CENTRAL CARE
PHARMACY

16260 Ventura Blvd., #100, Encino, California 91436
Phone: 818-386-1888, **www.central-care.com**

BIOTEST
NUTRITIONAL ASSESSMENT

Nutritec Software Symptom Survey Form

Date: _____

Patient Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: (h) _____ **(w)** _____

D.O.B.: _____ **Sex:** ○ **Male** ○ **Female**

Height: _____ **Weight:** _____

INSTRUCTIONS: Completely black out or cross one of the three circles:
1-mild, 2-moderate, or 3 severe
● ○ ○ **Mild** symptoms (once or twice last 6 months)
○ ● ○ **Moderate** symptoms (once or twice last month)
○ ○ ● **Severe** symptoms (Chronic, once or twice last week)
○ ○ ○ Leave circles BLANK if they do not apply to you.

---

1 2 3 -----Group 1---

1. ○ ○ ○ Acid foods upset
2. ○ ○ ○ Feel chilled often
3. ○ ○ ○ "Lump" in throat
4. ○ ○ ○ Dry mouth-eyes-nose
5. ○ ○ ○ Pulse speeds after meals
6. ○ ○ ○ Keyed up; unable to feel calm
7. ○ ○ ○ Cuts heal slowly
8. ○ ○ ○ Gag easily
9. ○ ○ ○ Unable to relax; startles easily
10. ○ ○ ○ Extremities cold and/or clammy
11. ○ ○ ○ Strong light irritates
12. ○ ○ ○ Urine amount reduced
13. ○ ○ ○ Heart pounds after retiring
14. ○ ○ ○ "Nervous" stomach
15. ○ ○ ○ Appetite reduced
16. ○ ○ ○ Cold sweats often
17. ○ ○ ○ Body temperature rises easily
18. ○ ○ ○ Skin sensitive to touch
19. ○ ○ ○ Staring, blinks little
20. ○ ○ ○ Frequently have a sour stomach

---Group 2---

21. ○ ○ ○ Joint stiffness after arising
22. ○ ○ ○ Muscle-leg-toe cramps at night
23. ○ ○ ○ "Butterfly" stomach, cramps
24. ○ ○ ○ Eyes or nose watery
25. ○ ○ ○ Eyes blink often
26. ○ ○ ○ Eyelids swollen or puffy
27. ○ ○ ○ Indigestion soon after meals
28. ○ ○ ○ Always seems hungry;' lightheaded' often
29. ○ ○ ○ Food digests rapidly
30. ○ ○ ○ Vomit frequently
31. ○ ○ ○ Frequently hoarse
32. ○ ○ ○ Irregular breathing
33. ○ ○ ○ Pulse slow or feels "irregular"
34. ○ ○ ○ Slow gag reflex
35. ○ ○ ○ Difficulty swallowing
36. ○ ○ ○ Alternating constipation and diarrhea
37. ○ ○ ○ "Slow starter"
38. ○ ○ ○ Not easily chilled
39. ○ ○ ○ Perspire easily
40. ○ ○ ○ Poor circulation or sensitive to cold
41. ○ ○ ○ Subject to colds, asthma, bronchitis

---Group 3---

42. ○ ○ ○ Eat when nervous
43. ○ ○ ○ Excessive appetitie
44. ○ ○ ○ Hungry between meals
45. ○ ○ ○ Irritable before meals
46. ○ ○ ○ Get "shaky" if hungry
47. ○ ○ ○ Feeling fatigued, eating relieves
48. ○ ○ ○ "Lightheaded" if meals delayed
49. ○ ○ ○ Heart palpitates if meals missed or delayed
50. ○ ○ ○ Afternoon headaches
51. ○ ○ ○ Upset feeling from excessive eating of sweets
52. ○ ○ ○ Awaken after few hours sleep hard to get back to sleep
53. ○ ○ ○ Crave candy or coffee in afternoons
54. ○ ○ ○ Moods of depression "blues" or melancholy
55. ○ ○ ○ Abnormal craving for sweets or snacks

