



CLINICAL APPRAISAL INDICATOR

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

GROUP FIVE

- | | | | | | |
|--|-------|----------------------------------|-------|--|-------|
| 43) Dry Skin | 1 2 3 | 47) Bilioussness | 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 |

(Restricted to Professional Use Only)

CLINICAL APPRAISAL INDICATOR

GROUP SEVEN

(A)		(E)
60) Pulse fast at rest	1 2 3	76) Slow pulse, below 65
61) Nervousness	1 2 3	77) Increase in weight
62) Can't gain weight	1 2 3	
63) Intolerance to heat	1 2 3	(C)
64) Highly emotional	1 2 3	78) Low blood pressure
65) Flush easily	1 2 3	79) Failing memory
66) Night sweats	1 2 3	80) Increased sex desire
67) Inward trembling	1 2 3	81) Headaches, "splitting or rending" type
68) Heart palpitates	1 2 3	82) Decreased sugar tolerance
69) Insomnia	1 2 3	
		(D)
(B)		83) Bloating of intestines
70) Impaired hearing	1 2 3	84) Abnormal thirst
71) Decrease in appetite	1 2 3	85) Weight gain around hips or waist
72) Ringing in ears	1 2 3	86) Sex desire reduced or lacking
73) Constipation	1 2 3	87) Tendency to ulcers colitis
74) Mental sluggishness	1 2 3	88) Increased sugar tolerance
75) Headaches upon arising - wears off during the day	1 2 3	89) Women: menstrual disorders
		90) Young girls: lack of menstrual
		(F)
		91) Hot flashes
		92) Headaches
		93) Dizziness
		94) Increased blood pressure
		95) Sugar in urine (not diabetes)
		96) Masculine tendencies (female)
		97) Low blood pressure
		98) Chronic fatigue
		99) Weakness, fatigue
		100) Tendency to hives
		101) Arthritic tendencies
		102) Perspiration increases
		103) Crave salt
		104) Brown spots or bronzing of skin
		105) Allergies – tendency to asthma
		106) Exhaustion – muscular and nervousness
		107) Respiratory disorders

GROUP EIGHT

Female Only	Male Only
108) Painful menses	115) Vaginal discharge
109) Premenstrual tension	116) Menopause, hot flashes, etc.
110) Very easily fatigued	117) Menses scanty
111) Depressed feeling before period	118) Acne, worse at menses
112) Menstruation excessive / prolonged	119) Tire too easily
113) Painful breasts	120) Urination difficult
114) Menstruate too frequently	121) Night urination frequent movement
	122) Pain on inside of legs or heel
	123) Feeling of incomplete bowel
	124) Prostate trouble
	125) Leg nervousness at night
	126) Diminished sex desire

GROUP NINE

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

GROUP TEN

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

GROUP ELEVEN

(A)		
147) Throat infections	150) Gets boils or styes	153) Bumpy skin on back of arms
148) Poor wound healing	151) Swollen lymph glands	154) Inflamed or bleeding gums
149) Slow to recover from cold or flu	152) Catch colds or flu too easily	
(B)		
155) Poor wound healing	157) Swollen lymph glands	159) Hyperactivity
156) Post nasal drip	158) Swollen tongue	160) Food sensitivity or allergy

CLINICAL APPRAISAL INDICATOR



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



DISCLAIMER

The Asyra 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 Asyra 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 Asyra. 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 Asyra 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 nutritionalists, 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 Asyra 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 Asyra 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

