

# NSP CLIENT ASSESSMENT FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPLETE LEFT SIDE OF FORM ONLY:** If any of the following symptoms or activities have occurred *within the past three months* (unless otherwise specified), please indicate by checking: **1** for mild or rarely occurring, **2** for moderate or regularly occurring, **3** for severe or often occurring, or **leave blank** if the symptom/statement does not apply.

<i><b>Please complete this section</b></i>			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
1	General fatigue or weakness											
2	Difficulty losing weight											
3	Frequent infections											
4	High stress lifestyle											
5	Smokes cigarettes											
6	Drinking more than 12oz of coffee per day											
7	Bad breath and/or body odour											
8	Constipated											
9	Puffy eyelids/dark circles under eyes											
10	Crave sugars, bread, alcohol											
11	Certain foods create digestive pain/cramping											
12	Have used antibiotics in past 10 years											
13	Diagnosed food allergies/sensitivities											
14	Poor concentration or memory											
15	Excessive gas after meals											
16	Skin irritations - breakouts/rashes											
17	High intake of processed animal protein											
18	Regular intake of cow dairy products											
19	Heavy alcohol consumption											
20	Exposure to toxins/chemicals											
21	Frequent mood swings											
22	Depressed and/or irritable											
23	Frequent urinary tract infections											
24	Dry, brittle hair, split ends											
25	High consumption of saturated fats											
26	Nervousness/anxious/tension/worry											
27	Insomnia or lack of sleep/restless sleep											
28	Low amount of fibre in the diet											
29	Muscle cramps											
30	Sleepy when sitting up											
31	Female: Menstrual cramps											
32	Bronchitis/asthma/pneumonia/emphysema											
33	Cellulite											
34	Cold hands and feet											
35	Varicose veins											
36	Feeling out of control/anger											
37	Environmental/chemical sensitivities											
38	Frequent yeast/fungus infections											
39	Bones break easily/porous bones											
40	Exercise less than one/two times per week											
<b>SUBTOTALS:</b>												

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

(**Enter: 1** for mild or rarely occurring, **2** for moderate or regularly occurring, **3** for severe or often occurring, or **leave blank** if the symptom/statement does not apply.)

<i>Please complete this section</i>		
<b>SUBTOTALS:</b>		
41	Excessive mucous build-up	
42	Easily winded or shortness of breath	
43	Pins and needles sensation	
44	Chest pains	
45	Very rapid or slow heart beat	
46	Painful, hard or thin bowel movements	
47	Alternating constipation/diarrhea	
48	Carrying abdominal/visceral weight	
49	Menopause symptoms/hot flashes	
50	Female: PMS	
51	Difficulty urinating/voiding	
52	Swollen lymph glands, puffy throat	
53	Lower abdominal pain	
54	Frequent need to urinate	
55	Joint pain/swelling/stiffness	
56	Sinus inflammation/discharge	
57	Cravings for salty foods	
58	Sudden weight gain/loss	
59	Headaches/migraines	
60	Female: Taking birth control pills	
61	Lower back pains	
62	Dry, flaky, rough skin	
63	Drink less than 6 glasses of water per day	
64	Water retention/edema	
65	Low or loss of libido	
66	Feeling heavy/bloated after meals	
67	Chronic cough or wheezing	
<b>TOTALS:</b>		

[illegible]

### SYSTEMS RATING TABLE:

1.	Digestive	
2.	Intestinal	
3.	Immune/Lymphatic	
4.	Nervous	
5.	Circulatory/Cardiovascular	
6.	Respiratory	
7.	Glandular/Endocrine	
8.	Reproductive	
9.	Urinary	
10.	Musculoskeletal	

**COMMENTS:**

# NSP SUBQUESTIONNAIRES

## 1. The Digestive System

NOW PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRES USING THE SAME RATING SYSTEM: Leave blank if symptom or activity does not apply, 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring.

