 221    Tire too easily
- 222    Avoids activity
- 223    Leg nervousness at night
- 224    Diminished sex drive

List the five main complaints you have in the order of their importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_