

Chiropractic Care Clinic
NEW PATIENT INFORMATION FORM

Page 1 of 2

Please print clearly:

Name _____ Date _____

Address _____ Apt.# _____

City _____ State _____ ZIP _____

Shipping Address _____

Home Phone (____) ____-____ Work Phone (____) ____-____

e-mail address: _____

REFERRED BY: _____

Occupation _____ Employer _____

Date of Birth _____ Age ____ Sex: M/F Height _____ Weight _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint _____

Other complaints or problems: (use separate sheet if needed) _____

Current medications/drugs being taken: (use separate sheet if needed) _____

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes _____ Coffee _____ Alcohol _____

=====
Office Use Only:

Chiropractic Care Clinic
NEW PATIENT INFORMATION FORM

Page 2 of 2

Name: _____ Date _____

HISTORY:

List any major illnesses (with approx. dates): _____

List any surgery or operations with approx. date: _____

Past Accidents or injuries: _____

=====

Marital Status: S M D W Name of Spouse _____

Describe health of spouse: _____ Number of children if any _____

Name of Child	Age	Sex	Any physical conditions or concerns?
---------------	-----	-----	--------------------------------------

_____	_____	M/F	_____
-------	-------	-----	-------

_____	_____	M/F	_____
-------	-------	-----	-------

_____	_____	M/F	_____
-------	-------	-----	-------

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other _____

Any household pets or other animals you or family members are in close contact with:

What can we do to make you happier? _____

SIGNED: _____ DATE _____

Nutrition Response Testing™

New Patient Orientation

Welcome to Nutrition Response Testing™

- Most of our new patients have been referred to us by other satisfied patients.
- Did you hear about us from someone who was very happy with their results?
- However you heard about us, you probably want to know what “Nutrition Response Testing” is - and what we do.

What is Nutrition Response Testing™?

Nutrition Response Testing is very precise and scientific. However, if I were to analyze you using Nutrition Response Testing before it was explained to you, you might find it strange, or simply not believable – only because it is probably very different from anything you may have experienced before.

I can completely understand that because when I first saw this type of work being done, my first reaction was “Hmm, what is this strange stuff?” No one was more skeptical than I was. As a result, I studied Nutrition Response Testing extensively to see if it was for real. And I am sure happy I did because it has helped me improve my health, and because of Nutrition Response Testing, we are here and are able to help you improve your health.

Quite frankly, if you want to get healthy and stay healthy, it is important that you understand what Nutrition Response Testing is, and what our recommendations are based on.

Otherwise, you are less likely to follow through and actually do what you need to do to get well. To put it simply, if you don’t follow through, you won’t get well. And if you are not going to get well, why do it in the first place?

The results we have been having with Nutrition Response Testing are often in the 90% and better range. The only reason we are here is to help you get well. We have no other reason for being here and, hopefully, you are here for that same reason. That is why I want to make sure you get the correct understanding of what Nutrition Response Testing is right from the start.

Let’s get started

In medical practice there are two key parts: the diagnosis (identifying and/or naming the “disease” or syndrome) and the treatment (drugs, surgery, etc.).

In Nutrition Response Testing we do not diagnose or treat disease - but we also have two parts: the analysis and the personalized health improvement program (using designed clinical nutrition).

Simply put, first we do an analysis, and then we design a natural health improvement program to help you handle what we find in our analysis of your body and condition.

First the Analysis

The analysis is done through testing the body’s own neurological reflexes and acupuncture points. The neurological reflexes are derived from the part of the nervous system whose job is to regulate the functions of each and every organ. The acupuncture points are selected from the ancient Chinese system of acupuncture, which is thousands of years old.

Nutrition Response Testing is a study of how the different points on the surface of the body relate to the state of health and to the flow of energy in each and every organ and function of the body.

Interestingly, since the human anatomy has not changed significantly in thousands of years, the utilization of these reflexes and specific points have become extremely useful in our practice because they are so accurate!

Think about it

Each Nutrition Response Testing reflex represents a specific organ, tissue, or function, and indicates the effect that energy, or the lack of energy, is having on the body. By testing the Nutrition Response Testing reflexes, we have a system of monitoring your body at each visit that has proven to be extremely accurate clinically, and that helps us identify exactly what the body needs and how well we are meeting that need.

