

## REVIEW OF SYSTEMS FOR MALES

**If DOES NOT apply don't circle anything.**

**If MILDLY applies circle 1 (mild = occurs infrequently and/or experience is a very mild symptom)**

**If MODERATELY applies circle 2 (moderate = occurs quite often and/or experience is moderately intense)**

**If STRONGLY applies circle 3 (strong = occurs very frequently and/or the experience is very intense)**

<b>DIGESTION</b>							
<b>A: Hypoacidity</b>	1	2	3	History of H. Pylori bacteria	1	2	3
Nausea with Food/Drink	1	2	3	Black stool	1	2	3
Burping	1	2	3	Use of iron supplements	1	2	3
Fullness for extended time after meals	1	2	3				
Bloating	1	2	3	<b>D: Colon</b>			
Poor appetite	1	2	3	Diarrhea unrelated to food poisoning	1	2	3
Stomach upset easily	1	2	3	Bladder/Kidney infections	1	2	3
Lack of daily bowel movements	1	2	3	Abdominal cramps	1	2	3
Food allergies or sensitivities	1	2	3	Alternating constipation/diarrhea	1	2	3
Poor appetite	1	2	3	Meat eater	1	2	3
				Haemorrhoids	1	2	3
<b>B: Small Intestines</b>							
Abdominal Cramps	1	2	3	<b>E: Liver/Gallbladder</b>			
Indigestion 1-3 hours after eating	1	2	3	Intolerance to greasy foods	1	2	3
Fatigue after eating	1	2	3	Headaches after eating	1	2	3
Lower bowel gas	1	2	3	Floating stool hard to flush	1	2	3
Alternating constipation/diarrhea	1	2	3	Light colored stool	1	2	3
Diarrhea	1	2	3	Foul smelling stool	1	2	3
Fiber/roughage constipates you	1	2	3	Less than 1 bowel movement daily	1	2	3
Mucous in stools	1	2	3	Constipation	1	2	3
Poorly formed stool	1	2	3	Hard stool	1	2	3
Shiny stool or toilet water	1	2	3	Sour taste in mouth	1	2	3
3 or more bowel movements daily	1	2	3	Yellow in whites of eyes	1	2	3
Foul smelling stool	1	2	3	Bad breath	1	2	3
Dry, flaky skin and/or dry brittle hair	1	2	3	Body odour	1	2	3
Pain left side under ribs	1	2	3	Fatigue or sleepy after eating	1	2	3
Acne	1	2	3	Pain right side under ribs	1	2	3
Food allergies/sensitivities	1	2	3	Pain right shoulder or upper back	1	2	3
Lack of clean wipe after stool	1	2	3	Straining on bowel movements	1	2	3
Use lots of toilet paper to clean	1	2	3	Dry skin/hair	1	2	3
				History jaundice or hepatitis	1	2	3
<b>C: Hyperacidity or gastritis</b>							
Stomach pains	1	2	3	<b>Thyroid Issues</b>	1	2	3
Dependency on antacids	1	2	3	Sensitive to cold	1	2	3
Chronic abdominal pain/discomfort	1	2	3	Cold hands/feet	1	2	3
Butterfly sensation in stomach	1	2	3	Constipation	1	2	3
Difficulty burping/belching	1	2	3	Chronic fatigue	1	2	3
Stress causes digestive upset	1	2	3	Depressed/apathy for no reason	1	2	3
Digestive upset relieved by carbonated drink	1	2	3	Thick skin and fingernails	1	2	3
Digestive upset eased by dairy	1	2	3	Dry skin	1	2	3
History of ulcer or gastritis	1	2	3	Muscle pain or stiffness	1	2	3

