

# Observation and Investigation Assessment Sheet

Name : .....

Address:.....

postcode: ..... Phone: ..... Mobile: ..... Age:.....

remember, always ask if *THE BODY WILL ACCEPT* any correction. Check for possible subconscious sabotage

## OBSERVATION PROCEDURE

Physical Indicators	Possible Condition	Possible Cause
<input type="checkbox"/> Strabismus (Lazy eye)	Glare while driving, Fatigue, Learning Difficulties, viral infection?	Homolateral function (Left/right brain not integrated)
<input type="checkbox"/> Eyes Divergent	<input type="checkbox"/> Eyes Convergent	
<b>Dominant Brain</b>	<input type="checkbox"/> Right <input type="checkbox"/> Left	<b>Dominant Hand</b> <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Puffiness under eyes	Investigate life force frequency function of: kidney, heart, digestive process.....	T1 vertebra impinging on sympathetic nerves to heart.
<input type="checkbox"/> Uneven shoulder	High Right / Left	Scoliosis Meridian Malfunction. Possible energy framework of body warped.
<input type="checkbox"/> Rotated pelvis.	Rotated right / left.	
<input type="checkbox"/> Swollen Thyroid or Para-thyroid glands, tip of T12 rib of left side tender (Pancreas).	Possible blood sugar imbalance.	C3/C4/C5 vertebrae possible subluxation.
<input type="checkbox"/> Overweight	Acidic stomach. Intestinal pain – possible parasitic infection	Possible cranial plate fixation, Possible T7 – T9.
<input type="checkbox"/> Underweight (anorexic/bulimic)		
<input type="checkbox"/> Roughness of skin and/ or bloating .Eczema	Possible Egg/Milk/Gluten deadly nightshade group intolerance Candida, Psoriasis,	Hereditary - potential intolerance, vaccination damage, learnt intolerance
<input type="checkbox"/> Pink palms with white spots	Intolerance to: Sodium Lauryl Sulphate, Dioxin, Fluoride.	
<input type="checkbox"/> Puffiness on forehead	Sphenoid bone fixation Possible Saco-occipital pump malfunction and/or Dura- mater impermeable.	Rage, when? .....

### Measurements (Supine):

### Supine Position

Shoulder/Hip/Leg/Spinal misalignment

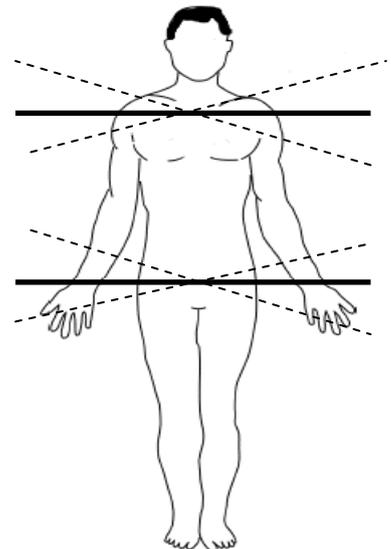
High: .....mm

Low: .....mm

Difference in physical measurement:

**Left / Right** Leg longer by:.....mm

**Left / Right** Arm longer by .....mm



## Cranial Plates and Bones

<input type="checkbox"/>	<b>Sphenoid</b>	Tilted high left / right Fixated	Depression.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<input type="checkbox"/>	<b>Occiput</b>			
<input type="checkbox"/>	<b>Left Temporal</b>	Learning/Behavioural difficulties	Possible birth trauma, vaccination damage, childhood accident, other shock	
<input type="checkbox"/>	<b>Right Temporal</b>	Difficulty with future concepts depression always. Difficulties with visualizing the consequences of actions.	Possible birth trauma, vaccination damage, childhood accident, other shock	
<input type="checkbox"/>	<b>Frontal bone</b>	Discomfort when looking up.		
<input type="checkbox"/>	<b>Nasal bone right/ left</b>	Sphincter muscles Bladder/ Bowels? Bed-wetting, tight or loose anal sphincters		
<input type="checkbox"/>	<b>Lacrimal right/left</b>	Tears/weeping eye(s)	Possible birth problems, vaccination damage, childhood accident, other shock	
<input type="checkbox"/>	<b>Ethmoid</b>	Nasal drip, sinus problems misaligned nose		
<input type="checkbox"/>	<b>Vomer</b>	Nasal drip, sinus problems misaligned nose	Possible birth problems, vaccination damage, childhood accident, other shock	
<input type="checkbox"/>	<b>Palatine right / left</b>	Nasal drip, sinus problems misaligned nose	Possible birth problems, vaccination damage, childhood accident, other shock	
<input type="checkbox"/>	<b>Zygomat right/left</b>	Facial misalignment-astigmatism possible		
<input type="checkbox"/>	<b>Maxilla right/left</b>			
<input type="checkbox"/>	<b>Teeth</b>	Muscle check (MC) on gum line for specific meridian malfunction in individual teeth. Check for bleeding gums.	Parasites in intestinal tract or systemic infection effecting heart possibly?	
<input type="checkbox"/>	<b>Mandible</b>	Observe set of TMJs	Temporal bone misalignment or accident.	
<input type="checkbox"/>	<b>Atlas misalignment</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## NOTES

## Investigation Procedure

**Note:** 1/ Indicate Malfunction with **CIRCLE or TICK** 2/ Ask for the "Magic Button" and **INDICATE** Frequency.

<b>CHAKRA'S</b>	PL	PR	SL	SR	SL	SR	SL	SR	SL	SR	SL	SR	PL	PR
	<i>Crown</i>		<i>Brow</i>		<i>Thyroid</i>		<i>Heart</i>		<i>Hara</i>		<i>Reproduction</i>		<i>Base</i>	
	AL	AR	IL	IR	IL	IR	IL	IR	IL	IR	IL	IR	AL	AR

Chakras are attuned through to the:  Kundalini  Meridians  Organs  3 nervous system  Cells

**Chakra Emotional %**  Check all charkas fields individually %  1  2  3  4  5  6  7

**Minor Chakras- 28**  All Functioning Correctly  All Exiting Correctly

<b>AURIC FIELD'S</b>	7	6	5	4	3	2	<i>SkinFascia Bone Fascia</i>	<i>Kundalini</i>
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Auric Fields are attuned through to the:  Kundalini  Meridians  Organs  3 nervous system  Cells

Auric fields Emotional %  Check all Auric fields individually % 1 2 3 4 5 6 7

**MeridianMalfunction**  MM affecting X from another person.  X affecting another person  Phobia (affecting X from another person)  Anxiety state or vise versa  Thought pattern "  Emotion "

**Residual meridian malfunction affecting self from**  Residence?  Within 10.85 km of place?  Other?

<b>MERIDIAN(S) MALFUNCTION self</b>	Left Physical	Right Physical
	Conception	Governing
	Circulation Sex	Lung
	Heart	Spleen
	Stomach	Liver
	Thyroid	Gall Bladder
	Small Intestine	Large Intestine
	Bladder	Kidney

### Spine

<input type="checkbox"/>	<b>Subluxation</b> in the Spine	Subluxation in spine that can be corrected through a meridian, as distinct from a conventional meridian malfunction
<input type="checkbox"/>	<b>Muscles related to the Sacrum and /or Vertebra</b> to be corrected	Corrective procedure: meridians 39'er (No.39 to 46)
<input type="checkbox"/>	<b>Intervertebral disks</b> at Correct frequencies	Corrective procedure: meridians in tantric order from T5 superiorly and inferiorly the playing of one series is sufficient

**Negative Feedback**  Spine to glands. Which?  Spine to organs. Which?  Spine to 1 of 3 nervous systems. Which?  
 Glands to spine. Which?  Organs to spine Which?  1 of 3 Nervous systems to spine Which?

# ORGANIC SYSTEM

**Organ Frequency**     All organs are functioning at max. Biodynamic frequency 77.678,888 MHz.     If not at maximum investigate which organ and at what frequency.

**Organ Function**     Organic function of organs is at maximum Organic function 100%?     If not at 100% investigate which organs and at what percentage.