-----Group 4-----

56. ○ ○ ○ Hands and feet go to sleep easily, numbness
57. ○ ○ ○ Sigh frequently "air hunger"
58. ○ ○ ○ Aware of "breathing heavily"
59. ○ ○ ○ Discomfort at high altitude
60. ○ ○ ○ Opens windows in closed room
61. ○ ○ ○ Susceptible to colds and fevers
62. ○ ○ ○ Afternoon "yawner"
63. ○ ○ ○ Get "drowsy" often
64. ○ ○ ○ Swollen ankles worse at night
65. ○ ○ ○ Muscle cramps, worse during exercise; "charley- horses"
66. ○ ○ ○ Shortness of breath on exertion
67. ○ ○ ○ Dull pain in chest or radiating into left arm, worse on exertion
68. ○ ○ ○ Bruise easily, "black/blue" spots on arms or legs
69. ○ ○ ○ Tendency to anemia
70. ○ ○ ○ Frequently have "nose bleeds"
71. ○ ○ ○ "Ringing in ears" or noises in head
72. ○ ○ ○ Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion

-----Group 5-----

73. ○ ○ ○ Dizziness
74. ○ ○ ○ Dry skin
75. ○ ○ ○ Burning feet
76. ○ ○ ○ Blurred vision
77. ○ ○ ○ Itching skin and feet
78. ○ ○ ○ Excessive falling hair
79. ○ ○ ○ Frequent skin rashes
80. ○ ○ ○ Bitter or metallic taste in mouth in the mornings
81. ○ ○ ○ Bowel movements painful or difficult
82. ○ ○ ○ Feeling of worry, dread, or insecurity
83. ○ ○ ○ Feeling queasy; headache over eyes
84. ○ ○ ○ Greasy foods upset
85. ○ ○ ○ Stools light-colored
86. ○ ○ ○ Skin peels on foot soles
87. ○ ○ ○ Pain between shoulder blades
88. ○ ○ ○ Using laxatives
89. ○ ○ ○ Stools alternate from soft to watery
90. ○ ○ ○ History of gallbladder attacks or gall stones
91. ○ ○ ○ Sneezing attacks
92. ○ ○ ○ Dreaming, nightmare type bad dreams
93. ○ ○ ○ Bad breath (halitosis)
94. ○ ○ ○ Milk product cause distress
95. ○ ○ ○ Sensitive to hot weather
96. ○ ○ ○ Burning or itching anus
97. ○ ○ ○ Crave sweets

-----Group 6-----

98. ○ ○ ○ Loss of taste for meat
99. ○ ○ ○ Lower bowel gas several hours after eating
100. ○ ○ ○ Burning stomach sensations, eating relieves
101. ○ ○ ○ Coated tongue
102. ○ ○ ○ Pass large amounts of foul smelling gas
103. ○ ○ ○ Indigestion ½ - 1 hour after eating; may be up to 3 – 4 hours
104. ○ ○ ○ Mucus colitis or "irritable bowel"
105. ○ ○ ○ Gas shortly after eating
106. ○ ○ ○ Stomach "bloating" after eating

Next ⇨

1 2 3 -----Group 7A-----

107. ○ ○ ○ Insomnia
108. ○ ○ ○ Nervousness
109. ○ ○ ○ Can't gain weight
110. ○ ○ ○ Intolerance to heat
111. ○ ○ ○ Highly emotional
112. ○ ○ ○ Flush easily
113. ○ ○ ○ Night sweats
114. ○ ○ ○ Skin is thin and moist
115. ○ ○ ○ Inward trembling
116. ○ ○ ○ Heart palpitates
117. ○ ○ ○ Increased appetite without weight gain
118. ○ ○ ○ Pulse races when resting
119. ○ ○ ○ Eyelids and face twitch
120. ○ ○ ○ Irritable and restless
121. ○ ○ ○ Can't work under pressure

-----Group 7B-----

122. ○ ○ ○ Noticeable weight gain
123. ○ ○ ○ Decrease in appetite
124. ○ ○ ○ Easily fatigued
125. ○ ○ ○ Ringing in ears
126. ○ ○ ○ Sleepy during day
127. ○ ○ ○ Sensitive to cold
128. ○ ○ ○ Dry or scaly skin
129. ○ ○ ○ Constipation
130. ○ ○ ○ Mental sluggishness
131. ○ ○ ○ Hair course, falls out
132. ○ ○ ○ Headaches upon arising wear off during day
133. ○ ○ ○ Slow pulse, below 65
134. ○ ○ ○ Frequent urination
135. ○ ○ ○ Impaired hearing
136. ○ ○ ○ Reduced initiative

-----Group 7C-----

137. ○ ○ ○ Failing memory
138. ○ ○ ○ Low blood pressure
139. ○ ○ ○ Increased sex drive
140. ○ ○ ○ Headaches, "splitting or rending" type
141. ○ ○ ○ Decreased sugar tolerance

