

**Chiropractic Care Clinic**  
**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:

**Chiropractic Care Clinic**  
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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?
---------------	-----	-----	--------------------------------------

_____	_____	M/F	_____
-------	-------	-----	-------

_____	_____	M/F	_____
-------	-------	-----	-------

_____	_____	M/F	_____
-------	-------	-----	-------

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 \_\_\_\_\_

# Nutrition Response Testing™

## New Patient Orientation

### Welcome to Nutrition Response Testing™

- Most of our new patients have been referred to us by other satisfied patients.
- Did you hear about us from someone who was very happy with their results?
- However you heard about us, you probably want to know what “Nutrition Response Testing” is - and what we do.

### What is Nutrition Response Testing™?

**Nutrition Response Testing** is very precise and scientific. However, if I 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 completely understand that 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 helped me improve my health, and because of Nutrition Response Testing, we are here and are able to help you improve your health.

Quite frankly, 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. To put it simply, 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.

### Let’s get started

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 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 own neurological reflexes and acupuncture points. The neurological reflexes are derived from the part of the nervous system whose job is to regulate the functions of each and every organ. The acupuncture points are selected from the ancient Chinese system of acupuncture, which is thousands of years old.

Nutrition Response Testing is a study of how the different points on the surface of the body relate to the state of health and to the flow of energy in each and every organ and function of the body.

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

### Think about it

Each Nutrition Response Testing reflex 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 the Nutrition Response Testing reflexes, 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.

## **Nutrition Response Testing™: New Patient Orientation**

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 access the Nutrition Response Testing™ reflexes in order to get this information?**

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 specific points being tested, the Nutrition Response Testing doctor contacts these points with his/her own hand. With his other hand, he/she will test the muscle of your extended arm. If the reflex 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 is the person who referred you feeling better?**

Because we did a Nutrition Response Testing analysis for him or her, we found the "active" reflexes, and then made specific nutritional recommendations to help the body return to a improved state of health.

We are prepared to do the exact same thing for you now. Isn't that exciting? However, the best is yet to come.

### **The second part – the "Personalized Health Improvement Program"**

Let's say the liver or kidney reflexes 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 reflexes 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 when we work out a highly personalized nutritional supplement schedule, we have accomplished the most important first step in correcting the underlying deficiency or imbalance that caused the reflex 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 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 exactly is DESIGNED CLINICAL NUTRITION?**

First of all, 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. They are not "whole food," and the body does not actually recognize these as anything even vaguely beneficial (to put it mildly). Please ask about our audiotape: "*The Whole Truth About Vitamins*," for an entertaining, in-depth explanation of this aspect of vitamins and other nutritional supplements.

Because they are not made from whole foods, "over-the-counter" vitamins lack the essential synergistic elements normally present in WHOLE foods.

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.

## **Nutrition Response Testing™: New Patient Orientation**

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."

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"?

"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*).

It is whole food in a tablet, capsule or powder, concentrated in a vacuum, cold-process system that preserves all of the active enzymes and vital components that make it work as the Creator 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 active Nutrition Response Testing reflexes 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.

### **SUMMARY**

1. Through an analysis of your body's reflexes, 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 today are all 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.

## **Nutrition Response Testing™: New Patient Orientation**

### **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.

A complete Nutrition Response Testing™ analysis can be done on each patient on each subsequent visit, thereby revealing the next layers of dysfunction so these can also be addressed and corrected.

In this way, each patient gets a completely individualized handling, in the correct sequence for his or her body.

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 falls open.

By following the correct sequence as revealed through Nutrition Response Testing, you don't "shot-gun" your diet or supplements. With a correctly done Nutrition Response Testing analysis, we can determine the correct food supplements for you – designed to give your body the best possible chance of getting well and staying that way.

### **Conclusion**

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 (chemical, microscopic, or otherwise).

The **good news** is that it is possible to reverse the process!

### **It is possible to restore your health?**

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.

