

ACCT#

## PATIENT INFORMATION

Date \_\_\_\_\_ Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Head of Household  Parent  Spouse  Child

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Telephone Home/Cell (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Whom referred you to the office? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Has anyone else in your family been seen in The West Clinic? \_\_\_\_\_

## INSURANCE

Some people ask why we don't take insurance as payment. Fair Question, here is the answer straight from the government: Medicare Guidelines, Section 2251.3: "a treatment plan that seeks to prevent disease, Promote health, and Prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition is deemed NOT MEDICALLY NECESSARY"... This means that third party payers, (Blue Cross, Blue Shield, Aetna, United) now have government permission to deny health insurance claims.

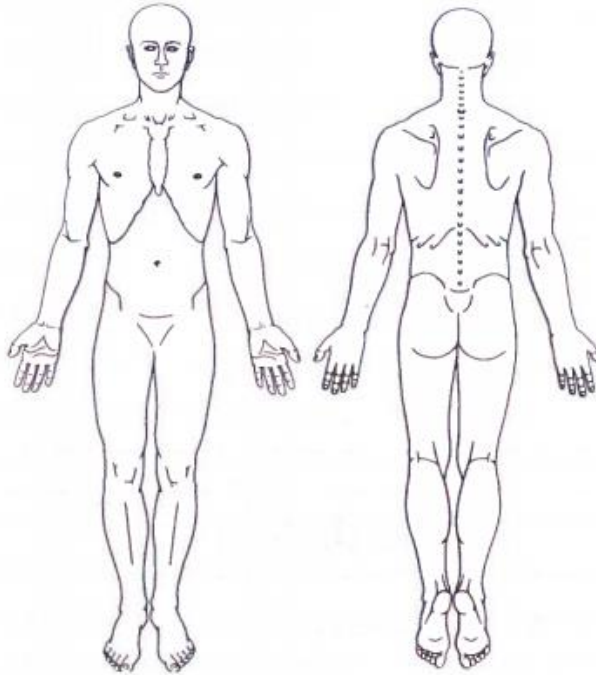
The Cutting edge, Outside the box approaches we take in addressing issues related to your condition are not covered by Medicare and Medicaid, and most insurance plans we've worked with in the past have also turned down claims for some of the procedures we do in this clinic. Therefore, we are no longer contracted with them. Insurance companies can be very restrictive in the types of options you might have available, Moving outside of the metaphorical box of approaches that insurance limits you to allow for the cause(s) of your condition to be determined, rather than simply offer options to continue treating the symptoms. When you begin to operate outside of insurance limited health care, you are able to determine how the other "outside-the-box" categories are affecting your health. Bridging the gaps between symptoms from various systems in the body, determining auto-immune triggers, and discovering other deficiencies that are contributing to your condition are also made possible when going beyond the medical standard of care.

## PURPOSE OF VISIT AND INJURY INFORMATION

What services are you expecting? *(Circle all that apply)*

IV	HCT	Asyra
Prolozone	Hormone Consult	Frankenhauser
Consultation	Weight	Crown of Thorns
Neural	Microscope	Other: _____

Please mark where it hurts:



When did the problem start? \_\_\_\_\_

What makes it feel better? \_\_\_\_\_

What makes it feel worse? \_\_\_\_\_

Does it hurt more in the: Morning Evening

Wheredoes the pain go? \_\_\_\_\_

Do you attribute your condition to a particular accident or illness (Please indicate a date)

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Please List any other relevant health problems

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Major Illnesses

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Accidents or Major Trauma (Please indicate location of any significant scars)

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Current Prescription medications (Names and Doses)

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Allergies/sensitivities: Foods, Environmental, etc.

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Have you been exposed to occupational chemicals? (asbestos, fertilizer, toxic fumes, etc.)

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How Active are you? Do you exercise consistently?

