

NSP CLIENT ASSESSMENT FORM

NAME: _____ AGE: _____ DATE: _____

COMPLETE LEFT SIDE OF FORM ONLY: If any of the following symptoms or activities have occurred *within the past three months* (unless otherwise specified), please indicate by checking: **1** for mild or rarely occurring, **2** for moderate or regularly occurring, **3** for severe or often occurring, or **leave blank** if the symptom/statement does not apply.

<i>Please complete this section</i>		1	2	3	4	5	6	7	8	9	10
1	General fatigue or weakness										
2	Difficulty losing weight										
3	Frequent illness/infections										
4	High stress Lifestyle										
5	Smoking										
6	Drinking more than 2 cups of coffee/day										
7	Bad breath and/or body odour										
8	Constipation										
9	Bags under eyes										
10	Crave sugars, bread, alcohol										
11	Difficulty digesting certain foods										
12	Have used antibiotics in past 10 years										
13	Allergies										
14	Poor concentration or memory										
15	Belching or burping after meals										
16	Skin/complexion problems										
17	Frequent consumption of red meat										
18	Regular use of dairy products										
19	Heavy alcohol consumption										
20	Exposure to toxins/chemicals										
21	Frequent mood swings										
22	Depressed and/or irritable										
23	Brittle fingernails										
24	Dry, brittle hair, split ends										
25	High fat/high cholesterol diet										
26	Nervousness/anxiety/tension/worry										
27	Insomnia/restless sleep										
28	Low fibre diet										
29	Muscle cramps										
30	Sleepy when sitting up										
31	Female: menstrual cramps										
32	Bronchitis/asthma/pneumonia/emphysema										
33	Cellulite										
34	Cold hands and feet										
35	Varicose veins										
36	Feeling out of control										
37	Food/chemical sensitivities										
38	Frequent yeast/fungus problems										
39	Bones break easily, osteoporosis										
40	Too little exercise										
SCORES SUBTOTAL											

NAME: _____ DATE: _____ ASSESSMENT# _____

(Check: 1 for mild or rarely occurring. 2 for moderate or regularly occurring 3 for severe or often occurring, or leave blank if the symptom/statement does not apply.)

<i>Please complete this section</i>		1	2	3	4	5	6	7	8	9	10
	SUBTOTALS										
41	Excessive mucous										
42	Short of breath climbing stairs										
43	Tingling in lips, fingers, arms, legs										
44	Chest pains										
45	Very rapid or slow heart beat										
46	Painful, hard or thin bowel movements										
47	Alternating constipation/diarrhea										
48	Recurrent bladder infections										
49	Female: Menopause, hot flashes										
50	Female: PMS										
51	Difficult urination										
52	Swollen glands, puffy throat										
53	Lower abdominal pain										
54	Frequent need to urinate										
55	Joint pain										
56	Sinus inflammation/discharge										
57	Arthritis										
58	Sudden weight gain/loss										
59	Headaches/Migraines										
60	Female: Taking birth control pills										
61	Lower back pains										
62	Dry, flaky skin										
63	Drink less than 6 glasses of fluids/day										
64	Water retention										
65	Low sex drive										
66	Feeling heavy/bloated after meals										
67	Chronic cough										
SCORES TOTAL											

SYSTEMS RATING TABLE: For Office Use Only

COMMENTS:

1.	Digestive	
2.	Intestinal	
3.	Circulatory/Cardiovascular	
4.	Nervous	
5.	Immune/Lymphatic	
6.	Respiratory	
7.	Urinary	
8.	Glandular/Endocrine	
9.	Structural	
10.	Reproductive	

NSP SUBQUESTIONNAIRES

1. The Digestive System

*NOW PLEASE COMPLETE THE FOLLOWING SUBQUESTIONNAIRES USING THE SAME RATING SYSTEM:
Leave blank if symptom or activity does not apply, 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring.*

UNDERACTIVE STOMACH

Excessive gas, belching or burping after meals	<input type="checkbox"/>
Stomach bloated after eating	<input type="checkbox"/>
Sleepy after eating	<input type="checkbox"/>
Longitudinal striations on fingernails	<input type="checkbox"/>
Eat when rushed/in a hurry	<input type="checkbox"/>
Halitosis	<input type="checkbox"/>
Full feeling after heavy meat meal	<input type="checkbox"/>
Heavy, tired feeling after eating	<input type="checkbox"/>
Nausea after taking supplements	<input type="checkbox"/>
Acne	<input type="checkbox"/>
Undigested food in the stool	<input type="checkbox"/>