### UNDERACTIVE STOMACH

Stomach bloated after eating	
Full feeling after heavy meat meal	
Nausea after taking supplements	
Undigested food in the stool	
Constipated	
Food allergies/sensitivities	
Slow digestion; feel full for hours after eating	
Onions, cabbage, radishes, cucumbers cause bloating /gas	
Excessive gas, belching or burping after meals	

### LIVER

Fats/greasy foods cause nausea, headaches	
Heavy alcohol intake	
Bad breath; bad taste in mouth	
Excess body odour	
High LDL evaluation	
Discomfort underneath right ribcage	
Food allergies/sensitivities	
Irritable, easily angered	
Weight gain around the abdomen	
Jaundice	
Poor concentration / memory	
Difficulty losing weight	
Constipated	
Skin irritations / rashes / acne	
Migraine headaches	
Hormone imbalances - PMS / mood swings / low libido	

### OVERACTIVE STOMACH

Diarrhea after meals	
Burning sensation in stomach	
Stomach pain aggravated by worry/tension	
Gastritis, gastric ulcer	
Nausea	
Lower back pain	
Long term use of NSAIDS	
Heartburn	

### GALL BLADDER

Gall stones/history of gall stones	
Stool appears clay-coloured, foul odoured	
Constipated	
High LDL cholesterol/Low HDL levels	
Severe pain in right upper abdomen	

## ***NSP SUBQUESTIONNAIRES***

### **2. The Intestinal System**

*NOW PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRES USING THE SAME RATING SYSTEM: Leave blank if symptom or activity does not apply, 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring.*

#### **CANDIDIASIS**

Extreme fatigue	
Recurrent vaginal infections	
Frequent use of antibiotics	
White coated tongue, oral thrush	
Crave sugars, bread, alcohol	
Headaches	
Abdominal gas and bloating	
Loss of libido	
Repeated bladder and/or kidney infections	
Increasing food and chemical sensitivities;	
Chronic diarrhea	
Hives, psoriasis, acne, skin rashes	
Rectal itching	
Muscle aches	
Athlete's foot, finger/toenail fungus, jock itch	
Brain fog	
Anxious/panic attacks	
Inability to concentrate	
Lethargy	
Blood in stool	
Mental confusion	
Depressed	
F: PMS/mood swings/heavy cycles	
Irritable/loss temper easily	

#### **LEAKY GUT**

Fatigue	
Learning disorder – ADD / ADHD	
Frequent infections	
Low libido	
Chronic gas/bloating	
Headaches	
Skin irritations	
Diarrhea &/or constipated	
Brain fog/memory loss	
Mood swings	
Autoimmune disorder	
Depressed	
Joint pain	
Insomnia	
Food intolerances	

#### **PARASITES**

Gas and bloating, cramps	
Ravenous appetite or loss of appetite	
Pain in umbilicus	
Headaches, neckaches, backaches	
Drooling while sleeping	
Grind teeth while asleep	
Bedwetting	
Lethargy; chronic fatigue	
Dark circles under eyes	
Irritability	
Itchy ears, nose, anus	
Low blood iron levels	
Sore joints	
Disrupted sleep	

#### **DYSBIOSIS**

Bloating	
Belching	
Flatulence after meals	
Food sensitivities/intolerances	
Nausea or diarrhea after supplements	
Weak or cracked fingernails	
Constipated	
Iron deficiency	
Acne, rashes, skin irritations	
Fatigue/low energy	
IBS/IBD/SIBO	
Bad breath	
Hormone imbalances - PMS / mood swings / low libido	

## NSP SUBQUESTIONNAIRES

### 3. The Immune System

NOW PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRES USING THE SAME RATING SYSTEM: Leave blank if symptom or activity does not apply, 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring.