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Please list any vitamins, minerals, herbal formulas, or other supplements you are taking.  
(Name, Manufacturer, and dose)

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# PATIENT CONDITIONS OF TREATMENT AND INFORMED CONSENT TO TREAT

## Clinic Treatment(s)

*This document is a binding agreement (the "Agreement") between The West Clinic, Dr Jason West, and/or (We "Us") and the individual patient whose name and signature appears below ("You" "Your"). In consideration of the health care services provided to You by Us at the present and at all times in the future, You agree as follows (Your agreement indicated by placing Your initials on the lines following each section and by signing in the space provided):*

- 1. Consent for Treatment.** You hereby consent to and authorize Us to provide You with health care treatment, including without limitation medical, diagnostic, nutritional treatment, Intravenous Micronutrient Therapy, Prolotherapy and Prolozone (together the "Treatments") administered by Us, our physicians, assistants, consultants and staff. You understand that the practice of health care/medicine is not an exact science and that diagnosis and treatment may involve risk of injury or death. You acknowledge that we have not made any guarantees or promises as to the outcome or the safety and efficacy of the Treatment.
- 2. Experimental Nature of Treatment.** You acknowledge and agree that the evaluation, diagnosis and treatments may consist in whole or part of experimental procedures and methods, including without limit Intravenous Micronutrient Therapy, Prolotherapy and Mesotherapy, on which no governmental (including the U.S. Food and Drug Administration ("FDA")), scientific or medical authority has issued any guidelines or statements as to the safety or efficacy thereof. You acknowledge that the safety record of the Treatments is based only on empirical and anecdotal evidence, which only shows that the Treatments appear to be relatively safe. We have informed you that the Treatments MAY alter, address or decrease you pain, symptoms or complaints, but also may have no effect.
- 3. Risks, Side Effects, Complication.** We hereby inform You that there are certain unavoidable risks and potential side effects and complications to the Treatments, including without limitation infection; swelling; increased pain; bleeding; scarring; scar or wound enlargement; keloid formation; asymmetry; temporary or permanent alteration in sensation; allergic reaction; discoloration; the need for additional surgery; soreness, itching, infection, injury to nerves, internally and externally leaking fluid and scarring at injection sites (all of which except the leaking fluid may be permanent); a feeling of "lumpiness" or permanent skin contour irregularities at the site of Treatments; spinal cord injuries, Pneumothorax (air on the outside of the lung), paralysis, dizziness, numbness, no benefit from Treatments; or other serious or debilitating injuries or death.
- 4. Description of Treatments.** You acknowledge that the Treatments may involve insertion of needles into your skin and veins and the injection of standardized formulas which may include various nutritional substances, homeopathic medicines, and FDA approved prescriptive medicines, local anesthetic (Procaine or Lidocaine), concentrated sugar water or dextrose, and, on occasion ozone therapy and local subcutaneous anesthetic infiltration. The exact solution and site of injection for Your Treatment, as well as the recommended sequence of Treatments, will be explained to you when we actually administer the Treatments.
- 5. Health Care Staff.** You are aware that among those who attend you on our behalf are medical, nursing, and other health care personnel in training, who unless requested otherwise, may participate in patient care as part of their education. You further consent to the presence of service representatives and/or technicians from manufacturers of equipment or devices to assist in performing and/or operation of such equipment and/or devices during operation, procedure and Treatments.
- 6. Information You Provide Us.** You have provided Us with a Complete list of all prescription and non-prescription medications and dietary supplements You are currently taking, and You agree to update Us periodically should this list change. You have provided us with a complete list of all known allergies you may have, and all allergic or adverse reactions you have had in the past to any medicines, dietary supplements or medical treatments of any kind. You covenant that all the information You provide Us during the course of Treatments, including without limitation the information required by this Section 6, is true, accurate, complete and up-to-date to the best of Your knowledge.
- 7. Assumption of Risk.** You hereby acknowledge that after having read carefully and understood fully the terms of this Agreement, and after having adequate time to ask any question about this Agreement or the Treatments that you have, you are willing to assume any and all risks associated with the Treatments, including without limitation those described in this Agreement. You acknowledge that no explanation or description of the Treatments can ever fully explain every possible risk, side effect or complication that may or could arise from the Treatments, but that by signing this Agreement, You nevertheless acknowledge Your willingness to assume such risks and that Your consent to the Treatments is willing, voluntary and informed.
- 8. Alternatives.** You have been informed that there are alternatives to the Treatments including surgery, other types of injections, prescription medications and taking no action.
- 9. Miscellaneous.** You agree that this Agreement constitutes the entire agreement between you and us regarding the subject matter hereof. No promise, representation, guarantee or warranty not included in this Agreement has been or is being relied upon by you. This Agreement shall be binding on you and your successors, heirs, legal representatives and assigns. In case any one of the provisions of this Agreement is held invalid or illegal, such provision shall be curtailed, limited or severed Only to the extent necessary to remove such illegality or invalidity. This Agreement shall be governed by the laws of the state of Idaho without regard to any choice of law principal. Any dispute between you and Us shall be adjudicated in state of federal court in Pocatello, Idaho, and You submit to the jurisdiction of any such court.