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

**But if our analysis confirms that you are an Nutrition Response Testing / clinical nutrition case, then, in our experience, nothing else will ever come close to what you can possibly achieve using Nutrition Response Testing and Designed Clinical Nutrition.**

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.

**Chiropractic Care Clinic**

**2924 Hawkins Dr..**

**Searcy, Arkansas 72143**

**(501) 268-2273**

**[www.searcychiropractor.com](http://www.searcychiropractor.com)**

# ***Chiropractic Care Clinic***

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

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

I specifically authorize the natural health practitioners at Chiropractic Care Clinic 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 reflexes 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 \_\_\_\_\_

Vegetarian: Yes  No

**INSTRUCTIONS:** Number only the boxes which apply to you. Leave blank if you don't have the problem.

\* Write 1 in the box for MILD symptoms (occur once or twice a year).

\* Write 2 in the box for MODERATE symptoms (occur several times a month).

\* Write 3 in the box for SEVERE symptoms (you are aware of it almost constantly).

**Please do not use checkmarks in the boxes - fill in the boxes with a number or leave blank!**

## GROUP ONE

- |  |   |  |
|--|---|--|
| 1 <input type="checkbox"/> Acid foods upset        | 8 <input type="checkbox"/> Gag easily                       | 15 <input type="checkbox"/> Appetite reduced       |
| 2 <input type="checkbox"/> Get chilled often       | 9 <input type="checkbox"/> Unable to relax; startles easily | 16 <input type="checkbox"/> Cold sweats often      |
| 3 <input type="checkbox"/> "Lump" in throat        | 10 <input type="checkbox"/> Extremities cold, clammy        | 17 <input type="checkbox"/> Fever easily raised    |
| 4 <input type="checkbox"/> Dry mouth-eyes-nose     | 11 <input type="checkbox"/> Strong light irritates          | 18 <input type="checkbox"/> Neuralgia-like pains   |
| 5 <input type="checkbox"/> Pulse speeds after meal | 12 <input type="checkbox"/> Urine amount reduced            | 19 <input type="checkbox"/> Staring, blinks little |
| 6 <input type="checkbox"/> Keyed up - fail to calm | 13 <input type="checkbox"/> Heart pounds after retiring     | 20 <input type="checkbox"/> Sour stomach often     |
| 7 <input type="checkbox"/> Cut heals slowly        | 14 <input type="checkbox"/> "Nervous" stomach               |  |

## GROUP TWO

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

## GROUP THREE

- |  |  |   |
|--|--|---|
| 42 <input type="checkbox"/> Eat when nervous               | 49 <input type="checkbox"/> Heart palpitates if meals missed or delayed              | 53 <input type="checkbox"/> Crave candy or coffee in afternoons         |
| 43 <input type="checkbox"/> Excessive appetite             | 50 <input type="checkbox"/> Afternoon headaches                                      | 54 <input type="checkbox"/> Moods of depression - "blues" or melancholy |
| 44 <input type="checkbox"/> Hungry between meals           | 51 <input type="checkbox"/> Overeating sweets upsets                                 | 55 <input type="checkbox"/> Abnormal craving for sweets or snacks       |
| 45 <input type="checkbox"/> Irritable before meals         | 52 <input type="checkbox"/> Awaken after few hours sleep - hard to get back to sleep |   |
| 46 <input type="checkbox"/> Get "shaky" if hungry          |  |   |
| 47 <input type="checkbox"/> Fatigue, eating relieves       |  |   |
| 48 <input type="checkbox"/> "Lightheaded" if meals delayed |  |   |