Low Libido	1	2	3		Discharge or watering from eyes	1	2	3
Infertility	1	2	3		Puffiness or dark circles under eyes	1	2	3
Thinning/loss ends of eyebrows	1	2	3		Itching mouth/throat/skin	1	2	3
Gain weight easily	1	2	3		Mucous in throat	1	2	3
Loss or thinning of hair	1	2	3		Post nasal drip	1	2	3
Poor healing	1	2	3		Running nose	1	2	3
					Nasal congestion	1	2	3
<b>A: Adrenal Issues</b>					Sneezing	1	2	3
Energy drop afternoon	1	2	3		Mouth breathing	1	2	3
Dizzy on standing	1	2	3		Asthma or bronchitis	1	2	3
Low blood pressure	1	2	3		Swollen tongue	1	2	3
Can't tolerate exercise	1	2	3		Ear pressure, popping or feel full	1	2	3
Poor tolerance to stress	1	2	3		Chronic full body aches	1	2	3
Dark circles under eyes	1	2	3		Swollen joints	1	2	3
Eyes sensitive to bright light	1	2	3		Chronic pain	1	2	3
Sensitive to perfumes, smoke, medications	1	2	3		Food sensitivities/allergies	1	2	3
Depression	1	2	3		Eczema or psoriasis	1	2	3
Startle easily	1	2	3		Chronic skin rashes or hives	1	2	3
Headaches	1	2	3		Migraine headaches	1	2	3
Catch colds easily with weather change	1	2	3		Autoimmune disease in your family?	1	2	3
Irritable bowels	1	2	3					
Thin and can't gain weight	1	2	3		<b>CARDIOVASCULAR</b>			
Eyes sunken in	1	2	3		<b>A: Heart</b>			
Cant get through day without coffee	1	2	3		Chest pain on movement/Angina	1	2	3
Cold hands/feet	1	2	3		Heavy legs	1	2	3
Hair thin and wispy. Dry.	1	2	3		Calf muscle cramping on walking	1	2	3
Too hot or too cold. Can't adapt well.	1	2	3		Heart pounds easily	1	2	3
Low blood sugar episodes	1	2	3		Heart skips beat or extra beats	1	2	3
Nails thin and brittle	1	2	3		Rapid pulse	1	2	3
Oily skin	1	2	3		Feel jittery	1	2	3
Constipation	1	2	3		Swelling of feet/ankles	1	2	3
Vitiligo	1	2	3		Pain in left arm	1	2	3
					Exhaust with minor exertion	1	2	3
<b>IMMUNE SYSTEM</b>					Difficulty breathing on lying	1	2	3
Inflamed/bleeding gums	1	2	3		Medical history of heart issues?	1	2	3
Running/dripping nose	1	2	3		Last ECG was normal?	1	2	3
Loss of smell	1	2	3		History of rheumatic fever?	1	2	3
Boils or styes	1	2	3					
Throat infections	1	2	3		<b>B: Circulation</b>			
Cold sores, fever blisters, herpes	1	2	3		Cold hands/feet	1	2	3
Catch colds/flu easily	1	2	3		Calf muscle cramp on walking	1	2	3
Slow to recover colds/flu	1	2	3		Numbness of limbs easily	1	2	3
Poor wound healing	1	2	3		Tingling/burning hands/feet	1	2	3
Frequent lymph node swelling	1	2	3		Vertical wrinkle in lower ear lobe	1	2	3
Ear infections	1	2	3		Blue lips/nails	1	2	3
Bumpy skin back of arms	1	2	3		High blood pressure	1	2	3
Hair falls out	1	2	3		Ringling in ears	1	2	3
Itching nose/eyes	1	2	3		Ear canal hair	1	2	3

Spider veins	1	2	3					
Heart attack?	1	2	3		Can't hold urine	1	2	3
Stroke?	1	2	3		History of bladder/kidney infection	1	2	3
					If yes how many?	1	2	3
<b>SUGAR METABOLISM</b>					Chronic lower back pain	1	2	3
<b>A: Hypoglycemia</b>					Use of antibiotics for bladder infection	1	2	3
Dizziness on bending or getting up	1	2	3					
Crave sweets	1	2	3		<b>MALE</b>			
Headaches better with sugar/alcohol	1	2	3		<b>A: Prostate</b>			
Often feel shaky or jittery	1	2	3		Sense of bladder fullness	1	2	3
Feel faint at times	1	2	3		Increased straining with little urine	1	2	3
Irritable if miss a meal or hungry	1	2	3		Wake up to urinate	1	2	3
Feel tired 1-3 hours after eating	1	2	3		Pain/fatigue in legs/back	1	2	3
Wake up at night hungry	1	2	3		Lack of sex drive	1	2	3
Heart palpitations after sweets	1	2	3		Ejaculation causes pain	1	2	3
Impatient, moody, nervous	1	2	3					
Poor memory, forgetful	1	2	3		<b>B: Reproduction</b>			
Poor concentration	1	2	3		Difficult attaining erection	1	2	3
					Difficult maintaining erection	1	2	3
<b>B: Dysglycemic</b>					Premature ejaculation	1	2	3
Night sweats	1	2	3		Pain/cold in genital area	1	2	3
Increased thirst or hunger	1	2	3		Low sperm count	1	2	3
Lower resistance to infection	1	2	3		Varicose veins on scrotum	1	2	3
Poor healing of skin wounds	1	2	3		History injury to testicles	1	2	3
Overweight	1	2	3					
Crave sweets	1	2	3		<b>C: Genital infection</b>			
History high blood sugar	1	2	3		Discharge from penis	1	2	3
					Past/present rash on penis	1	2	3
<b>LUNGS</b>					Swollen genitals	1	2	3
Chest pain	1	2	3		Swelling of groin	1	2	3
Chronic cough	1	2	3		Venereal disease (gonorrhea, syphilis	1	2	3
Difficulty breathing	1	2	3		herpes etc.)			
Coughing up blood	1	2	3					
Coughing up phlegm	1	2	3		<b>MUSCULOSKELETAL</b>			
Pain around ribs	1	2	3		<b>A: Bones</b>			
Shortness of breath	1	2	3		Drink carbonated beverages	1	2	3
Wheezing/asthma	1	2	3		Use antacid	1	2	3
Sensitive to smog, smoke	1	2	3		Bone/joint pain	1	2	3
Infections often go into the chest	1	2	3		Arthritis	1	2	3
Smoked now or in past	1	2	3		Calcium deposits	1	2	3
History of Bronchitis	1	2	3		Kidney stones	1	2	3
Lived around smokers	1	2	3		Cavities/Fillings	1	2	3
					Dentures	1	2	3
<b>KIDNEYS/BLADDER</b>					Gum disease	1	2	3
Difficulty passing urine	1	2	3		Bone loss (jaw, spine, hip)	1	2	3
General water retention	1	2	3		Bone fracture	1	2	3
Frequent urination	1	2	3		Hysterectomy	1	2	3
Pain/burning on urination	1	2	3		Muscle cramps, spasms or twitches	1	2	3