#### DIAGNOSED ALLERGIES/

#### FOOD INTOLERANCES & SENSITIVITIES

Psoriasis, eczema	
Hay fever	
Frequent cravings for certain foods	
Repeated ear infections	
Hyperactivity	
Excessive sweating, night sweats	
Bowel disease: IBS, IBD	
Wheezing	
Pale face	
Hives	
Nose runs constantly	
Bloating or gas after eating certain foods	
Canker sores	
Dark circles under eyes	
Stuffy nose	
Itchy, watery eyes	
Sore joints	
Cough	
Fatigue	
Nausea	

#### INFLAMMATION

Muscle stiffness	
Joint pain	
Fatigue/loss of energy	
Loss of appetite	
Red, itchy skin	
Overweight/obese	
Frequent infections	
Diagnosed allergies	
Autoimmune disorder	
Cancer	
IBS, IBD, Crohn's	
Gluten intolerance	
Visceral fat	
Disease ending in "itis"	
Mental health disorder-depressed/anxious	
High stress lifestyle	

# NSP SUBQUESTIONNAIRES

## 7. The Glandular / Endocrine System

NOW PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRES USING THE SAME RATING SYSTEM: Leave blank if symptom or activity does not apply, 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring.

### UNDERACTIVE/LOW THYROID

Distinct, lethargic tiredness or sluggishness	
Cold hands or feet	
Gain weight easily, fail to lose on diets	
Constipated, less than one bowel movement a day	
Low body temperature, especially during bed rest	
Hair dry, brittle, dull, lifeless	
Flaky, dry rough skin	
Diminished libido	
Depressed / mood swings	
Silver dental amalgams	
Low energy in the morning	
Low pulse rate	

### PITUITARY

F: loss of menstrual function	
Cold hands or feet	
Tachycardia, Rapid hear rate	
Heat intolerance, frequent sweating	
Hand and/or head tremor	
Frequent bowel movements	
Unusual hair growth	
Loss of sleep/poor sleep habits	
Imbalanced blood sugar	
Blood pressure imbalances	
Edema	

### PANCREAS (DYSGLYCEMIA)

Acute fever	
Hungry up to 3 hours after eating	
Strong, sudden cravings for sweets, starches coffee or alcohol	
Nervous/anxious feelings relieved by eating	
Irritable if late for or skip a meal	
Overweight	
Addicted to coffee with sugar and/or colas	
Frequent "midnight snacks"	
Family history of diabetes	
Fatigue	
Frequent headaches	
Fainting spells	
Feeling depressed	
Lose temper easily	

### OVERACTIVE/HIGH THYROID

Losing weight without trying	
Heart palpitations	
Nervous behaviour, hyperactivity	
Feel warm/flushed at room temperature	
Frequent bowel movements, diarrhea	
Excessive sweating without exercising	
Hand tremor	
Heart races while at rest	
Increased appetite	
Insomnia	

### ADRENALS

Cravings for salt	
Hypoglycemia	
Hair loss	
Low libido	
Disrupted sleep	
Stress or emotional upsets cause exhaustion	
Perspire excessively	
Frequent migraines	
Low blood pressure	
Dark circles under eyes	
Blood pressure decreases when going from a	

### THYMUS (IMMUNITY)

Very susceptible to infections	
Swollen glands: tonsils, throat, armpits	
Feel puffiness in throat	
Look older than chronological age	
Flu-like symptoms often occur	
Extreme Sweating	
Autoimmune disease	

## ***NSP SUBQUESTIONNAIRES***

### **10. The Musculoskeletal System**

*NOW PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRES USING THE SAME RATING SYSTEM: Leave blank if symptom or activity does not apply, 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring.*

#### **MUSCULAR-SKELETAL**

Pain, swelling, stiffness in joints	
Joint inflammation	
Pain, stiffness, inflammation of spine	
Facial pain	
Joints make popping sounds	
Gout	
Bones fracture easily	
Gradual loss of height	
Tooth loss, frequent toothaches	
Lack of exercise	
Rounding of shoulders; stooping	
Cramps in calf muscle during sleep/exercise	
Painful cramping of feet or toes	
Teeth prone to decay	
Malformation of bones	
Muscles weak, weak grip, light objects feel heavy	
Muscle pain	
Sprains; muscle strains	
Muscle(s) spasm	
F: Menopause	

#### **NEUROMUSCULAR**

Muscle weakness	
Loss of balance	
Numbness	
Muscle twitching	
Muscle pain	
Hand tremors	
Pins and needles sensations	
Difficulty swallowing or breathing	
Muscular stiffness	
Blurred or double vision	