Nutrition Response Testing™: New Patient Orientation

Doesn't this sound like something you would want for yourself in order to predict, with certainty, what is needed and wanted by the body to get you to the next stage of improved health?

How do we access the Nutrition Response Testing™ reflexes in order to get this information?

If I were to hook you up to an electro-cardiograph machine and take a reading, that would make perfect sense to you, right?

What is actually happening during this procedure? Electrical energy from the heart is running over the wires. This electrical energy makes the electrocardiograph record the energy pattern in the form of a graph or chart. I could then study this graph and tell you what it all means.

Here is what we do with Nutrition Response Testing. Instead of connecting electrodes to the specific points being tested, the Nutrition Response Testing doctor contacts these points with his/her own hand. With his other hand, he/she will test the muscle of your extended arm. If the reflex being contacted is active, the nervous system will respond by reducing energy to the extended arm, and the arm will weaken and drop. This drop signifies underlying stress or dysfunction, which can be affecting your health.

Why is the person who referred you feeling better?

Because we did a Nutrition Response Testing analysis for him or her, we found the "active" reflexes, and then made specific nutritional recommendations to help the body return to a improved state of health.

We are prepared to do the exact same thing for you now. Isn't that exciting? However, the best is yet to come.

The second part – the "Personalized Health Improvement Program"

Let's say the liver or kidney reflexes are active. Then what?

Our next step is to test specific, time-tested and proven, highest-possible quality nutritional

formulas against those weak areas, to find which ones bring the reflexes back to strength.

Our decades of clinical experience tell us that when we have found the correct nutritional supplements, as indicated by this procedure, and when we work out a highly personalized nutritional supplement schedule, we have accomplished the most important first step in correcting the underlying deficiency or imbalance that caused the reflex to be active in the first place. By following the program as precisely as possible, you are well on your way to restoring normal function and improving your health.

It's that simple!

In medicine, the medical doctor makes a diagnosis and then uses drugs or surgery to attack or suppress the symptom, or to surgically remove the "offending" organ or part.

In Nutrition Response Testing™ we use "DESIGNED CLINICAL NUTRITION" to correct the cause of the problem, so that the body can regain the ability to correct itself.

What exactly is DESIGNED CLINICAL NUTRITION?

First of all, Designed Clinical Nutrition is not 'over-the-counter' vitamins. Over-the-counter vitamins are pharmaceutically engineered chemical fractions of vitamin structures reproduced in a laboratory. They are not "whole food," and the body does not actually recognize these as anything even vaguely beneficial (to put it mildly). Please ask about our audiotape: "*The Whole Truth About Vitamins*," for an entertaining, in-depth explanation of this aspect of vitamins and other nutritional supplements.

Because they are not made from whole foods, "over-the-counter" vitamins lack the essential synergistic elements normally present in WHOLE foods.

An example of a whole food could be carrots. Carrots are high in *Vitamin A Complex*. A "complex" is something made up of many different parts that work together. Synthetic vitamin A does not contain the whole "Vitamin A Complex" found in nature. So, if we were looking for a food high in Vitamin A, carrots might be one of our choices.

Nutrition Response Testing™: New Patient Orientation

If one actually were deficient in any of the components of Vitamin A Complex, one would be wise to seek out a supplement that was made from whole foods that were rich in this complex - not from chemicals re-engineered in a laboratory to look like one little part of the Vitamin A Complex that has erroneously been labeled as "Vitamin A."

Vitamins that are being used all over today generally only need to have a small percentage of their actual content derived from natural sources to be labeled "natural". If they are not derived from whole foods, they often make you even more deficient and nutritionally out-of-balance. They can create other health problems because they do not contain all of the co-factors found in nature that make the vitamins work.

So-called "scientific research," done with these shoddy substitutes, repeatedly "proves" that vitamins don't do much good for anyone! Can you imagine who pays for these "researches"?