## IMPORTANT MEDICAL LIABILITY INFORMATION AND AGREEMENT TO ALTERNATIVE DISPUTE RESOLUTION

We realize that the cost of malpractice insurance has risen to unacceptable levels. Dr. West and the staff are consulting with legal, insurance, riskmanagement, and other professionals to try and resolve this issue. Until it is resolved, Dr. West believes his patients should know that some of the procedures that are offered may not be insured for medical liability.

For the present, the only options are to close the clinic or to continue using some of these uninsured protocols and procedures while trying to resolve this problem. In deciding to continue, Drs. West will be instituting changes in his practice to more closely manage liability risk, but the intention is to continue to provide high quality Integrative Medicine.

Despite the best of care and intention, errors may occur, and medical errors may lead to harm. As part of our interim liability risk-management policy, all patients and/or their legal guardians are now asked to sign a copy of this form attesting to the fact that they are aware that Drs. West may not have medical liability malpractice insurance for some procedures and protocols.

In addition, we must now require that all patients formally agree to utilize alternative dispute resolution conditioning of a two-step process: First, mediation, and second, if necessary, binding arbitration. This process would be instead of litigation and cover any and all legal disputes involving any professional actions of Dr. West and/or the staff of West Clinic. This means that you are agreeing to any and all disputes relating to health/medical care that is provided by Dr. West and/or the staff of West Clinic first to mediation, and if no resolution is achieved by mediation, then to bringing arbitration to be determined by a single arbitrator. The rules of the American Arbitration Association shall govern the mediation and binding arbitration and all proceedings shall be conducted pursuant to the rules of the American Arbitration Association.

These alternative dispute resolution methods are quicker and more cost effective in reaching an equitable solution for all parties involved. Because of the extreme overcrowding of the Court system and very high costs of litigation, these alternative dispute resolution methods are being increasingly employed as an alternative to the more costly and slower method of litigation by the judicial system.

The parties shall split the costs of mediating and disputes equally. Any attorney's fees incurred during mediation shall become a subject of the mediation and the parties will attempt to resolve attorney's fees during the mediation. The costs of binding arbitration shall be split between the parties equally and the arbitrator shall be empowered to award attorney's fees to the prevailing party.

Further, you agree that this agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Idaho and subject to the jurisdiction of the First Judicial District Court of the State of Idaho in and/or Pocatello.

Dr. West understands that some may feel uncomfortable in signing this form. If that is the case, please do NOT sign until you discuss this with an attorney. Although Dr. West and the team will not be able to provide any professional services to patients who choose not to sign, we will provide any medical records we have in our profession to you free of charge so that you can select the healthcare practitioner of your choice for your continued care.

BY SIGNING THIS FORM(S), YOU ARE FORMALLY AGREEING TO ABIDE BY THE TERMS DESCRIBED IN THIS DOCUMENT.

## RESEARCH POLICY

Dear Patient,

It is our commitment to our patients to provide the best health history, questionnaires, diagnostic procedures, laboratory tests, and clinical exams (orthopedic, neurological, and clinical observation) that we know. This is completely consistent with the Idaho Chiropractic, Naturopathic and Acupuncture Laws. Specifically Idaho Code Section 54-703, 54-5104, and 54-4702.