OVERACTIVE STOMACH

Stomach pain 1 hour after eating or at night	<input type="checkbox"/>
Burning sensation in stomach	<input type="checkbox"/>
Pain aggravated by worry/tension	<input type="checkbox"/>
Hiatal hernia	<input type="checkbox"/>
Gastritis, gastric ulcer	<input type="checkbox"/>
Nausea, vomiting	<input type="checkbox"/>
Sensation of acidity in abdominal area	<input type="checkbox"/>
Heartburn, indigestion	<input type="checkbox"/>
Blood in stool	<input type="checkbox"/>
Lower back pain	<input type="checkbox"/>
Long term aspirin use	<input type="checkbox"/>

LIVER

Yellow or pale fingernails	<input type="checkbox"/>
Skin oily on nose and forehead	<input type="checkbox"/>
Fats/greasy foods cause nausea, headaches	<input type="checkbox"/>
Vertical white streaks on fingernails	<input type="checkbox"/>
Onions, cabbage, radishes, cucumbers cause bloating /gas	<input type="checkbox"/>
Bad breath; bad taste in mouth	<input type="checkbox"/>
Excess body odour	<input type="checkbox"/>
High cholesterol/high cholesterol diet	<input type="checkbox"/>
Migraine headaches	<input type="checkbox"/>
Discomfort underneath right ribcage	<input type="checkbox"/>
Food allergies	<input type="checkbox"/>
Irritable, easily angered	<input type="checkbox"/>
Weight gain around the abdomen	<input type="checkbox"/>
Yellow palms	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>
Poor concentration	<input type="checkbox"/>
Difficulty losing weight	<input type="checkbox"/>
Acne, boils, rashes, psoriasis or eczema	<input type="checkbox"/>
Constipation	<input type="checkbox"/>

PANCREAS

Severe abdominal pain	<input type="checkbox"/>
Nausea and vomiting	<input type="checkbox"/>
Slow digestion; feel full for hours after eating	<input type="checkbox"/>
Fever	<input type="checkbox"/>
Alcohol addiction	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>

DYSGLYCEMIA

Hungry up to 3 hours after eating	<input type="checkbox"/>
Strong, sudden cravings for sweets, starches coffee or alcohol	<input type="checkbox"/>
Nervous/anxious feelings relieved by eating	<input type="checkbox"/>
Irritable if late for or skip a meal	<input type="checkbox"/>
Overweight	<input type="checkbox"/>
Addicted to coffee with sugar and/or colas	<input type="checkbox"/>
Frequent “midnight snacks”	<input type="checkbox"/>
Family history of diabetes	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Frequent headaches	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>
Depression	<input type="checkbox"/>
Lose temper easily	<input type="checkbox"/>

GALL BLADDER:

Gall stones; history of gall stones	<input type="checkbox"/>
Stool appears clay-coloured, foul odoured	<input type="checkbox"/>
Constipation	<input type="checkbox"/>
High cholesterol diet; High blood cholesterol levels	<input type="checkbox"/>
Severe pain in right upper abdomen	<input type="checkbox"/>

2. The Intestinal System

Leave blank if symptom or activity does not apply, 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring.

CANDIDIASIS

Extreme fatigue	
Recurrent vaginal infections	
Frequent use of antibiotics	
White coated tongue, oral thrush	
Crave sugars, bread, alcohol	
Headaches	
Tonsillitis, recurrent strep throat	
Itchy, watery or dry eyes	
Skin flushes	
Chronic indigestion, frequently use antacids	
Always cold, especially in extremities	
F: PMS	
Pain in pelvic area	
Abdominal gas and bloating	
Loss of sex drive	
Cystitis, repeated bladder infection	
Increasing food and chemical sensitivities; severe reaction to	
F: endometriosis/ovary problems	
Chronic diarrhea	
Hives, psoriasis, acne, skin rashes	
Rectal itching	
Abnormal muscle aches from exercise	
Excessive wax in ears	
Unexpected/unexplained weight gain	
Impotence	
Canker sores	
Athlete's foot, finger/toenail fungus, ringworm	
Jock itch	
"Brain fog"	
Irritability	
Memory loss	
Mental confusion	
Depression or anger for no reason	
Anxiety/panic attacks	
Inability to concentrate	
Phobic/compulsive	
Lethargy	
Mood swings	
Itchy ears, nose, anus	