"Designed Clinical Nutrition" is exactly that: **designed** (*especially prepared based on a specific plan*) **clinical** (*pertaining to the results gotten in clinical use or actual practice on huge numbers of patients over many years*) **nutrition** (*real food, designed by nature to enable the body to repair itself and grow healthfully*).

It is whole food in a tablet, capsule or powder, concentrated in a vacuum, cold-process system that preserves all of the active enzymes and vital components that make it work as the Creator intended. These real food supplements have been designed to match the needs of the body, as determined by the positive response shown when tested against the active Nutrition Response Testing reflexes that were found on your individual Nutrition Response Testing analysis. These are nutrients you are simply not getting, or not assimilating, in your current diet.

These deficiencies may be due to your past personal eating habits and routines, but it is for sure due, in some large extent, to the lack of quality in the foods commercially available in grocery stores or restaurants today.

SUMMARY

1. Through an analysis of your body's reflexes, we help you to determine the exact nutrients you need

to supplement your diet, in order to bring about balance and better health.

2. We make these highly concentrated therapeutic formulations available to you in tablets, capsules, or in powdered form to "supplement" your current diet. That's why they are called "food supplements."

3. Depending on your individual situation, we might also require that you make some specific changes in your diet & eating habits, and in your routines, in order to bring about the best possible results.

How are these products produced?

One example of a designed clinical nutrition supplement that we use is called "Catalyn". This product is produced by starting with a wide variety of carefully chosen organically grown vegetables, taking the water and fiber out using a vacuum, low heat process - without heating or cooking the vegetables, and then utilizing the concentrated food to make a bottle of Standard Process Catalyn Tablets.

The key to this whole procedure is the way it is done, using the "Standard Process" method:

A. Standard Process nutrients are derived from plants grown on their own farms, in soil free of pesticides - and no chemicals are ever used. Ph.D.'s check the soil before the seeds are sown, to make sure of the fertility of the soil - and even the weeding is done by hand.

B. The machinery involved in the processing of these products is made of glass and stainless steel only.

C. The temperature used in processing harvested plants is never raised above the point of 90 degrees Fahrenheit, so that the active ingredients are not cooked; they remain active and alive, and have a very long shelf life.

Your vitality and energy is derived from live food. Most foods today are all dead - or are not really foods at all - as in boxed cereals, canned vegetables, soda pop, etc. You can readily understand the difference between dead, devitalized pseudo-foods, with the synthetic or isolated vitamins on the one hand, and "Designed Clinical Nutrition" and a diet of real foods, on the other.

Nutrition Response Testing™: New Patient Orientation

There is a great deal of technology and know-how behind what we do

Having been designed through decades of clinical use on tens of thousands of patients, and on patients from many different types of health care practitioners, you can be assured that Nutrition Response Testing is capable of evaluating and solving your health concerns.

A complete Nutrition Response Testing™ analysis can be done on each patient on each subsequent visit, thereby revealing the next layers of dysfunction so these can also be addressed and corrected.

In this way, each patient gets a completely individualized handling, in the correct sequence for his or her body.

Very much like opening a combination lock, you must use the right numbers in the right sequence and in the right direction at the right time – then the lock falls open.

By following the correct sequence as revealed through Nutrition Response Testing, you don't "shot-gun" your diet or supplements. With a correctly done Nutrition Response Testing analysis, we can determine the correct food supplements for you – designed to give your body the best possible chance of getting well and staying that way.

Conclusion

Many people we see in our practice have eaten themselves into their current state of ill-health, to one degree or another. The deficiencies or imbalances lead to a breakdown in resistance, or immunity, and a loss of the ability to cope with environmental stresses (chemical, microscopic, or otherwise).

The **good news** is that it is possible to reverse the process!

It is possible to restore your health?

What could be more natural? What could be more correct? Each cell, tissue, and organ in your body is in the process of replacing itself every day, month, and year. The health of each organ is dependent on making the correct nutrients available to upgrade or to maintain the health of the body at a cellular level.

Designed Clinical Nutrition provides the right basic materials.

Nutrition Response Testing™ tells you when and what to use to bring about the desired result.

With this understanding of what we do, can you see how we might be able to help you do something effective to get yourself well?

And once that is achieved, do you see how you might be able to use this approach to stay well?