- 54703 - The practice of chiropractic means: to investigate, examine, and diagnose for any human disease, ailment, injury, infirmity, deformity, or other condition;
- 54-4702. A naturopathic physician may use physical and laboratory examinations consistent with naturopathic medical education and training for diagnostic purposes.
- "Acupuncture" means that theory of health care developed from traditional and modern Oriental medical philosophies that employs diagnosis and treatment of conditions of the human body based upon stimulation of specific acupuncture points on meridians of the human body for the promotion, maintenance, and restoration of health and for the prevention of disease. Therapies within the scope of acupuncture include manual, mechanical, thermal, electrical and electromagnetic treatment of such specific indicated points. Adjunctive therapies included in, but not exclusive to, acupuncture include herbal and nutritional treatments, therapeutic exercise and other therapies based on traditional and modern Oriental medical theory.

The Government (State & Federal) creates policies and guidelines that are subject to change without notice that may carry sanctions and penalties unless the facility is involved in research. This facility participates in research. The purpose of this document is to inform you that it is possible that some of the assessments or procedures at this office are investigational and research oriented and that you are participating in research regarding your health.

Privacy Policy - The West Clinic will not release any information that may potentially identify you regarding any research project. By signing below, I am stating my understanding that this facility participates in research and that my privacy is inviolable.

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. you may refuse to sign this acknowledgment, if you wish.

I acknowledge that I have received a copy of the consent to treat Medical Liability Research Policy and Privacy Practice.

Please print your name for all documents.

Signature

Date

## FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (please provide specific details)

Employee signature

Date

*HIPAA Acknowledgement of Receipt of the Notice of Privacy Practices  
This form does not constitute legal advice and covers only federal, not state, law.*

# PLANILLA DE SONDEO DE SISTEMAS

Paciente \_\_\_\_\_ Doctor \_\_\_\_\_ Fecha \_\_\_\_\_  
 Fecha de nacimiento \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Peso aproximado \_\_\_\_\_ Sexo: Masculino  Femenino   
 Pulso: Recostado(a) \_\_\_\_\_ De pie \_\_\_\_\_ Vegetariano  Sin Gluten   
 Tensión arterial: Recostado(a) \_\_\_\_ / \_\_\_\_ De pie \_\_\_\_ / \_\_\_\_ La prueba de Ragland

INSTRUCCIONES: Rellene solo los círculos que se aplican a usted.

- Síntomas LEVES (ocurre raramente)  
   Síntomas MODERADOS (ocurre varios veces al mes)  
   Síntomas AGUDOS (ocurre casi constantemente)  
   Deje en BLANCO los círculos que se no aplican a usted.