**Valve function**     All the valves connecting organs and/ or vessels are functioning correctly?  
Alimentary Canal- Esophageal Sphincter, Duodenal Pyloric Sphincter, Ileocecal Sphincter, Anal Sphincters internal/external - Urogenital system. Any other valves.

**Reflux (organ)**     CSF total or partial-trace? Alimentary Canal (as above), Uro-genital including Fallopian Tubes and Vas Deferens, Common Bile Duct, anywhere else?...which organ? (Anxiety –Spleen meridian)

**Reflux (mental)**     (Anxiety – Spleen meridian).....

**Cell Malfunction** somewhere in the body?     no     yes     Trace, where? When?

**Deep Seated Anxiety** is present

**Amygdala** requires reprogramming

**Genes Attuned:**     *Southern Hemisphere*     *Tropics*     *Northern Hemisphere*    (or NF)

**Biological Time Clock**     Attuned to this Longitude (jet lag)     Seasons

<input type="checkbox"/> <b>A perpetuating Gene Fault emanating from ancestor:</b>	mother	mother's – mother	great grandmother	great great grandmother
			great grandfather	great great grandfather
	mother's –father	great grandmother	great great grandmother	
		great grandfather	great great grandfather	
<input type="checkbox"/> <b>A perpetuating fault emanating from ancestor:</b>	father	father's –mother	great grandmother	great great grandmother
			great grandfather	great great grandfather
	father's –father	great grandmother	great great grandmother	
		great grandfather	great great grandfather	

**Shape Fields**     Trace and correct malfunction with Meridian sounds in tantric order.

**Saco-Occipital Pump**    Should be in deep sleep 26/27 movements/min.    Is at present.....movements/min.

Should be in active mode 12 to 14 movements/min.    Is at present..... movements/min.

**Pressure of Cerebrospinal Fluid**     Correct     Incorrect

**Dura-mater**     **Permeable**    (Rage – Gall Bladder)

**Left/Right Brain Coordinative development as a percentage is.....% Damage to conscious brain as a % is.....**

**Check for (test points)**     Bacteria Teeth Infection     Virus     Rickettsia     Intestinal Parasites     Systemic Parasites     Toxins

**Memory from self or from some other persons- trace...**     Bacterial infection Teeth separately     Viral infection     Thought pattern     Phobia     Emotion

# EYES

## Check Biodynamic Frequency Maximum

- Optic Nerves (right and left)
- Right Brain to Chiasma
- Left Brain to Chiasma
- Chiasma itself
- Chiasma to right Eye
- Chiasma to left Eye

### Use the following exercise to check the eye function with Muscle test:

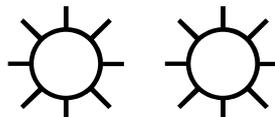
- Eyes closed
- Eyes open
- Look left
- Look right
- Look up
- Look down
- Track left to right follow finger
- Eye rotation

### Continue with muscle test: Right and left:

Muscles of Levator Palpebrae	Superior	inferior
Muscles of pupils	Right	Left
Nerves to muscles of pupils	Right	Left
Frequency of Retina	Right	Left
Frequency of fluid in eyeball	Right	Left
Physical pressure of left/right eye of 100% + .....	100% + .....	
Retina attached – detached	Right	Left

### All muscles of eye function are max. frequency: Yes If no check as follows:

Superior oblique	Right	Left
Inferior oblique	Right	Left
Superior rectus	Right	Left
Inferior rectus	Right	Left
Medial rectus	Right	Left
Lateral rectus	Right	Left



Check tracking rotation: MC 8 positions

for each eye:

For Parkinsons condition check for hand and arm shake relative to each of the eight eye positions. (Correct through identified meridian)

# Ears:

## Right and left:

- Ear Drum
- Malleus
- Incus
- Stapes
- Hangers
- Body of Vestibule
- Body of 3 Semi Circular Canals
- Body of Cochlea
- Organ of Conti
- Frequency of Fluid in the Vestibule
- Frequency of Fluid in the 3 Semi Circular Canals
- Frequency of Fluid in the Cochlea
- Vestibula Nerve
- Cochlea Nerve
- Tissues surrounding Eustachian tubes

## Olfactory system:

Functioning Correctly

## Colour Freq book

Page..... Freq. .... with quads no. 1 2 3 4 5 6 7

## Possible emotional release following correction

Emotional Identify and time?  Toxic release- (see list) Severity? .....