Now you have the complete 1-2-3 package. You now know:

- What we do
- How and why we do it
- What you need to do to have the potential of restoring your health and staying healthy.

But in the end you are the one responsible for your own condition. And with our guidance, we feel that – if you are a Nutrition Response Testing case – your chances of greatly improving your health can be as high as 90% or better.

In our experience, if our analysis indicates that you are not an Nutrition Response Testing / nutritional case, then in all probability, while a nutritional program may give you some benefit, it may not give you the maximum results you desire.

But if our analysis confirms that you are an Nutrition Response Testing / clinical nutrition case, then, in our experience, nothing else will ever come close to what you can possibly achieve using Nutrition Response Testing and Designed Clinical Nutrition.

We wish you the best of luck in your quest to take back full responsibility for your health. Just remember to do it one step at a time, and that we are here to guide you in that quest. Once we accept your case, you can count on us to do everything in our power to help you achieve your health objectives, and to help you achieve a healthier, happier life.

May you never be the same.

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PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF NUTRITION RESPONSE TESTING™

PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at Chiropractic Care Clinic to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**

I understand that **Nutrition Response Testing is a safe, non-invasive, natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Nutrition Response Testing is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Response Testing is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

Date: _____

Print Name: _____

Address: _____

City _____ State ____ Zip _____

Phone: (____) _____ - _____

Signed: _____

(If minor, signature of parent or guardian required)

Witness: _____

SYMPTOM SURVEY FORM

Patient _____ Doctor _____ Date _____

Vegetarian: Yes No

INSTRUCTIONS: Number only the boxes which apply to you. Leave blank if you don't have the problem.

* Write 1 in the box for MILD symptoms (occur once or twice a year).

* Write 2 in the box for MODERATE symptoms (occur several times a month).

* Write 3 in the box for SEVERE symptoms (you are aware of it almost constantly).

Please do not use checkmarks in the boxes - fill in the boxes with a number or leave blank!

GROUP ONE

- | | | |
|--|---|--|
| 1 <input type="checkbox"/> Acid foods upset | 8 <input type="checkbox"/> Gag easily | 15 <input type="checkbox"/> Appetite reduced |
| 2 <input type="checkbox"/> Get chilled often | 9 <input type="checkbox"/> Unable to relax; startles easily | 16 <input type="checkbox"/> Cold sweats often |
| 3 <input type="checkbox"/> "Lump" in throat | 10 <input type="checkbox"/> Extremities cold, clammy | 17 <input type="checkbox"/> Fever easily raised |
| 4 <input type="checkbox"/> Dry mouth-eyes-nose | 11 <input type="checkbox"/> Strong light irritates | 18 <input type="checkbox"/> Neuralgia-like pains |
| 5 <input type="checkbox"/> Pulse speeds after meal | 12 <input type="checkbox"/> Urine amount reduced | 19 <input type="checkbox"/> Staring, blinks little |
| 6 <input type="checkbox"/> Keyed up - fail to calm | 13 <input type="checkbox"/> Heart pounds after retiring | 20 <input type="checkbox"/> Sour stomach often |
| 7 <input type="checkbox"/> Cut heals slowly | 14 <input type="checkbox"/> "Nervous" stomach | |