- | 1       | 2                     | 3                     | GRUPO 1   |
|---------|-----------------------|-----------------------|---|
| 1       | <input type="radio"/> | <input type="radio"/> | Malestar por alimentos ácidos   |
| 2       | <input type="radio"/> | <input type="radio"/> | Con frecuencia le dan escalofríos   |
| 3       | <input type="radio"/> | <input type="radio"/> | "Siente un nudo" en la garganta   |
| 4       | <input type="radio"/> | <input type="radio"/> | Boca-ojos-nariz seca  |
| 5       | <input type="radio"/> | <input type="radio"/> | El pulso se acelera después de las comidas  |
| 6       | <input type="radio"/> | <input type="radio"/> | Agitada(o) no puede calmarse  |
| 7       | <input type="radio"/> | <input type="radio"/> | Las cortaduras sanan despacio   |
| 8       | <input type="radio"/> | <input type="radio"/> | Le dan náuseas fácilmente   |
| 9       | <input type="radio"/> | <input type="radio"/> | No puede relajarse; se sobresalta fácilmente  |
| 10      | <input type="radio"/> | <input type="radio"/> | Las extremidades frías, sudorosas   |
| 11      | <input type="radio"/> | <input type="radio"/> | Le irrita la luz fuerte   |
| 12      | <input type="radio"/> | <input type="radio"/> | Micción reducida  |
| 13      | <input type="radio"/> | <input type="radio"/> | El corazón le palpita fuerte después de irse a la cama                              |
| 14      | <input type="radio"/> | <input type="radio"/> | Un estómago "nervioso"  |
| 15      | <input type="radio"/> | <input type="radio"/> | Falta de apetito  |
| 16      | <input type="radio"/> | <input type="radio"/> | Con frecuencia tiene sudores fríos  |
| 17      | <input type="radio"/> | <input type="radio"/> | Fiebre se eleva con rapidez   |
| 18      | <input type="radio"/> | <input type="radio"/> | Dolores como de neuralgia   |
| 19      | <input type="radio"/> | <input type="radio"/> | Mirada fija, parpadea poco  |
| 20      | <input type="radio"/> | <input type="radio"/> | Con frecuencia acidez en el estómago  |
| GRUPO 2 |                       |                       |   |
| 21      | <input type="radio"/> | <input type="radio"/> | Rigidez en los músculos al levantarse   |
| 22      | <input type="radio"/> | <input type="radio"/> | Calambres en los músculos-pierna-dedos en la noche                                  |
| 23      | <input type="radio"/> | <input type="radio"/> | Un estómago con "mariposas", cólicos  |
| 24      | <input type="radio"/> | <input type="radio"/> | Ojos lagrimosos o nariz acuosa  |
| 25      | <input type="radio"/> | <input type="radio"/> | Parpadeo frecuente  |
| 26      | <input type="radio"/> | <input type="radio"/> | Párpados inflamados, hinchados  |
| 27      | <input type="radio"/> | <input type="radio"/> | Indigestión después de las comidas  |
| 28      | <input type="radio"/> | <input type="radio"/> | Siempre está con hambre, se siente "mareado" frecuentemente                         |
| 29      | <input type="radio"/> | <input type="radio"/> | Digestión rápida  |
| 30      | <input type="radio"/> | <input type="radio"/> | Vomita frecuentemente   |
| 31      | <input type="radio"/> | <input type="radio"/> | Ronquedad frecuente   |
| 32      | <input type="radio"/> | <input type="radio"/> | Respiración irregular   |
| 33      | <input type="radio"/> | <input type="radio"/> | Pulso lento, se siente "irregular"  |
| 34      | <input type="radio"/> | <input type="radio"/> | Náuseas, reflejos lentos  |
| 35      | <input type="radio"/> | <input type="radio"/> | Dificultad en tragar  |
| 36      | <input type="radio"/> | <input type="radio"/> | Estreñimiento, diarrea alternada  |
| 37      | <input type="radio"/> | <input type="radio"/> | "Es lento al inicio de algo"  |
| 38      | <input type="radio"/> | <input type="radio"/> | No siente escalofríos con frecuencia  |
| 39      | <input type="radio"/> | <input type="radio"/> | Suda fácilmente   |
| 40      | <input type="radio"/> | <input type="radio"/> | Circulación deficiente, sensible al frío  |
| 41      | <input type="radio"/> | <input type="radio"/> | Sujeto a resfriados, asma y bronquitis  |
| GRUPO 3 |                       |                       |   |
| 42      | <input type="radio"/> | <input type="radio"/> | Come cuando está nervioso(a)  |
| 43      | <input type="radio"/> | <input type="radio"/> | Apetito excesivo  |
| 44      | <input type="radio"/> | <input type="radio"/> | Le da hambre entre las comidas  |
| 45      | <input type="radio"/> | <input type="radio"/> | Irritable antes de las comidas  |
| 46      | <input type="radio"/> | <input type="radio"/> | Le da "temblores" si está hambriento(a)   |
| 47      | <input type="radio"/> | <input type="radio"/> | Fatiga, se calma cuando come  |
| 48      | <input type="radio"/> | <input type="radio"/> | Le da "mareo" si las comidas se demoran   |
| 49      | <input type="radio"/> | <input type="radio"/> | Siente palpitaciones si las comidas se demoran o las deja pasar                     |
| 50      | <input type="radio"/> | <input type="radio"/> | Dolores de cabeza en las tardes   |
| 51      | <input type="radio"/> | <input type="radio"/> | Malestar después de comer dulces en exceso  |
| 52      | <input type="radio"/> | <input type="radio"/> | Se despierta después de unas horas de sueño-- tiene dificultad en volverse a dormir |

