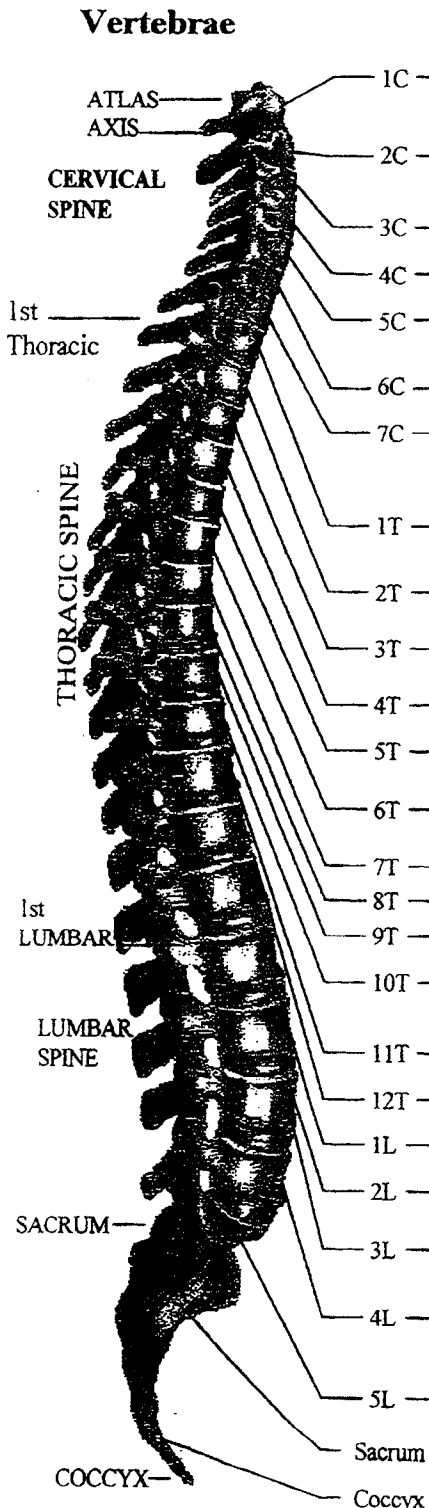


Patient \_\_\_\_\_

Date \_\_\_\_\_

**REVIEW OF SYSTEMS:**  Musculoskeletal  Neurological  Constitutional  Eyes  ENMT  Cardiovascular  Respiratory  
 Gastro Intestinal  Genitourinary  Integumentary  Psychiatric  Endocrine  Hematologic  Immunologic  All Others Negative

