



The Heart Sound Recorder...determining nutrition for a healthy heart

The heart is the most important muscle in the body. Every day it beats 100,000 times, sending 2,000 gallons of blood through 60,000 miles of blood vessels. To function optimally, it is vital that the heart have the proper nutritional balance present in the body to maintain its correct rate, rhythm and tone.

Certain types of stress to the heart and cardiovascular system can be monitored by visualizing this rate, rhythm and tone of the heart cycle. The response to informed suggestions can be monitored by observing changes of the frequency, ratio, amplitude and characteristics of the heart's waveform. Comparison graphs can then help determine the effectiveness of actions taken to improve the quality of life.

With the Heart Sound Recorder you can observe the changes you are positively making in your life through acupuncture, herbs, dietary, lifestyle and nutritional support.

PREPARING for a Heart Sound Recorder evaluation:

- Finish a meal at least 1 1/2 hours prior to the test as sounds of digestion can mask a solid reading of the heart
- Do not drink caffeine prior to the test....unless, that is, you want to see the effects of the caffeine on the heart's rate, rhythm and tone. :-)
- Have a relaxed time frame around the scheduled appointment. Arrive 10 minutes early to be able to relax and come to center. Also leave some flexible time after the appointment. Being anxious of a tight schedule and where one needs to be next can hinder a proper test.
- Be dressed so that we can comfortably get down to one thinner layer of clothing. (The microphone does fine listening through one layer). Sports bras for women are the best.
- Bring in all supplements, herbs and pharmaceuticals in the original bottles



Heart Sound Nutrition Assessment Patient Consent Form

I give **Acupuncture Associates of Castle Rock** permission to record the sound of my heart and to create a graph of that sound on the Heart Sound Recorder (a general wellness cardiac stress monitor). I have been informed and understand that the Heart Sound Recorder is not an electrocardiograph like those in hospitals or physicians and that it is not capable of diagnosing heart conditions and is not in any way a substitute for such a device. I further understand that the Heart Sound Recorder has not been reviewed or cleared by the US Food and Drug Administration. I understand that if I have or believe I have a heart condition, that I should see a physician qualified to evaluate and treat that condition.

Any suggested nutritional or dietary advice is not intended as treatment or therapy for any disease or symptom of disease. Nutritional counseling, supplement recommendations, and exercise considerations provided to me are to support the normal physiological processes of the body.

I understand that any techniques, treatments, or lifestyle changes suggested after the use of this device should be undertaken only with the guidance of a licensed physician, therapist, or healthcare practitioner.

The findings from this device can be used to support, but should not be used in place of sound medical therapies and recommendations.

I am giving permission to **Acupuncture Associates of Castle Rock** to share my graph with other practitioners for educational purposes only so long as my name and other personal information are removed.

By signing below, I agree to the above.

Print Name: _____

Signature:

Date: _____

SYSTEMS SURVEY FORM



Client _____ Clinician _____ Date _____
Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male Female
Pulse: Recumbent _____ Standing _____ Vegetarian Gluten-free
Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive

INSTRUCTIONS: Fill in only the circles which apply to you.
● ○ ○ MILD symptoms (occurs rarely).
○ ● ○ MODERATE symptoms (occurs several times a month).
○ ○ ● SEVERE symptoms (occurs almost constantly)
○ ○ ○ Leave circles **BLANK** if they don't apply to you!

