CLINICAL APPRAISAL INDICATOR

Vital Health Solutions PMA
(605) 646-3162
VitalHealthSolutionsPMA.com
Vital.health.solutions.pma@gmail.com
By Appointment Only
M-Th, 9:00am – 4:00pm
2128 Jane Dr. Rapid City, SD 57702

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 or delayed	1 2 3	**28)** Awaken after few hours of sleep difficult to get back to sleep	1 2 3
24) Get "shaky" if hungry	1 2 3				
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 "tightness", worse on exertion	1 2 3
34) Opens window in closed rooms	1 2 3	**39)** Dull pain in chest or radiating into left arm, worse on exertion	1 2 3		
35) Susceptible to colds and fevers	1 2 3				

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

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GROUP SEVEN

(A)

60) Pulse fast at rest 1 2 3
61) Nervousness 1 2 3
62) Can't gain weight 1 2 3
63) Intolerance to heat 1 2 3
64) Highly emotional 1 2 3
65) Flush easily 1 2 3
66) Night sweats 1 2 3
67) Inward trembling 1 2 3
68) Heart palpitates 1 2 3
69) Insomnia 1 2 3

(B)

70) Impaired hearing 1 2 3
71) Decrease in appetite 1 2 3
72) Ringing in ears 1 2 3
73) Constipation 1 2 3
74) Mental sluggishness 1 2 3
75) Headaches upon arising - wears off during the day 1 2 3

(B)

76) Slow pulse, below 65 1 2 3
77) Increase in weight 1 2 3

(C)

78) Low blood pressure 1 2 3
79) Failing memory 1 2 3
80) Increased sex desire 1 2 3
81) Headaches, "splitting or rending" type 1 2 3
82) Decreased sugar tolerance 1 2 3

(D)

83) Bloating of intestines 1 2 3
84) Abnormal thirst 1 2 3
85) Weight gain around hips or waist 1 2 3
86) Sex desire reduced or lacking 1 2 3
87) Tendency to ulcers colitis 1 2 3
88) Increased sugar tolerance 1 2 3
89) Women: menstrual disorders 1 2 3
90) Young girls: lack of menstrual 1 2 3

(E)

91) Hot flashes 1 2 3
92) Headaches 1 2 3
93) Dizziness 1 2 3
94) Increased blood pressure 1 2 3
95) Sugar in urine (not diabetes) 1 2 3
96) Masculine tendencies (female) 1 2 3

(F)

97) Low blood pressure 1 2 3
98) Chronic fatigue 1 2 3
99) Weakness, fatigue 1 2 3
100) Tendency to hives 1 2 3
101) Arthritic tendencies 1 2 3
102) Perspiration increases 1 2 3
103) Crave salt 1 2 3
104) Brown spots or bronzing of skin 1 2 3
105) Allergies – tendency to asthma 1 2 3
106) Exhaustion – muscular and nervousness 1 2 3
107) Respiratory disorders 1 2 3

GROUP EIGHT

Female Only

108) Painful menses 1 2 3
109) Premenstrual tension 1 2 3
110) Very easily fatigued 1 2 3
111) Depressed feeling before period 1 2 3
112) Menstruation excessive / prolonged 1 2 3
113) Painful breasts 1 2 3
114) Menstruate too frequently 1 2 3
115) Vaginal discharge 1 2 3
116) Menopause, hot flashes, etc. 1 2 3
117) Menses scanty 1 2 3
118) Acne, worse at menses 1 2 3
119) Tire too easily 1 2 3
120) Urination difficult 1 2 3
121) Night urination frequent movement 1 2 3

Male Only

122) Pain on inside of legs or heel 1 2 3
123) Feeling of incomplete bowel 1 2 3
124) Prostate trouble 1 2 3
125) Leg nervousness at night 1 2 3
126) Diminished sex desire 1 2 3

GROUP NINE

127) Chronic cough 1 2 3
128) Pain around ribs 1 2 3
129) Shortness of breath 1 2 3
130) Chest pain 1 2 3
131) Difficulty breathing 1 2 3
132) Coughing up phlegm 1 2 3
133) Coughing up blood 1 2 3
134) Bronchitis (frequent) 1 2 3
135) Infections settle in lungs 1 2 3
136) Sensitive to smog 1 2 3

GROUP TEN

137) Frequent urination 1 2 3
138) Rose colored (bloody) urine 1 2 3
139) Dripping after urination 1 2 3
140) Difficulty passing urine 1 2 3
141) Cloudy urine 1 2 3
142) Rarely need to urine 1 2 3
143) Frequent bladder infections 1 2 3
144) Painful/burning when passing urine 1 2 3
145) Urination when you cough or sneeze 1 2 3
146) Strong smelling urine 1 2 3

GROUP ELEVEN

(A)

147) Throat infections 1 2 3
148) Poor wound healing 1 2 3
149) Slow to recover from cold or flu 1 2 3
150) Gets boils or styes 1 2 3
151) Swollen lymph glands 1 2 3
152) Catch colds or flu too easily 1 2 3
153) Bumpy skin on back of arms 1 2 3
154) Inflamed or bleeding gums 1 2 3

(B)

155) Poor wound healing 1 2 3
156) Post nasal drip 1 2 3
157) Swollen lymph glands 1 2 3
158) Swollen tongue 1 2 3
159) Hyperactivity 1 2 3
160) Food sensitivity or allergy 1 2 3

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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**

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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**