## GROUP FOUR

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



## SYMPTOM SURVEY FORM - PAGE 2

### GROUP FIVE

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

### GROUP SIX

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

### GROUP SEVEN

- |   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>(A)</b></p> 107 <input type="checkbox"/> Insomnia<br>108 <input type="checkbox"/> Nervousness<br>109 <input type="checkbox"/> Can't gain weight<br>110 <input type="checkbox"/> Intolerance to heat<br>111 <input type="checkbox"/> Highly emotional<br>112 <input type="checkbox"/> Flush easily<br>113 <input type="checkbox"/> Night sweats<br>114 <input type="checkbox"/> Thin, moist skin<br>115 <input type="checkbox"/> Inward trembling<br>116 <input type="checkbox"/> Heart palpitates<br>117 <input type="checkbox"/> Increased appetite without weight gain<br>118 <input type="checkbox"/> Pulse fast at rest<br>119 <input type="checkbox"/> Eyelids and face twitch<br>120 <input type="checkbox"/> Irritable and restless<br>121 <input type="checkbox"/> Can't work under pressure                      | <p style="text-align: center;"><b>(C)</b></p> 137 <input type="checkbox"/> Failing memory<br>138 <input type="checkbox"/> Low blood pressure<br>139 <input type="checkbox"/> Increased sex drive<br>140 <input type="checkbox"/> Headaches, "splitting or rending" type<br>141 <input type="checkbox"/> Decreased sugar tolerance   | <p style="text-align: center;"><b>(E)</b></p> 150 <input type="checkbox"/> Dizziness<br>151 <input type="checkbox"/> Headaches<br>152 <input type="checkbox"/> Hot flashes<br>153 <input type="checkbox"/> Increased blood pressure<br>154 <input type="checkbox"/> Hair growth on face or body (female)<br>155 <input type="checkbox"/> Sugar in urine (not diabetes)<br>156 <input type="checkbox"/> Masculine tendencies (female)  |
| <p style="text-align: center;"><b>(B)</b></p> 122 <input type="checkbox"/> Increase in weight<br>123 <input type="checkbox"/> Decrease in appetite<br>124 <input type="checkbox"/> Fatigue easily<br>125 <input type="checkbox"/> Ringing in ears<br>126 <input type="checkbox"/> Sleepy during day<br>127 <input type="checkbox"/> Sensitive to cold<br>128 <input type="checkbox"/> Dry or scaly skin<br>129 <input type="checkbox"/> Constipation<br>130 <input type="checkbox"/> Mental sluggishness<br>131 <input type="checkbox"/> Hair coarse, falls out<br>132 <input type="checkbox"/> Headaches upon arising, wear off during day<br>133 <input type="checkbox"/> Slow pulse, below 65<br>134 <input type="checkbox"/> Frequency of urination<br>135 <input type="checkbox"/> Impaired hearing<br>136 <input type="checkbox"/> Reduced initiative | <p style="text-align: center;"><b>(D)</b></p> 142 <input type="checkbox"/> Abnormal thirst<br>143 <input type="checkbox"/> Bloating of abdomen<br>144 <input type="checkbox"/> Weight gain around hips or waist<br>145 <input type="checkbox"/> Sex drive reduced or lacking<br>146 <input type="checkbox"/> Tendency to ulcers, colitis<br>147 <input type="checkbox"/> Increased sugar tolerance<br>148 <input type="checkbox"/> Women: menstrual disorders<br>149 <input type="checkbox"/> Young girls: lack of menstrual function | <p style="text-align: center;"><b>(F)</b></p> 157 <input type="checkbox"/> Weakness, dizziness<br>158 <input type="checkbox"/> Chronic fatigue<br>159 <input type="checkbox"/> Low blood pressure<br>160 <input type="checkbox"/> Nails weak, ridged<br>161 <input type="checkbox"/> Tendency to hives<br>162 <input type="checkbox"/> Arthritic tendencies<br>163 <input type="checkbox"/> Perspiration increase<br>164 <input type="checkbox"/> Bowel disorders<br>165 <input type="checkbox"/> Poor circulation<br>166 <input type="checkbox"/> Swollen ankles<br>167 <input type="checkbox"/> Crave salt<br>168 <input type="checkbox"/> Brown spots or bronzing of skin<br>169 <input type="checkbox"/> Allergies - tendency to asthma<br>170 <input type="checkbox"/> Weakness after colds, influenza<br>171 <input type="checkbox"/> Exhaustion - muscular and nervous<br>172 <input type="checkbox"/> Respiratory disorders |