- | 1       | 2                     | 3                     |   |
|---------|-----------------------|-----------------------|---|
| 53      | <input type="radio"/> | <input type="radio"/> | Desea dulces o café en las tardes   |
| 54      | <input type="radio"/> | <input type="radio"/> | Humor de abatimiento- "depresión", o melancolía   |
| 55      | <input type="radio"/> | <input type="radio"/> | Un deseo intenso atípico de dulces o bocadillos (snacks)  |
| GRUPO 4 |                       |                       |   |
| 56      | <input type="radio"/> | <input type="radio"/> | Se le duermen las manos y pies fácilmente, entumecimiento                                       |
| 57      | <input type="radio"/> | <input type="radio"/> | Suspira frecuentemente, "hambriento de aire"  |
| 58      | <input type="radio"/> | <input type="radio"/> | Consciente de que "respira pesadamente"   |
| 59      | <input type="radio"/> | <input type="radio"/> | Las grandes alturas le causan malestar  |
| 60      | <input type="radio"/> | <input type="radio"/> | Abre las ventanas en cuartos encerrados   |
| 61      | <input type="radio"/> | <input type="radio"/> | Sensible a resfriados y fiebres   |
| 62      | <input type="radio"/> | <input type="radio"/> | "Bostezador" en las tardes  |
| 63      | <input type="radio"/> | <input type="radio"/> | Se "adormece" con frecuencia  |
| 64      | <input type="radio"/> | <input type="radio"/> | Se le hinchan los tobillos, aún más en la noche   |
| 65      | <input type="radio"/> | <input type="radio"/> | Calambres musculares, se empeoran durante el ejercicio, le dan calambres o "charley horses"     |
| 66      | <input type="radio"/> | <input type="radio"/> | Falta de respiración cuando se esfuerza en exceso   |
| 67      | <input type="radio"/> | <input type="radio"/> | Un dolor sordo en el pecho o que se difunde al brazo izquierdo, se agrava con esfuerzo excesivo |
| 68      | <input type="radio"/> | <input type="radio"/> | Le dan fácilmente moretones, "cardenales"   |
| 69      | <input type="radio"/> | <input type="radio"/> | Tiene tendencia a la anemia   |
| 70      | <input type="radio"/> | <input type="radio"/> | Tiene con frecuencia "hemorragia nasal"   |
| 71      | <input type="radio"/> | <input type="radio"/> | Siente ruidos en la cabeza, "zumbido en el oído"  |
| 72      | <input type="radio"/> | <input type="radio"/> | Tensión bajo el esternón, o siente opresión, aún más cuando hace un esfuerzo excesivo           |
| GRUPO 5 |                       |                       |   |
| 73      | <input type="radio"/> | <input type="radio"/> | Mareos  |
| 74      | <input type="radio"/> | <input type="radio"/> | Piel seca   |
| 75      | <input type="radio"/> | <input type="radio"/> | Pies irritados (resquemados)  |
| 76      | <input type="radio"/> | <input type="radio"/> | Visión nublada  |
| 77      | <input type="radio"/> | <input type="radio"/> | Comezón en la piel y en los pies  |
| 78      | <input type="radio"/> | <input type="radio"/> | Caída del cabello en exceso   |
| 79      | <input type="radio"/> | <input type="radio"/> | Frecuente sarpullido en la piel   |
| 80      | <input type="radio"/> | <input type="radio"/> | Sabor amargo en la boca, a metal en las mañanas   |
| 81      | <input type="radio"/> | <input type="radio"/> | Deposición dolorosa, o con dificultad   |
| 82      | <input type="radio"/> | <input type="radio"/> | Apreensivo, se siente inseguro(a)   |
| 83      | <input type="radio"/> | <input type="radio"/> | Se siente nauseabundo, cefalea alrededor de los ojos  |
| 84      | <input type="radio"/> | <input type="radio"/> | Malestar con alimentos grasosos   |
| 85      | <input type="radio"/> | <input type="radio"/> | Heces de color claro  |
| 86      | <input type="radio"/> | <input type="radio"/> | La piel en la planta del pie se descascara  |
| 87      | <input type="radio"/> | <input type="radio"/> | Dolor entre el omoplato   |
| 88      | <input type="radio"/> | <input type="radio"/> | Usa laxantes  |
| 89      | <input type="radio"/> | <input type="radio"/> | Las heces cambian de blandas a líquidas   |
| 90      | <input type="radio"/> | <input type="radio"/> | Antecedentes de ataques de vesícula biliar o cálculos biliares                                  |
| 91      | <input type="radio"/> | <input type="radio"/> | Ataques de estornudo  |
| 92      | <input type="radio"/> | <input type="radio"/> | Sueños con pesadillas   |
| 93      | <input type="radio"/> | <input type="radio"/> | Mal aliento (halitosis)   |
| 94      | <input type="radio"/> | <input type="radio"/> | Los productos lácteos le producen malestar  |
| 95      | <input type="radio"/> | <input type="radio"/> | Sensible a las temperaturas calientes   |
| 96      | <input type="radio"/> | <input type="radio"/> | Quemazón o escozor en el recto  |
| 97      | <input type="radio"/> | <input type="radio"/> | Tiene deseos de dulces  |
| GRUPO 6 |                       |                       |   |
| 98      | <input type="radio"/> | <input type="radio"/> | No degusta de la carne  |
| 99      | <input type="radio"/> | <input type="radio"/> | Gases intestinales horas después de haber comido  |
| 100     | <input type="radio"/> | <input type="radio"/> | Sensación de irritación en el estómago, se alivia después de haber comido                       |
| 101     | <input type="radio"/> | <input type="radio"/> | Lengua saburral   |
| 102     | <input type="radio"/> | <input type="radio"/> | Tiene flatulencia, ventosidades hediondas frecuentes  |
| 103     | <input type="radio"/> | <input type="radio"/> | Indigestión 1/2 a 1 hora después de las comidas; puede permanecer por 3 a 4 horas               |
| 104     | <input type="radio"/> | <input type="radio"/> | Colitis mucosa o "inflamación del colon"  |
| 105     | <input type="radio"/> | <input type="radio"/> | Gases después de las comidas  |
| 106     | <input type="radio"/> | <input type="radio"/> | "Distensión estomacal" después de las comidas   |

