

CLINICAL APPRAISAL INDICATOR

Client Name _____

Date _____

INSTRUCTIONS

Please Circle the number next to the symptom in the **GROUPS** below that are applicable to you

- 1) *Mild Symptoms* - symptoms occurring once or twice a month
- 2) *Moderate Symptoms* - symptoms occurring once or twice a week
- 3) *Severe Symptoms* - symptoms occurring daily

GROUP ONE

- | | | | | | |
|-----------------------------|-------|--------------------------------|-------|--------------------------|-------|
| 1) "Nervous" Stomach | 1 2 3 | 5) Mental alert, quick | 1 2 3 | 9) Fever easily raised | 1 2 3 |
| 2) Dry Mouth-Eyes-Nose | 1 2 3 | 6) Extremities cold, clammy | 1 2 3 | 10) Cold sweats often | 1 2 3 |
| 3) Pulse speeds after meals | 1 2 3 | 7) Heart pounds after retiring | 1 2 3 | 11) Neuralgia-like pains | 1 2 3 |
| 4) Keyed up – fail to calm | 1 2 3 | 8) Acid foods upset | 1 2 3 | | |

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes / No

GROUP TWO

- | | | | | | |
|------------------------------------|-------|--|-------|--|-------|
| 12) Perspire easily | 1 2 3 | 16) Digestion rapid | 1 2 3 | 20) Joint stiffness after rising | 1 2 3 |
| 13) Muscle-leg-toe cramps at night | 1 2 3 | 17) Vomiting frequent | 1 2 3 | 21) Circulation poor, sensitive to cold | 1 2 3 |
| 14) Eyelids swollen, puffy | 1 2 3 | 18) Difficulty swallowing | 1 2 3 | 22) Subject to colds, asthma, bronchitis | 1 2 3 |
| 15) Indigestion soon after meals | 1 2 3 | 19) Constipation, diarrhea-alternating | 1 2 3 | | |

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes / No

GROUP THREE

- | | | | | | |
|--------------------------------|-------|--|-------|---|-------|
| 23) Afternoon headaches | 1 2 3 | 26) Heart palpitates if meals are missed | 1 2 3 | 28) Awaken after few hours of sleep | 1 2 3 |
| 24) Get "shaky" if hungry | 1 2 3 | or delayed | | difficult to get back to sleep | |
| 25) Faintness if meals delayed | 1 2 3 | 27) Eat when nervous | 1 2 3 | 29) Crave candy or coffee in afternoons | 1 2 3 |
| | | | | 30) Abnormal craving for sweets or snacks | 1 2 3 |

GROUP FOUR

- | | | | | | |
|--|-------|---|-------|---|-------|
| 31) Bruise easily "black and blue" spots | 1 2 3 | 36) Swollen ankles, worse at night | 1 2 3 | 40) Hands and feet go to sleep easily, numbness | 1 2 3 |
| 32) Sigh frequently, "air hunger" | 1 2 3 | 37) Muscle cramps, worse during exercise | 1 2 3 | 41) Tendency to anemia | 1 2 3 |
| 33) Aware of "breathing heavily" | 1 2 3 | 38) Shortness of breath on exertion | 1 2 3 | 42) Tension under the breastbone, or feeling of | 1 2 3 |
| 34) Opens window in closed rooms | 1 2 3 | 39) Dull pain in chest or radiating into left | 1 2 3 | "tightness", worse on exertion | |
| 35) Susceptible to colds and fevers | 1 2 3 | arm, worse on exertion | | | |

GROUP FIVE

- | | | | | | |
|--|-------|----------------------------------|-------|--|-------|
| 43) Dry Skin | 1 2 3 | 47) Biliousness | 1 2 3 | 51) Laxatives used often | 1 2 3 |
| 44) Skin rashes frequent | 1 2 3 | 48) Greasy foods upset | 1 2 3 | 52) History of gallbladder attacks or gallstones | 1 2 3 |
| 45) Bitter metallic taste in mouth in the mornings | 1 2 3 | 49) Stools light colored | 1 2 3 | 53) Sneezing attacks | 1 2 3 |
| 46) Bowel movements painful or difficult | 1 2 3 | 50) Pain between shoulder blades | 1 2 3 | | |

GROUP SIX

- | | | | | | |
|---|-------|--|-------|-------------------------------------|-------|
| 54) Lower bowel gas several hours after eating | 1 2 3 | 56) Coated tongue | 1 2 3 | 58) Gas shortly after eating | 1 2 3 |
| 55) Burning stomach sensations, eating relieves | 1 2 3 | 57) Indigestion ½ to 1 hour after eating; may be up to 3 – 4 hours | 1 2 3 | 59) Stomach "bloating" after eating | 1 2 3 |

(Restricted to Professional Use Only)

