

FEMALE ONLY		MALE ONLY
173 <input type="checkbox"/> Very easily fatigued	179 <input type="checkbox"/> Menstruate too frequently	186 <input type="checkbox"/> Prostate trouble
174 <input type="checkbox"/> Premenstrual tension	180 <input type="checkbox"/> Vaginal discharge	187 <input type="checkbox"/> Urination difficult or dribbling
175 <input type="checkbox"/> Painful menses	181 <input type="checkbox"/> Hysterectomy/ovaries removed	188 <input type="checkbox"/> Night urination frequent
176 <input type="checkbox"/> Depressed feelings before menstruation	182 <input type="checkbox"/> Menopausal hot flashes	189 <input type="checkbox"/> Depression
177 <input type="checkbox"/> Menstruation excessive and prolonged	183 <input type="checkbox"/> Menses scanty or missed	190 <input type="checkbox"/> Pain on inside of legs or heels
178 <input type="checkbox"/> Painful breasts	184 <input type="checkbox"/> Acne, worse at menses	191 <input type="checkbox"/> Feeling of incomplete bowel evacuation
	185 <input type="checkbox"/> Depression of long standing	192 <input type="checkbox"/> Lack of energy
		193 <input type="checkbox"/> Migrating aches and pains
		194 <input type="checkbox"/> Tire too easily
		195 <input type="checkbox"/> Avoids activity
		196 <input type="checkbox"/> Leg nervousness at night
		197 <input type="checkbox"/> Diminished sex drive
GROUP EIGHT		
198 <input type="checkbox"/> Apprehension	217 <input type="checkbox"/> Headache	
199 <input type="checkbox"/> Irritability	218 <input type="checkbox"/> Insomnia	
200 <input type="checkbox"/> Morbid fears	219 <input type="checkbox"/> Anxiety	
201 <input type="checkbox"/> Never seems to get well	220 <input type="checkbox"/> Anorexia	
202 <input type="checkbox"/> Forgetfulness	221 <input type="checkbox"/> Inability to concentrate; confusion	
203 <input type="checkbox"/> Indigestion	222 <input type="checkbox"/> Frequent stuffy nose; sinus infections	
204 <input type="checkbox"/> Poor appetite	223 <input type="checkbox"/> Allergy to some foods	
205 <input type="checkbox"/> Craving for sweets	224 <input type="checkbox"/> Loose joints	
206 <input type="checkbox"/> Muscular soreness		
207 <input type="checkbox"/> Depression; feelings of dread		
208 <input type="checkbox"/> Noise sensitivity		
209 <input type="checkbox"/> Acoustic hallucinations		
210 <input type="checkbox"/> Tendency to cry without reason		
211 <input type="checkbox"/> Hair is coarse and/or thinning		
212 <input type="checkbox"/> Weakness		
213 <input type="checkbox"/> Fatigue		
214 <input type="checkbox"/> Skin sensitive to touch		
215 <input type="checkbox"/> Tendency toward hives		
216 <input type="checkbox"/> Nervousness		
IMPORTANT		
TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
(TO BE COMPLETED BY DOCTOR)		
Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____		
Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____		
Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____		
Hemoglobin _____ Blood Clotting Time _____		
BARNES THYROID TEST		
This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.		You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.
PRE-MENSES FEMALES AND MENOPAUSAL FEMALES Any two days during the month		Date: _____ Temperature: _____
FEMALES HAVING MENSTRUAL CYCLES The 2 nd and 3 rd day of flow OR any 5 days in a row.		Date: _____ Temperature: _____
MALES Any 2 days during the month.		Date: _____ Temperature: _____
		Date: _____ Temperature: _____
		Date: _____ Temperature: _____
		Date: _____ Temperature: _____
		Date: _____ Temperature: _____

BP SIT _____ BP STAND _____
 PULSE SIT _____ PULSE STAND _____
 SALIVA PH _____ BLOOD TYPE _____