Urinate when cough or sneeze	1	2	3	Poor posture	1	2	3
Dripping after urination	1	2	3	General muscle pain	1	2	3
<b>B: Muscles</b>				<b>EMOTIONAL STATE</b>			
General stiffness	1	2	3	Depression			
Leg cramps at night	1	2	3	Anxiety			
				Mood Swings			
<b>C: Connective tissue</b>				Panic Attacks	1	2	3
Over-flexible joints (double jointed)	1	2	3	Phobias	1	2	3
History of injury to joints or ligaments	1	2	3	Feeling Overwhelmed	1	2	3
Injure easily	1	2	3	Difficulty Opening Up	1	2	3
Swollen knees/elbows/joints	1	2	3	Difficulty Trusting Others	1	2	3
Bursitis	1	2	3	Pessimistic	1	2	3
Tendonitis	1	2	3	Emotional Eating	1	2	3
Chronic joint pain	1	2	3	Gambling	1	2	3
Slipped disc	1	2	3	Emotional Drinking	1	2	3
Herniated disc	1	2	3	Handle Stress Poorly	1	2	3
Loss of height	1	2	3				
				<b>LIFESTYLE CHOICES</b>			
<b>NEUROLOGICAL</b>							
Head feels heavy	1	2	3	<b>Please write the estimated time in minutes, hours or days.</b>			
Light headed/fainting	1	2	3	<i>Ex. Time spent on the computer daily</i>	5 hours		
Dizziness	1	2	3				
Ringing/buzzing in ears	1	2	3	Time spent talking on a cell phone daily			
Trembling hands	1	2	3	Time spent doing physical activity weekly			
Loss of feeling hands or feet	1	2	3	Time spent doing relaxing leisure activities weekly			
Limbs feel heavy	1	2	3	Time spent cooking foods weekly			
Loss of grip strength	1	2	3	Time spent preparing foods daily			
Tingling pain sensation	1	2	3	Time spent sitting daily			
Uncoordinated	1	2	3				
Drop things easily	1	2	3	<b>CHEMICAL EXPOSURE</b>			
Convulsions	1	2	3	<b>Y=yes, N=no, S=sometimes/somewhat</b>	Y	N	S
Accident prone	1	2	3	I buy organic foods as much as possible	Y	N	S
Shingles in past	1	2	3	I use commercial creams/cosmetics	Y	N	S
				I use commercial antiperspirants	Y	N	S
<b>SLEEP PATTERNS</b>				I use commercial cleaning products	Y	N	S
Can't fall asleep	1	2	3	I use hairspray daily	Y	N	S
Can't stay asleep	1	2	3	I use hair-dyes regularly	Y	N	S
Restless, uneasy sleeper	1	2	3	I get my nails painted regularly	Y	N	S
Light sleeper	1	2	3	I use perfume or cologne most days	Y	N	S
Heavy sleeper	1	2	3	I cook in aluminum and/or non-stick pots	Y	N	S
Nightmares often	1	2	3	I buy canned foods often	Y	N	S
Vivid intense dreams often	1	2	3	I eat fish frequently	Y	N	S
Don't recall dreams	1	2	3	Specify fish types:	Y	N	S
Need more than 8 hours sleep	1	2	3	I fly frequently	Y	N	S
Leg cramps/restless at night	1	2	3	I use oils and/or drink water stored in plastic	Y	N	S
Snore at night	1	2	3	I read labels before buying anything	Y	N	S
Sleep less than 7 hours on average	1	2	3	I am around smokers regularly	Y	N	S
Tight neck or shoulders	1	2	3	I work on a job that exposes me to chemicals	Y	N	S