

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**

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**

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**

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

**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 "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**

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**

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**

<b>A</b>				<b>B</b>				<b>C</b>			
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	<b>F</b>			
67. Inward Trembling	1	2	3	77. Increase in Weight	1	2	3	97. Low Blood Pressure	1	2	3
68. Heart Palpitates	1	2	3					98. Chronic Fatigue	1	2	3
69. Insomnia	1	2	3	<b>E</b>				99. Weakness, Fatigue	1	2	3
				91. Hot Flashes	1	2	3	100. Tendency to Hives	1	2	3
<b>D</b>				92. Headaches	1	2	3	101. Arthritic Tendencies	1	2	3
83. Bloating of Intestines	1	2	3	93. Dizziness	1	2	3	102. Perspiration Increases	1	2	3
84. Abnormal Thirst	1	2	3	94. Increased Blood Pressure	1	2	3	103. Crave Salt	1	2	3
85. Weight Gain Around Hips or Waist	1	2	3	95. Sugar in Urine (Not Diabetes)	1	2	3	104. Brown Spots or Bronzing of Skin	1	2	3
86. Sex Desire Reduced or Lacking	1	2	3	96. Masculine Tendencies (Female)	1	2	3	105. Allergies - Tendency to Asthma	1	2	3
87. Tendency to Ulcers Colitis	1	2	3					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

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

#### MALE ONLY

115. Vaginal Discharge	1	2	3	122. Pain on Inside of Legs or Heel	1	2	3
116. Menopause, Hot Flashes, Etc.	1	2	3	123. Feeling of Incomplete Bowel	1	2	3
117. Menses Scanty	1	2	3	124. Prostate Trouble	1	2	3
118. Acne, Worse at Menses	1	2	3	125. Leg Nervousness at Night	1	2	3
119. Tire too Easily	1	2	3	126. Diminished Sex Desire	1	2	3
120. Urination Difficult	1	2	3				
121. Night Urination Frequent Movement	1	2	3				

### GROUP NINE

127. Chronic Cough	1	2	3	131. Difficulty Breathing	1	2	3	135. Infections Settle in Lungs	1	2	3
128. Pain Around Ribs	1	2	3	132. Coughing Up Phlegm	1	2	3	136. Sensitive to Smog	1	2	3
129. Shortness of Breath	1	2	3	133. Coughing Up Blood	1	2	3				
130. Chest Pain	1	2	3	134. Bronchitis (Frequent)	1	2	3				

### GROUP TEN

137. Frequent Urination	1	2	3	141. Cloudy Urine	1	2	3	145. Urination When You Cough or Sneeze	1	2	3
138. Rose Colored (Bloody) Urine	1	2	3	142. Rarely Need to Urinate	1	2	3	146. Strong Smelling Urine	1	2	3
139. Dripping After Urination	1	2	3	143. Frequent Bladder Infections	1	2	3				
140. Difficulty Passing Urine	1	2	3	144. Pain / Burning When Passing Urine	1	2	3				

### GROUP ELEVEN

<b>A</b>											
147. Throat Infections	1	2	3	150. Get Boils or Styes	1	2	3	153. Bumpy Skin on Back of Arms	1	2	3
148. Poor Wound Healing	1	2	3	151. Swollen Lymph Glands	1	2	3	154. Inflamed or Bleeding Gums	1	2	3
149. Slow to Recover From Cold/Flu	1	2	3	152. Catch Colds/Flu Too Easily	1	2	3				
<b>B</b>											
155. Poor Wound Healing	1	2	3	157. Swollen Lymph Glands	1	2	3	159. Hyperactivity	1	2	3
156. Post Nasal Drip	1	2	3	158. Swollen Tongue	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: Gender: Male / Female
Email Address (Print Legibly):	Occupation:
History of Illnesses and Treatments:	
Operations, Accidents or Injuries:	
Present Diagnosed Illnesses:	
List any Family History of Illness or Disease:	
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 an individual's Innate Intelligence and/or energetic field. The primary objective of the evaluation is to disclose energetic imbalances and provide feedback that will assist in developing a program to support each physical and energetic system of the body.

- I understand that the QEST4 evaluation does not provide a medical diagnosis and that my testing technician may recommend further medical care and testing. If I suspect I need medical intervention, I understand I should consult MY physician. I give my permission for the testing technician to evaluate me with the QEST4. I understand in doing so, my testing technician is NOT becoming my primary physician. I understand that the testing technician will give me information about my body's energetic field and make recommendations based on the QEST4 evaluation. I understand that the testing technician will not pass judgments on prescribed medications and it is the responsibility of my primary physician to make any adjustments to prescribed medications or methods of treatment. Any decision to follow through with the recommended protocol is my own decision and I will not hold the testing technician liable.
- 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 supporting my well-being.
- I understand that I should continue to see any physicians I may be currently under the care of and that any prescribed medications should not be altered without first consulting the physician who prescribed them.
- I fully understand that those who counsel me may not be licensed physicians. I am not seeking any medical diagnosis or medical treatment in relation to the QEST4 evaluation.
- I fully understand that information about traditional uses of supplementation that may support balance may be discussed. I fully understand that this information is not intended to be interpreted or used as a substitute for medical care offered by a licensed physician. I fully understand that anything said, done, typed, printed, or presented in any other fashion to me is not intended to diagnose, prescribe, treat, or take the place of a licensed physician.
- I fully understand that the intent is to provide educational information for the purpose of assisting me 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 may only be released to a health professional with my written consent.
- I understand that the QEST4 evaluation will only identify energetic imbalances and does not diagnose any diseases. The Balancing Item refers to the energetic signatures needed to restore balance to body's energetic field. Balancing Items are defined differently from physician terms and are not a cure for any disease.
- I recognize that the QEST4 evaluation is an unorthodox approach to supporting my well-being. Being of sound mind, of my own free will and in exercise of my constitutional right for the attainment of life, liberty and the pursuit of happiness, I have chosen this evaluation method to assist in balancing my health.

---

 Client Signature

---

 Date

---

 Guardian Signature (if under 18 years of age)

---

 Relationship