

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												

Right Side for Office Use Only

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												

Right Side for Office Use Only

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	
Stomach bloated after eating	
Sleepy after eating	
Longitudinal striations on fingernails	
Eat when rushed/in a hurry	
Halitosis	
Full feeling after heavy meat meal	
Heavy, tired feeling after eating	
Nausea after taking supplements	
Acne	
Undigested food in the stool	

LIVER

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

GALL BLADDER:

Gall stones; history of gall stones	
Stool appears clay-coloured, foul odoured	
Constipation	
High cholesterol diet; High blood cholesterol levels	
Severe pain in right upper abdomen	

OVERACTIVE STOMACH

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

PANCREAS

Severe abdominal pain	
Nausea and vomiting	
Slow digestion; feel full for hours after eating	
Fever	
Alcohol addiction	
Jaundice	

DYSGLYCEMIA

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

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

NOW PLEASE COMPLETE THE FOLLOWING SUBQUESTIONNAIRES USING THE SAME RATING 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	