GROUP TWO

- | | | |
|--|--|--|
| 21 <input type="checkbox"/> Joint stiffness on arising | 29 <input type="checkbox"/> Digestion rapid | 37 <input type="checkbox"/> "Slow starter" |
| 22 <input type="checkbox"/> Muscle-leg-toe cramps at night | 30 <input type="checkbox"/> Vomiting frequent | 38 <input type="checkbox"/> Get "chilled" infrequently |
| 23 <input type="checkbox"/> "Butterfly" stomach, cramps | 31 <input type="checkbox"/> Hoarseness frequent | 39 <input type="checkbox"/> Perspire easily |
| 24 <input type="checkbox"/> Eyes or nose watery | 32 <input type="checkbox"/> Breathing irregular | 40 <input type="checkbox"/> Circulation poor, sensitive to cold |
| 25 <input type="checkbox"/> Eyes blink often | 33 <input type="checkbox"/> Pulse slow; feels "irregular" | 41 <input type="checkbox"/> Subject to colds, asthma, bronchitis |
| 26 <input type="checkbox"/> Eyelids swollen, puffy | 34 <input type="checkbox"/> Gagging reflex slow | |
| 27 <input type="checkbox"/> Indigestion soon after meals | 35 <input type="checkbox"/> Difficulty swallowing | |
| 28 <input type="checkbox"/> Always seems hungry; feels "lightheaded" often | 36 <input type="checkbox"/> Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|--|--|---|
| 42 <input type="checkbox"/> Eat when nervous | 49 <input type="checkbox"/> Heart palpitates if meals missed or delayed | 53 <input type="checkbox"/> Crave candy or coffee in afternoons |
| 43 <input type="checkbox"/> Excessive appetite | 50 <input type="checkbox"/> Afternoon headaches | 54 <input type="checkbox"/> Moods of depression - "blues" or melancholy |
| 44 <input type="checkbox"/> Hungry between meals | 51 <input type="checkbox"/> Overeating sweets upsets | 55 <input type="checkbox"/> Abnormal craving for sweets or snacks |
| 45 <input type="checkbox"/> Irritable before meals | 52 <input type="checkbox"/> Awaken after few hours sleep - hard to get back to sleep | |
| 46 <input type="checkbox"/> Get "shaky" if hungry | | |
| 47 <input type="checkbox"/> Fatigue, eating relieves | | |
| 48 <input type="checkbox"/> "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|---|--|--|
| 56 <input type="checkbox"/> Hands and feet go to sleep easily, numbness | 63 <input type="checkbox"/> Get "drowsy" often | 68 <input type="checkbox"/> Bruise easily, "black and blue" spots |
| 57 <input type="checkbox"/> Sigh frequently, "air hunger" | 64 <input type="checkbox"/> Swollen ankles, worse at night | 69 <input type="checkbox"/> Tendency to anemia |
| 58 <input type="checkbox"/> Aware of "breathing heavily" | 65 <input type="checkbox"/> Muscle cramps, worse during exercise; get "charley horses" | 70 <input type="checkbox"/> "Nose bleeds" frequent |
| 59 <input type="checkbox"/> High altitude discomfort | 66 <input type="checkbox"/> Shortness of breath on exertion | 71 <input type="checkbox"/> Noises in head, or "ringing in ears" |
| 60 <input type="checkbox"/> Opens windows in closed rooms | 67 <input type="checkbox"/> Dull pain in chest or radiating into left arm, worse on exertion | 72 <input type="checkbox"/> Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 <input type="checkbox"/> Susceptible to colds and fevers | | |
| 62 <input type="checkbox"/> Afternoon "yawner" | | |

SYMPTOM SURVEY FORM - PAGE 2

GROUP FIVE

- | | | |
|--|---|--|
| 73 <input type="checkbox"/> Dizziness
74 <input type="checkbox"/> Dry skin
75 <input type="checkbox"/> Burning feet
76 <input type="checkbox"/> Blurred vision
77 <input type="checkbox"/> Itching skin and feet
78 <input type="checkbox"/> Excessive falling hair
79 <input type="checkbox"/> Frequent skin rashes
80 <input type="checkbox"/> Bitter, metallic taste in mouth in mornings
81 <input type="checkbox"/> Bowel movements painful or difficult
82 <input type="checkbox"/> Worrier, feels insecure | 83 <input type="checkbox"/> Feeling queasy; headache over eyes
84 <input type="checkbox"/> Greasy foods upset
85 <input type="checkbox"/> Stools light colored
86 <input type="checkbox"/> Skin peels on foot soles
87 <input type="checkbox"/> Pain between shoulder blades
88 <input type="checkbox"/> Use laxatives
89 <input type="checkbox"/> Stools alternate from soft to watery
90 <input type="checkbox"/> History of gallbladder attacks or gallstones | 91 <input type="checkbox"/> Sneezing attacks
92 <input type="checkbox"/> Dreaming, nightmare type bad dreams
93 <input type="checkbox"/> Bad breath (halitosis)
94 <input type="checkbox"/> Milk products cause distress
95 <input type="checkbox"/> Sensitive to hot weather
96 <input type="checkbox"/> Burning or itching anus
97 <input type="checkbox"/> Crave sweets |
|--|---|--|