- 1 2 3 GRUPO 7A**
- 107    Insomnio
  - 108    Nerviosidad
  - 109    No puede subir de peso
  - 110    Intolerancia al calor
  - 111    Sumamente emocional
  - 112    Se sofoca fácilmente
  - 113    Sudores nocturnos
  - 114    Piel delgada, hidratada
  - 115    Temblores internos
  - 116    Palpitaciones del corazón
  - 117    Aumento de apetito sin aumentar peso
  - 118    El pulso ligero al reposar
  - 119    Contracción nerviosa de los párpados y cara
  - 120    Irritable e inquieto
  - 121    No puede trabajar bajo presión
- GRUPO 7B**
- 122    Aumento de peso
  - 123    Disminución de apetito
  - 124    Se fatiga fácilmente
  - 125    Le zumban los oídos
  - 126    Adormecido durante el día
  - 127    Sensible al frío
  - 128    Piel seca o áspera
  - 129    Estreñimiento
  - 130    Inercia mental
  - 131    Cabello grueso, se cae
  - 132    Dolores de cabeza al levantarse, se disipan durante el día
  - 133    Pulso lento, menos de 65
  - 134    Frecuencia de micción
  - 135    Hipoacusia (disminución de la sensibilidad a los sonidos)
  - 136    Disminución de iniciativa
- GRUPO 7C**
- 137    Falta de memoria
  - 138    Tensión arterial baja
  - 139    Aumento del líbido
  - 140    Dolores de cabeza o "cefalea intensísima"
  - 141    Disminución de tolerancia al azúcar
- GRUPO 7D**
- 142    Sed anormal
  - 143    Distensión del abdomen
  - 144    Aumento de peso alrededor de las caderas y cintura
  - 145    Disminución o falta de la libido (deseo sexual)
  - 146    Tendencia a úlceras, colitis
  - 147    Aumento de tolerancia al azúcar
  - 148    Mujeres: trastornos menstruales
  - 149    Jovencitas: Falta de función menstrual
- GRUPO 7E**
- 150    Mareos
  - 151    Dolores de cabeza
  - 152    Sofocos
  - 153    Aumento tensión arterial
  - 154    Crecimiento de vello en la cara o cuerpo (mujer)
  - 155    Glucosuria en la orina (no diabetes)
  - 156    Tendencias masculinas (en la mujer)
- GRUPO 7F**
- 157    Debilidad, vértigo o mareo
  - 158    Fatiga crónica
  - 159    Tensión arterial baja
  - 160    Uñas débiles, con surcos
  - 161    Tendencia a la urticaria
  - 162    Tendencia a la artritis
  - 163    Aumento de sudoración
  - 164    Trastornos intestinales
  - 165    Circulación deficiente
  - 166    Tobillos hinchados
  - 167    Deseo de sal
  - 168    Manchas pardas o bronceado de la piel
  - 169    Alergias-tendencia al asma