- 1 2 3 GROUP 1**
- 1 ○ ○ ○ Acid foods upset
 - 2 ○ ○ ○ Get chilled often
 - 3 ○ ○ ○ "Lump" in throat
 - 4 ○ ○ ○ Dry mouth-eyes-nose
 - 5 ○ ○ ○ Pulse speeds after meal
 - 6 ○ ○ ○ Keyed up - fail to calm
 - 7 ○ ○ ○ Gag occasionally
 - 8 ○ ○ ○ Unable to relax; startles easily
 - 9 ○ ○ ○ Extremities cold, clammy
 - 10 ○ ○ ○ Strong light irritates
 - 11 ○ ○ ○ Occasionally weak urine flow
 - 12 ○ ○ ○ Heart pounds after retiring
 - 13 ○ ○ ○ "Nervous" stomach
 - 14 ○ ○ ○ Appetite reduced occasionally
 - 15 ○ ○ ○ Cold sweats often
 - 16 ○ ○ ○ Get heated easily
 - 17 ○ ○ ○ Nerve discomfort
 - 18 ○ ○ ○ Staring, blinks little
 - 19 ○ ○ ○ Sour stomach frequent
- GROUP 2**
- 20 ○ ○ ○ Joint stiffness on arising
 - 21 ○ ○ ○ Muscle-leg-toe cramps at night
 - 22 ○ ○ ○ "Butterfly" stomach, cramps
 - 23 ○ ○ ○ Eyes or nose watery
 - 24 ○ ○ ○ Eyes blink often
 - 25 ○ ○ ○ Eyelids swollen, puffy
 - 26 ○ ○ ○ Indigestion soon after meals
 - 27 ○ ○ ○ Always seems hungry; feels "lightheaded" often
 - 28 ○ ○ ○ Digestion rapid
 - 29 ○ ○ ○ Vomiting occasionally
 - 30 ○ ○ ○ Hoarseness frequent
 - 31 ○ ○ ○ Uneven breathing
 - 32 ○ ○ ○ Pulse slow
 - 33 ○ ○ ○ Gagging reflex slow
 - 34 ○ ○ ○ Difficulty swallowing
 - 35 ○ ○ ○ Temporary constipation or diarrhea
 - 36 ○ ○ ○ "Slow starter"
 - 37 ○ ○ ○ Get "chilled"
 - 38 ○ ○ ○ Perspire easily
 - 39 ○ ○ ○ Sensitive to cold
 - 40 ○ ○ ○ Upper respiratory challenges
- GROUP 3**
- 41 ○ ○ ○ Eat when nervous
 - 42 ○ ○ ○ Excessive appetite
 - 43 ○ ○ ○ Hungry between meals
 - 44 ○ ○ ○ Irritable before meals
 - 45 ○ ○ ○ Get "shaky" if hungry
 - 46 ○ ○ ○ Fatigue, eating relieves
 - 47 ○ ○ ○ "Lightheaded" if meals delayed
 - 48 ○ ○ ○ Heart palpitates if meals missed or delayed
 - 49 ○ ○ ○ Fatigue in afternoons
 - 50 ○ ○ ○ Overeating sweets upsets

- 1 2 3**
- 51 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep
 - 52 ○ ○ ○ Crave candy or coffee in afternoons
 - 53 ○ ○ ○ Moods of "blues" or melancholy
 - 54 ○ ○ ○ Craving for sweets or snacks
- GROUP 4**
- 55 ○ ○ ○ Hands and feet go to sleep easily, numbness
 - 56 ○ ○ ○ Sigh frequently, "air hunger"
 - 57 ○ ○ ○ Aware of "breathing heavily"
 - 58 ○ ○ ○ High altitude discomfort
 - 59 ○ ○ ○ Opens windows in closed rooms
 - 60 ○ ○ ○ Immune system challenges
 - 61 ○ ○ ○ Afternoon "yawner"
 - 62 ○ ○ ○ Get "drowsy" often
 - 63 ○ ○ ○ Swollen ankles, worse at night
 - 64 ○ ○ ○ Muscle cramps, worse during exercise; get "charley horses"
 - 65 ○ ○ ○ Difficulty catching breath, especially during exercise
 - 66 ○ ○ ○ Tightness or pressure in chest, worse on exertion
 - 67 ○ ○ ○ Skin discolors easily after impact
 - 68 ○ ○ ○ Tendency to anemia
 - 69 ○ ○ ○ Noises in head, or "ringing in ears"
 - 70 ○ ○ ○ Fatigue upon exertion
- GROUP 5**
- 71 ○ ○ ○ Dizziness
 - 72 ○ ○ ○ Dry skin
 - 73 ○ ○ ○ Burning feet
 - 74 ○ ○ ○ Blurred vision
 - 75 ○ ○ ○ Itching skin and feet
 - 76 ○ ○ ○ Hair loss
 - 77 ○ ○ ○ Occasional skin rashes
 - 78 ○ ○ ○ Bitter, metallic taste in mouth in mornings
 - 79 ○ ○ ○ Occasional constipation
 - 80 ○ ○ ○ Worrier, feels insecure
 - 81 ○ ○ ○ Nausea occasionally after eating
 - 82 ○ ○ ○ Greasy foods upset
 - 83 ○ ○ ○ Stools light colored
 - 84 ○ ○ ○ Skin peels on foot soles
 - 85 ○ ○ ○ Discomfort between shoulder blades
 - 86 ○ ○ ○ Occasional laxative use
 - 87 ○ ○ ○ Stools alternate from soft to watery
 - 88 ○ ○ ○ Sneezing attacks
 - 89 ○ ○ ○ Dreaming, nightmare type bad dreams
 - 90 ○ ○ ○ Bad breath (halitosis)
 - 91 ○ ○ ○ Milk products cause upset
 - 92 ○ ○ ○ Sensitive to hot weather
 - 93 ○ ○ ○ Burning or itching anus
 - 94 ○ ○ ○ Crave sweets
- GROUP 6**
- 95 ○ ○ ○ Loss of taste for meat
 - 96 ○ ○ ○ Lower bowel gas several hours after eating
 - 97 ○ ○ ○ Burning stomach sensations, eating relieves
 - 98 ○ ○ ○ Coated tongue
 - 99 ○ ○ ○ Pass large amounts of foul-smelling gas
 - 100 ○ ○ ○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
 - 101 ○ ○ ○ Watery or loose stool
 - 102 ○ ○ ○ Gas shortly after eating
 - 103 ○ ○ ○ Stomach "bloating"