GROUP SIX

- | | | |
|--|---|---|
| 98 <input type="checkbox"/> Loss of taste for meat
99 <input type="checkbox"/> Lower bowel gas several hours after eating
100 <input type="checkbox"/> Burning stomach sensations, eating relieves | 101 <input type="checkbox"/> Coated tongue
102 <input type="checkbox"/> Pass large amounts of foul-smelling gas
103 <input type="checkbox"/> Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs. | 104 <input type="checkbox"/> Mucous colitis or "irritable bowel"
105 <input type="checkbox"/> Gas shortly after eating
106 <input type="checkbox"/> Stomach "bloating" after eating |
|--|---|---|

GROUP SEVEN

- | | | |
|---|---|---|
| <p style="text-align: center;">(A)</p> 107 <input type="checkbox"/> Insomnia
108 <input type="checkbox"/> Nervousness
109 <input type="checkbox"/> Can't gain weight
110 <input type="checkbox"/> Intolerance to heat
111 <input type="checkbox"/> Highly emotional
112 <input type="checkbox"/> Flush easily
113 <input type="checkbox"/> Night sweats
114 <input type="checkbox"/> Thin, moist skin
115 <input type="checkbox"/> Inward trembling
116 <input type="checkbox"/> Heart palpitates
117 <input type="checkbox"/> Increased appetite without weight gain
118 <input type="checkbox"/> Pulse fast at rest
119 <input type="checkbox"/> Eyelids and face twitch
120 <input type="checkbox"/> Irritable and restless
121 <input type="checkbox"/> Can't work under pressure | <p style="text-align: center;">(C)</p> 137 <input type="checkbox"/> Failing memory
138 <input type="checkbox"/> Low blood pressure
139 <input type="checkbox"/> Increased sex drive
140 <input type="checkbox"/> Headaches, "splitting or rending" type
141 <input type="checkbox"/> Decreased sugar tolerance | <p style="text-align: center;">(E)</p> 150 <input type="checkbox"/> Dizziness
151 <input type="checkbox"/> Headaches
152 <input type="checkbox"/> Hot flashes
153 <input type="checkbox"/> Increased blood pressure
154 <input type="checkbox"/> Hair growth on face or body (female)
155 <input type="checkbox"/> Sugar in urine (not diabetes)
156 <input type="checkbox"/> Masculine tendencies (female) |
| <p style="text-align: center;">(B)</p> 122 <input type="checkbox"/> Increase in weight
123 <input type="checkbox"/> Decrease in appetite
124 <input type="checkbox"/> Fatigue easily
125 <input type="checkbox"/> Ringing in ears
126 <input type="checkbox"/> Sleepy during day
127 <input type="checkbox"/> Sensitive to cold
128 <input type="checkbox"/> Dry or scaly skin
129 <input type="checkbox"/> Constipation
130 <input type="checkbox"/> Mental sluggishness
131 <input type="checkbox"/> Hair coarse, falls out
132 <input type="checkbox"/> Headaches upon arising, wear off during day
133 <input type="checkbox"/> Slow pulse, below 65
134 <input type="checkbox"/> Frequency of urination
135 <input type="checkbox"/> Impaired hearing
136 <input type="checkbox"/> Reduced initiative | <p style="text-align: center;">(D)</p> 142 <input type="checkbox"/> Abnormal thirst
143 <input type="checkbox"/> Bloating of abdomen
144 <input type="checkbox"/> Weight gain around hips or waist
145 <input type="checkbox"/> Sex drive reduced or lacking
146 <input type="checkbox"/> Tendency to ulcers, colitis
147 <input type="checkbox"/> Increased sugar tolerance
148 <input type="checkbox"/> Women: menstrual disorders
149 <input type="checkbox"/> Young girls: lack of menstrual function | <p style="text-align: center;">(F)</p> 157 <input type="checkbox"/> Weakness, dizziness
158 <input type="checkbox"/> Chronic fatigue
159 <input type="checkbox"/> Low blood pressure
160 <input type="checkbox"/> Nails weak, ridged
161 <input type="checkbox"/> Tendency to hives
162 <input type="checkbox"/> Arthritic tendencies
163 <input type="checkbox"/> Perspiration increase
164 <input type="checkbox"/> Bowel disorders
165 <input type="checkbox"/> Poor circulation
166 <input type="checkbox"/> Swollen ankles
167 <input type="checkbox"/> Crave salt
168 <input type="checkbox"/> Brown spots or bronzing of skin
169 <input type="checkbox"/> Allergies - tendency to asthma
170 <input type="checkbox"/> Weakness after colds, influenza
171 <input type="checkbox"/> Exhaustion - muscular and nervous
172 <input type="checkbox"/> Respiratory disorders |