-----Group 7D-----

142. ○ ○ ○ Abnormal thirst
143. ○ ○ ○ Bloating of the abdomen
144. ○ ○ ○ Weight gain around hips or waist
145. ○ ○ ○ Sex drive reduced or lacking
146. ○ ○ ○ Tendency toward ulcers and/or colitis
147. ○ ○ ○ Increased sugar tolerance
148. ○ ○ ○ (FEMALE)Menstrual disorders
149. ○ ○ ○ (YOUNG GIRLS)Lack of menstrual function

-----Group 7E-----

150. ○ ○ ○ Dizziness
151. ○ ○ ○ Headaches
152. ○ ○ ○ Hot flashes
153. ○ ○ ○ Increased blood pressure
154. ○ ○ ○ (FEMALE)Hair growth on face or body
155. ○ ○ ○ Sugar in urine (not diabetes)
156. ○ ○ ○ (FEMALE)Masculine tendencies

-----Group 7F-----

157. ○ ○ ○ Weakness and/or dizziness
158. ○ ○ ○ Chronic fatigue
159. ○ ○ ○ Low blood pressure
160. ○ ○ ○ Nails weak and/or ridged
161. ○ ○ ○ Tendency toward hives
162. ○ ○ ○ Arthritic tendencies
163. ○ ○ ○ Perspiration increase
164. ○ ○ ○ Bowel disorders
165. ○ ○ ○ Poor circulation
166. ○ ○ ○ Swollen ankles
167. ○ ○ ○ Crave salt
168. ○ ○ ○ Brown spots or bronzing of skin
169. ○ ○ ○ Allergies-tendency to asthma
170. ○ ○ ○ Weakness after colds or influenza
171. ○ ○ ○ Muscular and nervous exhaustion
172. ○ ○ ○ Respiratory disorders

1 2 3 -----Group 8-----

173. ○ ○ ○ Apprehension
174. ○ ○ ○ Irritability
175. ○ ○ ○ Morbid fears
176. ○ ○ ○ Never seems to get well
177. ○ ○ ○ Forgetfullness
178. ○ ○ ○ Indigestion
179. ○ ○ ○ Poor appetite
180. ○ ○ ○ Craving for sweets
181. ○ ○ ○ Muscular soreness
182. ○ ○ ○ Depression; feelings of dread
183. ○ ○ ○ Noise sensitivity
184. ○ ○ ○ Acoustic hallucinations
185. ○ ○ ○ Tendency to cry without reason
186. ○ ○ ○ Hair is coarse and/or thinning
187. ○ ○ ○ Weakness
188. ○ ○ ○ Fatigue
189. ○ ○ ○ Skin sensitive to touch
190. ○ ○ ○ Tendency toward hives
191. ○ ○ ○ Nervousness
192. ○ ○ ○ Headache
193. ○ ○ ○ Insomnia
194. ○ ○ ○ Anxiety
195. ○ ○ ○ Anorexia
196. ○ ○ ○ Inability to concentrate; confusion
197. ○ ○ ○ Frequent stuffy nose; sinus infections
198. ○ ○ ○ Allergy to some food
199. ○ ○ ○ Loose joints

-----FEMALE ONLY-----

200. ○ ○ ○ Very easily fatigued
201. ○ ○ ○ Premenstrual tension
202. ○ ○ ○ Painful menses
203. ○ ○ ○ Depressed feeling before menstruation
204. ○ ○ ○ Excessive and prolonged menstruation
205. ○ ○ ○ Painful breasts
206. ○ ○ ○ Menstruate too frequently
207. ○ ○ ○ Vaginal discharge
208. ○ ○ ○ Hysterectomy / ovaries Removed
209. ○ ○ ○ Menopausal hot flashes
210. ○ ○ ○ Menses scanty or missed
211. ○ ○ ○ Acne, worse at menses
212. ○ ○ ○ Long standing depression

-----MALE ONLY-----

213. ○ ○ ○ Prostate trouble
214. ○ ○ ○ Urination difficult or dribbling
215. ○ ○ ○ Frequent nighttime urination
216. ○ ○ ○ Depression
217. ○ ○ ○ Pain on inside of legs or heels
218. ○ ○ ○ Feeling of incomplete bowel evacuation
219. ○ ○ ○ Lack of energy
220. ○ ○ ○ Migrating aches and pains
221. ○ ○ ○ Too easily tired
222. ○ ○ ○ Avoids activity
223. ○ ○ ○ Leg nervousness at night
224. ○ ○ ○ Diminished sex drive

IMPORTANT:
List below your five main physical complaints in order of importance:

1. _____

2. _____

3. _____

4. _____

5. _____

NOTES:

Patient Name:_____

Date:_____