PARASITES

Forgetfulness	
Slow reflexes	
Gas and bloating	
Unclear thinking	
Loss of appetite	
Yellowish or pale face	
Fast heartbeat	
Heart pain	
Pain in navel	
Eating more than normal but still feeling hungry	
Blurry or unclear vision	
Pain in the back, thighs, shoulders	
Numb hands	
Drooling while sleeping	
Damp lips at night	
Dry lips during the day	
Grind teeth while asleep	
Bedwetting	
Lethargy; chronic fatigue	
Dark circles under eyes	
Cancer	

5. The Lymphatic System

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THYMUS (IMMUNITY)

Excessive sleep	
Very susceptible to infections	
Swollen glands: tonsils, throat, armpits	
History of cancer, MS, Parkinson's arthritis	
Loss of appetite	
Headaches	
Soreness on both sides of neck at shoulder	
Feel puffiness in throat	
Look older than chronological age	
Flu-like symptoms often occur	
Lupus	

ALLERGIES

Acne, psoriasis, dermatitis, eczema	
Rapid pulse, heart irregularities	
Frequent headaches	
Hay fever	
Frequent cravings for certain foods	
Periods of blurred vision	
Repeated ear trouble	
Hyperactivity	
Dizzy spells	
Periods of confusion	
Poor concentration	
Epilepsy	
Muscle cramps or spasms	
Abnormal body odour	
Excessive sweating, night sweats	
Bowel disease: IBS, IBD, Crohn's, etc.	
Joint pains or stiffness	
Frequent night urination	
Wheezing	
Pale face	
Hives	
Nose runs constantly	
Noticeable changes in writing throughout day	
Nosebleeds	
Bloating or gas after eating certain foods	
Canker sores	
Dark circles under eyes	
Stuffy nose	

8. The Glandular / Endocrine System

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UNDERACTIVE THYROID/HYPOTHYROID

Distinct, lethargic tiredness or sluggishness	
Cold hands or feet	
Mercury amalgams (fillings)	
Gain weight easily, fail to lose on diets	
Constipation, less than one bowel movement a day	
Low energy in the morning	
Low pulse rate	
Low body temperature, especially bed rest	
Hair dry, brittle, dull, lifeless	
Flaky, dry rough skin	
Feel stiff after sitting still for some time	
Mood swings	
Usually square and wide fingernails	
High cholesterol	
Diminished sex drive	

OVERACTIVE THYROID/HYPERTHYROID

Losing weight without trying	
Heart races while at rest	
Feel warm/flushed at room temperature	
Hands shake or tremble	
Protruding tongue	
Heart palpitations	
Nervous behaviour, hyperactivity	
Insomnia	
Increased appetite	
Frequent bowel movements, diarrhea	
Excessive sweating without exercising	

PITUITARY

Headaches affecting one side of head	
F: loss of menstrual function	
Moody	
Overweight from waist down	
Overweight from waist up	
Excessive urination	
Pain in little finger of left hand	
Swelling in ankles, fingers and/or feet	
Cold hands or feet	
Pain in left side of upper neck	

ADRENALS

Stress or emotional upsets cause exhaustion	
Blood pressure decreases when going from a Lying position to a standing position	
Perspire excessively	
Neck and/or shoulder tension	
Frequent headaches	
Bow lines (depressed furrows) on fingernails	
Occasional cold sweats	
Tightness or lump in throat, especially when emotionally disturbed	
High or low blood pressure	
Rapid pulse	
Short temper	
Puffy face	

9. The Structural-Muscular/Skeletal System

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SKELETAL

Pain, swelling, stiffness in joints	
Joint inflammation (rheumatoid arthritis)	
Pain, stiffness, inflammation of spine	
Facial pain	
Joints make popping sounds	
Gout	
Ankylosing spondylitis	
Bones fracture easily	
Gradual loss of height	
Tooth loss; teeth "falling out"	
Lack of exercise	
Rounding of shoulders; stooping	
F: Menopause	
Pain in forearm or biceps	
Cramps in calf muscle during sleep or exercise	
Painful cramping of feet or toes	
Teeth prone to decay, frequent toothaches	
Malformation of bones	
Insomnia	
Muscles weak, weak grip, light objects feel heavy	
Heart palpitations	
Diet high in animal foods (meat, dairy, eggs)	

NEUROMUSCULAR

Muscles wasting in some part of the body	
Numbness or loss of sensation	
Mood swings and/or depression	
Blurred or double vision	
Tingling and/or numbness, especially in extremities	
Muscular stiffness	
Difficulty breathing	
M: impotence	
Tremors	
Loss of peripheral vision	
Slurred speech	
Objects fall from hands, reach in wrong place	
Hands tremble	
Impaired speech	

MUSCULAR

Muscle pain	
Muscle weakness	
Sprains; muscle strains	
Muscle(s) spasm	