**Instructions:** Please mark **ALL** you have suffered with **now** or in the **past**.



Area Controlled *	Possible Effects of Malfunction
1C Blood supply to the head, pituitary gland, scalp, bones of the face, brain, inner and middle ear, sympathetic nervous system.	<input type="checkbox"/> Headaches <input type="checkbox"/> Migraine Headaches <input type="checkbox"/> Head Colds <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Chronic Tiredness <input type="checkbox"/> Amnesia <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Nervousness <input type="checkbox"/> Insomnia <input type="checkbox"/> Dizziness
2C Eyes, optic nerves, auditory nerves, sinuses, mastoid bones, tongue, forehead.	<input type="checkbox"/> Sinus Trouble <input type="checkbox"/> Allergies <input type="checkbox"/> Pain Around the Eyes <input type="checkbox"/> Earaches <input type="checkbox"/> Crossed Eyes <input type="checkbox"/> Blindness (some) <input type="checkbox"/> Deafness <input type="checkbox"/> Fainting
3C Cheeks, outer ear, face bones, teeth, trifacial nerve.	<input type="checkbox"/> Neuralgia <input type="checkbox"/> Neuritis <input type="checkbox"/> Acne / Pimples <input type="checkbox"/> Eczema <input type="checkbox"/> Neck Pain, Stiffness, Soreness
4C Nose, lips, mouth, Eustachian tube.	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Runny Nose <input type="checkbox"/> Swollen Adnoids
5C Vocal Cords, neck glands, pharynx.	<input type="checkbox"/> Laryngitis <input type="checkbox"/> Hoarseness <input type="checkbox"/> Hand/Finger Numbness <input type="checkbox"/> Sore Throats <input type="checkbox"/> Tonsillitis
6C Neck muscles, shoulders, tonsils.	<input type="checkbox"/> Stiff Neck <input type="checkbox"/> Pain in Upper Arm <input type="checkbox"/> Chronic Cough <input type="checkbox"/> Croup <input type="checkbox"/> Hand/Finger Numbness <input type="checkbox"/> Shoulder Pain
7C Thyroid Gland, bursae in the shoulders, elbows.	<input type="checkbox"/> Bursitis <input type="checkbox"/> Colds <input type="checkbox"/> Thyroid Conditions <input type="checkbox"/> Wrist, Hand / Finger Pain or Numbness
1T Arms from the elbows down, including hands, wrists, and fingers, esophagus and trachea.	<input type="checkbox"/> Asthma <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pain into Arms or Hands <input type="checkbox"/> Shortness of Breath
2T Heart, including its valves and covering, coronary arteries.	<input type="checkbox"/> Heart Problems <input type="checkbox"/> Chest Pain <input type="checkbox"/> High Blood Pressure
3T Lungs bronchial tubes, pleura, chest, breast.	<input type="checkbox"/> Bronchitis <input type="checkbox"/> Pleurisy <input type="checkbox"/> Pneumonia <input type="checkbox"/> Congestion <input type="checkbox"/> Influenza <input type="checkbox"/> Mid Back Pain, Burning, Stiffness, Soreness
4T Gallbladder, common duct	<input type="checkbox"/> Gallbladder Conditions <input type="checkbox"/> Jaundice <input type="checkbox"/> Shingles
5T Liver, solar plexus, circulation-general	<input type="checkbox"/> Liver Conditions <input type="checkbox"/> Fevers <input type="checkbox"/> Arthritis <input type="checkbox"/> Poor Circulation <input type="checkbox"/> Other Blood Pressure Problems
6T Stomach.	<input type="checkbox"/> Stomach Troubles <input type="checkbox"/> Nervous Stomach <input type="checkbox"/> Indigestion <input type="checkbox"/> Heartburn <input type="checkbox"/> Dyspepsia <input type="checkbox"/> Nausea
7T Pancreas, duodenum.	<input type="checkbox"/> Ulcers <input type="checkbox"/> Gastritis <input type="checkbox"/> Mid Back Pain or Burning
8T Spleen	<input type="checkbox"/> Lowered Immune System
9T Adrenal and Suprarenal glands	<input type="checkbox"/> Allergies <input type="checkbox"/> Hives <input type="checkbox"/> Mid Back Soreness
10T Kidneys	<input type="checkbox"/> Kidney Problems <input type="checkbox"/> Pyelitis <input type="checkbox"/> Hardening of the Arteries <input type="checkbox"/> Chronic Tiredness <input type="checkbox"/> Nephritis <input type="checkbox"/> Back Pain
11T Kidneys, ureters	<input type="checkbox"/> Skin Conditions <input type="checkbox"/> Pimples <input type="checkbox"/> Boils <input type="checkbox"/> Acne <input type="checkbox"/> Eczema
12T Small intestines, lymph circulation	<input type="checkbox"/> Rheumatism <input type="checkbox"/> Gas Pains <input type="checkbox"/> Certain Types of Sterility
1L Large intestines, inguinal rings	<input type="checkbox"/> Constipation <input type="checkbox"/> Colitis <input type="checkbox"/> Dysentery <input type="checkbox"/> Diarrhea <input type="checkbox"/> Some Hernias <input type="checkbox"/> Back Pain
2L Appendix, abdomen, upper leg	<input type="checkbox"/> Cramps <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Minor Varicose Veins
3L Sex organs, uterus, bladder, knees	<input type="checkbox"/> Bladder Problems <input type="checkbox"/> Painful or Irregular Periods <input type="checkbox"/> Miscarriages <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Impotency <input type="checkbox"/> Change of Life Symptoms <input type="checkbox"/> Knee Pains
4L Prostate gland, muscles of the lower back, sciatic nerve	<input type="checkbox"/> Sciatica <input type="checkbox"/> Difficult, Painful, or Too Frequent Urination <input type="checkbox"/> Backaches <input type="checkbox"/> Pain, Burning or Numbness in Legs
5L Lower legs, ankles, feet	<input type="checkbox"/> Weak Ankles and Arches <input type="checkbox"/> Cold Feet <input type="checkbox"/> Swollen Ankles <input type="checkbox"/> Plantar Fasciitis <input type="checkbox"/> Foot Pain <input type="checkbox"/> Weakness in Legs <input type="checkbox"/> Leg Cramps <input type="checkbox"/> Heel Spurs <input type="checkbox"/> Poor Circulation in Legs
Sacrum Hip bones, buttocks	<input type="checkbox"/> Lower Back Pain into the Hip or Legs <input type="checkbox"/> Spinal Curvature
Coccyx Rectum, anus	<input type="checkbox"/> Pain in Tailbone with Sitting <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Pruritis

\*Directly or indirectly controlled.

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 REVIEW OF 14 BODY SYSTEMS, pg. 1 OF 1

Patient Signature \_\_\_\_\_

Doctor's Signature \_\_\_\_\_