1 2 3 GROUP 7A

- 104 ○ ○ ○ Difficulty sleeping
- 105 ○ ○ ○ On edge
- 106 ○ ○ ○ Can't gain weight
- 107 ○ ○ ○ Intolerance to heat
- 108 ○ ○ ○ Highly emotional
- 109 ○ ○ ○ Flush easily
- 110 ○ ○ ○ Night sweats
- 111 ○ ○ ○ Thin, moist skin
- 112 ○ ○ ○ Inward trembling
- 113 ○ ○ ○ Heart races
- 114 ○ ○ ○ Increased appetite without weight gain
- 115 ○ ○ ○ Pulse fast at rest
- 116 ○ ○ ○ Eyelids and face twitch
- 117 ○ ○ ○ Irritable and restless
- 118 ○ ○ ○ Can't work under pressure

GROUP 7B

- 119 ○ ○ ○ Increase in weight
- 120 ○ ○ ○ Decrease in appetite
- 121 ○ ○ ○ Fatigue easily
- 122 ○ ○ ○ Ringing in ears
- 123 ○ ○ ○ Sleepy during day
- 124 ○ ○ ○ Sensitive to cold
- 125 ○ ○ ○ Dry or scaly skin
- 126 ○ ○ ○ Temporary constipation
- 127 ○ ○ ○ Mental sluggishness
- 128 ○ ○ ○ Hair coarse, falls out
- 129 ○ ○ ○ Tension in head upon arising wears off during day
- 130 ○ ○ ○ Slow pulse, below 65
- 131 ○ ○ ○ Changing urinary function
- 132 ○ ○ ○ Sounds appear diminished
- 133 ○ ○ ○ Reduced initiative

GROUP 7C

- 134 ○ ○ ○ Failing memory with age
- 135 ○ ○ ○ Increased sex drive
- 136 ○ ○ ○ Episodes of tension in head
- 137 ○ ○ ○ Decreased sugar tolerance

GROUP 7D

- 138 ○ ○ ○ Abnormal thirst
- 139 ○ ○ ○ Bloating of abdomen
- 140 ○ ○ ○ Weight gain around hips or waist
- 141 ○ ○ ○ Sex drive reduced or lacking
- 142 ○ ○ ○ Tendency for stomach issues
- 143 ○ ○ ○ Increased sugar tolerance
- 144 ○ ○ ○ Menstrual disorders

GROUP 7E

- 145 ○ ○ ○ Dizziness
- 146 ○ ○ ○ Headaches
- 147 ○ ○ ○ Hot flashes
- 148 ○ ○ ○ Hair growth on face or body (female)
- 149 ○ ○ ○ Sugar in urine (not diabetes)
- 150 ○ ○ ○ Masculine tendencies (female)