- 1 2 3**
- 170    Debilidad después de los resfriados, influenza
  - 171    Agotamiento- muscular y nervioso
  - 172    Trastornos respiratorios
- GRUPO 8**
- 173    Debilidad muscular
  - 174    Falta de energía
  - 175    Somnolencia después de comer
  - 176    Dolor muscular
  - 177    Pulso acelerado
  - 178    Irritabilidad excesiva
  - 179    Sensación de una banda opresiva alrededor de su cabeza
  - 180    Melancolía
  - 181    Tobillos hinchados
  - 182    Disminución de orina
  - 183    Tendencia a consumir dulces o hidratos de carbono
  - 184    Espasmos musculares
  - 185    Visión borrosa
  - 186    Pérdida de control muscular
  - 187    Adormecimiento
  - 188    Sudores nocturnos
  - 189    Digestión rápida
  - 190    Excesiva sensibilidad a ruidos
  - 191    Enrojecimiento de las palmas de las manos y planta de los pies
  - 192    Venas visibles en el pecho y abdomen
  - 193    Hemorroides
  - 194    Apreensión (sensación de que algo malo va a pasar)
  - 195    Nerviosismo que causa pérdida de apetito
  - 196    Nerviosismo con indigestión
  - 197    Gastritis
  - 198    Falta de memoria
  - 199    Cabello demasiado fino
- MUJERES SOLAMENTE**
- 200    Se fatiga muy fácilmente
  - 201    Tensión premenstrual
  - 202    Menstruación dolorosa
  - 203    Sentimientos de depresión antes de la menstruación
  - 204    Menstruación excesiva y prolongada
  - 205    Senos doloridos
  - 206    Menstrua con frecuencia
  - 207    Flujo vaginal
  - 208    Histerectomía/extirpación de los ovarios
  - 209    Sofocos (de la menopausia)
  - 210    Menstruación escasa o amenorrea (ausencia)
  - 211    Acné, peor durante el menstuo
  - 212    Depresión de largo tiempo
- HOMBRE SOLAMENTE**
- 213    Problemas con la próstata
  - 214    Dificultad en orinar o micción en chorro
  - 215    Frecuencia de micción en la noche
  - 216    Depresión
  - 217    Dolor dentro de las piernas o talones
  - 218    Sentido de evacuación del intestino incompleta
  - 219    Falta de energía
  - 220    Dolencias y molestias migratorias
  - 221    Se cansa fácilmente
  - 222    Evita la actividad
  - 223    Impulso nervioso en la pierna en la noche
  - 224    Disminución de la libido

Enumere los cinco padecimientos que tiene en orden de importancia:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_