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 to twice a month
2) Moderate Symptoms – Symptoms occurring once to twice a week
3) Severe Symptoms – Symptoms occurring daily

Skip if you do not have the symptom

GROUP ONE

Symptom				Symptom				Symptom			
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. Acidic Foods Upset Stomach	1	2	3				

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes _____ No _____

GROUP TWO

Symptom				Symptom				Symptom			
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. Frequent Vomiting	1	2	3	21. Poor Circulation - 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. Alternating Constipation, Diarrhea	1	2	3				

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes _____ No _____

GROUP THREE

Symptom				Symptom				Symptom			
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	27. Eat When Nervous	1	2	3	29. Crave Candy or Coffee in Afternoon	1	2	3
25. Faintness if Meals Delayed	1	2	3					30. Abnormal Craving for Sweets or Snacks	1	2	3

Restricted for Professional Use Only

GROUP FOUR

Symptom				Symptom				Symptom			
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 Room	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

Symptom				Symptom				Symptom			
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 Stomach	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

Symptom				Symptom				Symptom			
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 1/2 to 1 Hour After Eating, may be up to 3 to 4 hours	1	2	3	59. Stomach "Bloating" After Eating	1	2	3

GROUP SEVEN

Symptom				Symptom				Symptom			
A				**B**				**C**			
60. Pulse Fast at Rest	1	2	3	70. Impaired Hearing	1	2	3	78. Low Blood Pressure	1	2	3
61. Nervousness	1	2	3	71. Decrease in Appetite	1	2	3	79. Failing Memory	1	2	3
62. Can't Gain Weight	1	2	3	72. Ringing in Ears	1	2	3	80. Increased Sex Desire	1	2	3
63. Intolerance to Heat	1	2	3	73. Constipation	1	2	3	81. Headaches, "Splitting/Rendering" Type	1	2	3
64. Highly Emotional	1	2	3	74. Mental Sluggishness	1	2	3	82. Decreased Sugar Tolerance	1	2	3
65. Flush Easily	1	2	3	75. Headaches Upon Arising - Wears Off During the Day	1	2	3				
66. Night Sweats	1	2	3	76. Slow Pulse, Below 65	1	2	3	**F**			
67. Inward Trembling	1	2	3	77. Increase in Weight				97. Low Blood Pressure	1	2	3
68. Heart Palpitates	1	2	3					98. Chronic Fatigue	1	2	3
69. Insomnia	1	2	3					99. Weakness, Fatigue	1	2	3
				E	1	2	3	100. Tendency to Hives	1	2	3
D				91. Hot Flashes	1	2	3	101. Arthritic Tendencies	1	2	3
83. Bloating of Intestines	1	2	3	92. Headaches	1	2	3	102. Perspiration Increases	1	2	3
84. Abnormal Thirst	1	2	3	93. Dizziness	1	2	3	103. Crave Salt	1	2	3
85. Weight Gain Around Hips or Waist	1	2	3	94. Increased Blood Pressure	1	2	3	104. Brown Spots or Bronzing of Skin	1	2	3
86. Sex Desire Reduced or Lacking	1	2	3	95. Sugar in Urine (Not Diabetes)	1	2	3	105. Allergies - Tendency to Asthma	1	2	3
87. Tendency to Ulcers Colitis	1	2	3	96. Masculine Tendencies (Female)				106. Exhaustion - Muscular and Nervousness	1	2	3
88. Increased Sugar Tolerance	1	2	3					107. Respiratory Disorders	1	2	3
89. Women: Menstrual Disorders	1	2	3								
90. Young Girls: Lack of Menstrual	1	2	3								

GROUP EIGHT

FEMALE ONLY

Item			
108. Painful Menses	1	2	3
109. Premenstrual Tension	1	2	3
110. Very Easily Frustrated	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

Item			
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

Item			
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

Item			
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 Urinate	1	2	3
143. Frequent Bladder Infections	1	2	3
144. Pain / 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

Item			
147. Throat Infections	1	2	3
148. Poor Wound Healing	1	2	3
149. Slow to Recover From Cold/Flu	1	2	3
150. Get Boils or Styes	1	2	3
151. Swollen Lymph Glands	1	2	3
152. Catch Colds/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

Item			
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

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 (Print Legibly): 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 Qest4 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 Qest4 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 Qest4. 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 Qest4 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 traditional uses of supplementation 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 the lifestyle changes necessary to regain and maintain an environment needed to support a well-balanced lifestyle.
- 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 Qest4 screening will only identify energetic imbalances and does not diagnose any diseases in the body. The Balancing Item refers to the energetic signature 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 Qest4 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