GROUP 7F

- 151 ○ ○ ○ Weakness, dizziness
- 152 ○ ○ ○ Tired throughout day
- 153 ○ ○ ○ Nails weak, ridged
- 154 ○ ○ ○ Sensitive skin
- 155 ○ ○ ○ Stiff joints
- 156 ○ ○ ○ Perspiration increase
- 157 ○ ○ ○ Bowel discomfort
- 158 ○ ○ ○ Poor circulation
- 159 ○ ○ ○ Swollen ankles
- 160 ○ ○ ○ Crave salt
- 161 ○ ○ ○ Areas of skin darkening
- 162 ○ ○ ○ Upper respiratory sensitivity
- 163 ○ ○ ○ Tiredness
- 164 ○ ○ ○ Breathing challenges

1 2 3 GROUP 8

- 165 ○ ○ ○ Muscle weakness
- 166 ○ ○ ○ Lack of Stamina
- 167 ○ ○ ○ Drowsiness after eating
- 168 ○ ○ ○ Muscular soreness
- 169 ○ ○ ○ Heart races
- 170 ○ ○ ○ Hyper-irritable
- 171 ○ ○ ○ Feeling of a band around your head
- 172 ○ ○ ○ Melancholia (feeling of sadness)
- 173 ○ ○ ○ Swelling of ankles
- 174 ○ ○ ○ Change in urinary function
- 175 ○ ○ ○ Tendency to consume sweets or carbohydrates
- 176 ○ ○ ○ Muscle spasms
- 177 ○ ○ ○ Blurred vision
- 178 ○ ○ ○ Involuntary muscle action
- 179 ○ ○ ○ Numbness
- 180 ○ ○ ○ Night sweats
- 181 ○ ○ ○ Rapid digestion
- 182 ○ ○ ○ Sensitivity to noise
- 183 ○ ○ ○ Redness of palms of hands and bottom of feet
- 184 ○ ○ ○ Visible veins on chest and abdomen
- 185 ○ ○ ○ Hemorrhoids
- 186 ○ ○ ○ Apprehension (feeling that something bad will happen)
- 187 ○ ○ ○ Nervousness causing loss of appetite
- 188 ○ ○ ○ Nervousness with indigestion
- 189 ○ ○ ○ Gastritis
- 190 ○ ○ ○ Forgetfulness
- 191 ○ ○ ○ Thinning hair

FEMALE ONLY

- 192 ○ ○ ○ Very easily fatigued
- 193 ○ ○ ○ Premenstrual tension
- 194 ○ ○ ○ Menses more painful than usual
- 195 ○ ○ ○ Depressed feelings before menstruation
- 196 ○ ○ ○ Painful breasts during menses
- 197 ○ ○ ○ Menstruate too frequently
- 198 ○ ○ ○ Hysterectomy / ovaries removed
- 199 ○ ○ ○ Menopausal hot flashes
- 200 ○ ○ ○ Menses scanty or missed
- 201 ○ ○ ○ Acne, worse at menses

MALE ONLY

- 202 ○ ○ ○ Less involved in exercise/social activities
- 203 ○ ○ ○ Difficult to postpone urination
- 204 ○ ○ ○ Weak urinary stream
- 205 ○ ○ ○ Feeling of "blues" or melancholy
- 206 ○ ○ ○ Feeling of incomplete bowel evacuation
- 207 ○ ○ ○ Lack of energy
- 208 ○ ○ ○ Muscles in arms and legs seem softer/smaller
- 209 ○ ○ ○ Tire too easily
- 210 ○ ○ ○ Avoids activity
- 211 ○ ○ ○ Leg nervousness at night
- 212 ○ ○ ○ Diminished sex drive

List the five main complaints you have in the order of their importance:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

RESTRICTIONS ON USE

THE SYSTEMS SURVEY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. IF YOU ARE A PATIENT, YOU SHOULD NOT USE THE SYSTEMS SURVEY. IF YOU ARE NOT A TRAINED HEALTH CARE PRACTITIONER, YOU SHOULD NOT USE THE SYSTEMS SURVEY. HEALTH CARE PRACTITIONERS SHOULD ONLY USE THE SYSTEMS SURVEY TO PROVIDE SERVICES THAT ARE WITHIN THE SCOPE OF THEIR LICENSE OR PROFESSIONAL TRAINING. THE SYSTEMS SURVEY IS NOT INTENDED TO DIAGNOSE ANY DISEASE. THE SYSTEMS SURVEY IS INTENDED TO BE USED AS A HELPFUL TOOL FOR HEALTH CARE PRACTITIONERS IN COLLECTING INFORMATION CONCERNING THE HEALTH AND WELLNESS OF PATIENTS.