CLINICAL APPRAISAL INDICATOR

GROUP SEVEN

(A)	1	2	3	(B)	1	2	3	(E)	1	2	3
60) Pulse fast at rest				76) Slow pulse, below 65				91) Hot flashes			
61) Nervousness				77) Increase in weight				92) Headaches			
62) Can't gain weight								93) Dizziness			
63) Intolerance to heat				(C)				94) Increased blood pressure			
64) Highly emotional				78) Low blood pressure				95) Sugar in urine (not diabetes)			
65) Flush easily				79) Failing memory				96) Masculine tendencies (female)			
66) Night sweats				80) Increased sex desire							
67) Inward trembling				81) Headaches, "splitting or rending" type 1				(F)			
68) Heart palpitates				82) Decreased sugar tolerance				97) Low blood pressure			
69) Insomnia				(D)				98) Chronic fatigue			
				83) Bloating of intestines				99) Weakness, fatigue			
(B)				84) Abnormal thirst				100) Tendency to hives			
70) Impaired hearing				85) Weight gain around hips or waist				101) Arthritic tendencies			
71) Decrease in appetite				86) Sex desire reduced or lacking				102) Perspiration increases			
72) Ringing in ears				87) Tendency to ulcers colitis				103) Crave salt			
73) Constipation				88) Increased sugar tolerance				104) Brown spots or bronzing of skin			
74) Mental sluggishness				89) Women: menstrual disorders				105) Allergies – tendency to asthma			
75) Headaches upon arising - wears off during the day				90) Young girls: lack of menstrual				106) Exhaustion – muscular and nervousness			
								107) Respiratory disorders			

GROUP EIGHT

Female Only

108) Painful menses				115) Vaginal discharge			
109) Premenstrual tension				116) Menopause, hot flashes, etc.			
110) Very easily fatigued				117) Menses scanty			
111) Depressed feeling before period				118) Acne, worse at menses			
112) Menstruation excessive / prolonged				119) Tire too easily			
113) Painful breasts				120) Urination difficult			
114) Menstruate too frequently				121) Night urination frequent movement			

Male Only

122) Pain on inside of legs or heel			
123) Feeling of incomplete bowel			
124) Prostate trouble			
125) Leg nervousness at night			
126) Diminished sex desire			

GROUP NINE

127) Chronic cough				131) Difficulty breathing				134) Bronchitis (frequent)			
128) Pain around ribs				132) Coughing up phlegm				135) Infections settle in lungs			
129) Shortness of breath				133) Coughing up blood				136) Sensitive to smog			
130) Chest pain											

GROUP TEN

137) Frequent urination				141) Cloudy urine				144) Painful/burning when passing urine			
138) Rose colored (bloody) urine				142) Rarely need to urinate				145) Urination when you cough or sneeze			
139) Dripping after urination				143) Frequent bladder infections				146) Strong smelling urine			
140) Difficulty passing urine											

GROUP ELEVEN

(A)

147) Throat infections				150) Gets boils or styes				153) Bumpy skin on back of arms			
148) Poor wound healing				151) Swollen lymph glands				154) Inflamed or bleeding gums			
149) Slow to recover from cold or flu				152) Catch colds or flu too easily							

(B)

155) Poor wound healing				157) Swollen lymph glands				159) Hyperactivity			
156) Post nasal drip				158) Swollen tongue				160) Food sensitivity or allergy			

CLINICAL APPRAISAL INDICATOR

IMPORTANT - Please list below your four main health complaints in order of importance:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PLEASE FILL IN BELOW:

Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Weight: _____ Height: _____ Married: Yes / No Gender: Male / Female

Email Address: _____ Occupation: _____

History of Illnesses and Treatments: _____

Operations, Accidents, or Injuries: _____

Present Diagnosed Illnesses: _____

Please List any Family History of Illness or Disease: _____

Please List any Medications or Supplements you are presently taking: _____

Client Signature

Date

Technician Signature

Date

DISCLAIMER

The Qest system provides a completely non-invasive method for gaining valuable information about your body's vital functions. The primary objective of the screening is to disclose patterns of stress and provide feedback that will assist in developing a program to restore each system and meridian to balance.

I understand that the Qest survey does not provide medical diagnosis and that my testing technician may recommend further medical testing. If I suspect I need further medical intervention, I understand I should consult MY physician. I give my permission for the testing technician to evaluate me on the Qest. I understand in doing so my testing technician is NOT becoming my primary care physician. I understand that the testing technician will give me information about myself and make recommendations based on the Qest screening. I understand that the testing technician will not pass judgements on prescribed medications and it is the responsibility of my primary care physician to make any adjustments on prescribed medications. Any decision to follow through with the recommended program is my own decision and I hold the testing technician harmless.

I understand that I am here to learn about natural health and better lifestyle practices, and I will be offered information about food supplements and herbs as a guide to general health.

I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescribed medications should not be altered without first consulting the physician who recommended it.

I fully understand that those who counsel me are not medical doctors, medical practitioners, licensed nutritionists, or licensed naturopaths. I am not here for any medical diagnostic purposes or treatment procedures.

Information about the traditional uses of supplements that may create a healthy balance in the body may be discussed. This is not intended to be interpreted as a substitute for a licensed physician's treatment. Nothing said, done, typed, printed, or reproduced by us is intended to diagnose, prescribe, treat, or take the place of a licensed physician.

The intent is to provide educational information for the purpose of assisting you with lifestyle changes necessary to regain and maintain an environment needed to produce a healthy balanced body.

I am not on this visit, or any subsequent visit, acting as an agent for the federal, state, county, local law enforcement or news media on a mission of entrapment or investigation.

I understand that all information and conversations will be kept confidential, and that information concerning myself can be released to another health professional only with my written consent.

I understand that the Qest screening will only identify energetic imbalances and does not diagnose any diseases in the body. The Balancing Item refers to energetic frequency needed to restore balance to the body. Balancing Items are defined differently from medical terms and are not a cure for any disease.

I recognize that the Qest screening is an unorthodox approach to balancing my health. Being of sound mind, I have chosen this screening to assist in balancing my health of my own free will and in exercise of my constitutional right for the attainment of life, liberty, and the pursuit of happiness.

Client Signature

Date

Guardian Signature (if under 18 years of age)

Relationship