SYMPTOM SURVEY FORM - PAGE 3

GROUP EIGHT

- | | | |
|--|---|--|
| 198 <input type="checkbox"/> Apprehension
199 <input type="checkbox"/> Irritability
200 <input type="checkbox"/> Morbid fears
201 <input type="checkbox"/> Never seems to get well
202 <input type="checkbox"/> Forgetfulness
203 <input type="checkbox"/> Indigestion
204 <input type="checkbox"/> Poor appetite
205 <input type="checkbox"/> Craving for sweets
206 <input type="checkbox"/> Muscular soreness
207 <input type="checkbox"/> Depression; feelings of dread | 208 <input type="checkbox"/> Noise sensitivity
209 <input type="checkbox"/> Accoustic hallucinations
210 <input type="checkbox"/> Tendency to cry without reason
211 <input type="checkbox"/> Hair is coarse and/or thinning
212 <input type="checkbox"/> Weakness
213 <input type="checkbox"/> Fatigue
214 <input type="checkbox"/> Skin sensitive to touch
215 <input type="checkbox"/> Tendency toward hives
216 <input type="checkbox"/> Nervousness
217 <input type="checkbox"/> Headache | 218 <input type="checkbox"/> Insomnia
219 <input type="checkbox"/> Anxiety
220 <input type="checkbox"/> Anorexia
221 <input type="checkbox"/> Inability to concentrate; confusion
222 <input type="checkbox"/> Frequent stuffy nose; sinus infections
223 <input type="checkbox"/> Allergy to some foods
224 <input type="checkbox"/> Loose joints |
|--|---|--|

FEMALE ONLY

- | | |
|---|--|
| 173 <input type="checkbox"/> Very easily fatigued
174 <input type="checkbox"/> Premenstrual tension
175 <input type="checkbox"/> Painful menses
176 <input type="checkbox"/> Depressed feelings before menstruation
177 <input type="checkbox"/> Menstruation excessive and prolonged
178 <input type="checkbox"/> Painful breasts | 179 <input type="checkbox"/> Menstruate too frequently
180 <input type="checkbox"/> Vaginal discharge
181 <input type="checkbox"/> Hysterectomy/overies removed
182 <input type="checkbox"/> Menopausal hot flashes
183 <input type="checkbox"/> Menses scanty or missed
184 <input type="checkbox"/> Acne, worse at menses
185 <input type="checkbox"/> Depression of long standing |
|---|--|

MALE ONLY

- | | |
|--|--|
| 186 <input type="checkbox"/> Prostate trouble
187 <input type="checkbox"/> Urination difficult or dribbling
188 <input type="checkbox"/> Night urination frequent
189 <input type="checkbox"/> Depression
190 <input type="checkbox"/> Pain on inside of legs or heels
191 <input type="checkbox"/> Feeling of incomplete bowel evacuation
192 <input type="checkbox"/> Lack of energy
193 <input type="checkbox"/> Migrating aches and pains
194 <input type="checkbox"/> Tire too easily
195 <input type="checkbox"/> Avoids activity
196 <input type="checkbox"/> Leg nervousness at night
197 <input type="checkbox"/> Diminished sex drive | |
|--|--|

IMPORTANT

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

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

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRAUL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row

MALES

Any 2 days during the month

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

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|------------|-------------------|
| Date _____ | Temperature _____ |
| Date _____ | Temperature _____ |