**Check use of self-correction system and explain benefits**

## *Substance Intolerance*

**Kinesiological checking has identified that you have the following intolerances:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Egg &amp; Milk:</b><br>Cheese - Lactose/Cow's Milk<br>- Ice -cream   | <input type="checkbox"/> <b>Pollens:</b><br>Grass - Shrubs & Trees<br>Threshings                     | <input type="checkbox"/> <b>Dust Mite</b>   |
| <input type="checkbox"/> <b>Candida:</b><br>Yeast Bread - Soy Sauce -<br>Vegemite - Sucrose/Sugar -<br>(Cheese - Milk) - Mushrooms<br>- Beer/Wine          | <input type="checkbox"/> <b>Gluten:</b><br>Wheat - Barley - Rye - Oats.                              | <input type="checkbox"/> <b>Tyramine:</b><br>Tea - Coffee - Beef -<br>Chocolate - Orange Pith -<br>Strawberries - Red Wine -<br>Mushrooms - Vegemite - Soy<br>Sauce - Broad Beans |
| <input type="checkbox"/> <b>Vegetables and Fruit:</b><br>Deadly Nightshade Group -<br>Potato -Tomato Capsicum - -<br>Eggplant - Peppers-<br>Bananas, Other | <input type="checkbox"/> <b>Furs Hair Feathers:</b><br>Dog - Cat - Fur - Horse Hair -<br>Wool, Other | <input type="checkbox"/> <b>Industrial by- products:</b><br>Hydrocarbons - Metabisulphite<br>- Cfc's - Chlorine - Cadmium<br>- Lead- Aluminium Mercury                            |
| <input type="checkbox"/> <b>Dyes-Food and clothing:</b><br>Red - Blue - Green - Black -<br>Yellow AZO dyes.  | <input type="checkbox"/> <b>Seafood:</b><br>Shellfish - Crustacean - Fish.                           | <input type="checkbox"/> <b>Other:</b><br>Sodium Laurel Sulphate -<br>Dioxin - Fluoride - Sugar -<br>Bacteria - Fruits - Nuts -<br>MSG - Soft Drinks.                             |

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Blood Sugar Imbalance:</b><br>Lemon juice - Honey Water<br>- Bitters.<br>[Quads 5 & 6] | To be taken every .....waking hours for.....days<br><br>Followed by every.....waking hours for.....days. |
|--|--|

### Corrective Sounds:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>-Coordinative development:</b> | Quads 1 to 7. To hear .....times per day for .....months<br><br>Followed by Quads 1 to 7 to hear.....times per day for.....months |
|--|---|

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Pain Quads.</b> | Quads:.....to hear.....times per day for.....months. |
|---|--|

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Particular balancing</b> | Quick fix-6 to hear.....per day.....months. |
|--|---|

### *Nutrient Supplements:*

Requirement	Product	Dosage	Ongoing
Trace Elements/ Colloidal Minerals	<input type="checkbox"/> Maximol	_____ mls/day for _____	_____ mls/day for _____
Vitamins & Minerals	<input type="checkbox"/> Orachel	_____ tabs/day for _____	_____ tabs/day for _____
Cellular sugars	<input type="checkbox"/> Ambrotose	_____ tabs/day for _____	_____ tabs/day for _____
Clearing Intestinal Wall	<input type="checkbox"/> Parafree	_____ tspns/day for _____	_____ tspns/day for _____
Zinc Deficiency (heavy metals)	<input type="checkbox"/> Zinc Drink	_____ mls/day for _____	_____ tspns/day for _____
Progesterone	<input type="checkbox"/> Subvene	_____ tspns/day for _____	_____ mls/day for _____