Nutrition Response Testing[SM]
New Patient Orientation

Welcome

If you are like most people who come to us for help, then most likely:

- You have one or more health conditions that have become chronic and,
- You have probably tried conventional medicine or even alternative practitioners and did not get the results you hoped for and,
- These conditions are impacting your personal life, your relationships with your spouse or children, your career or job performance, and/or your personal finances and,
- You know that, as time goes by, these conditions are not going to get better and will probably continue to worsen unless you change what you are doing and do something really effective about it.

If this describes you and you are ready to make a real demand for improvement that will put you back in charge of your own health, then you have come to the right place.

If you are a Nutrition Response Testing case and you follow our recommendations to the letter, then there is hope that you will receive the help you need to restore your health.

What is Nutrition Response Testing?

Nutrition Response Testing is a non-invasive system of analyzing the body in order to determine the underlying causes of ill health. When these are corrected through safe, natural, nutritional means, the body can repair itself in order to attain and maintain more optimum health.

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 understand this 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 greatly helped me improve my health and the health of many patients. Because of Nutrition Response Testing, we are here and are able to help you improve your health.

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. 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.

What Makes this Approach Unique?

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** (the assessment of your body's current health status) 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 certain acupuncture points.

Nutrition Response Testing analyzes the different points and areas on the surface of the body that relate to the state of health and to the flow of energy in each and every organ and function of the body.

The neurological reflexes are derived from the part of the nervous system whose job it 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.

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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.

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 Do The Nutrition Response Testing Analysis?

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 reflex areas being tested, the Nutrition Response Testing practitioner contacts these areas with their own hand. With the 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 an improved state of health. Most importantly, the person is following through on our recommendations.

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

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 have worked out a highly personalized nutritional supplement schedule, we have identified 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 is Designed Clinical Nutrition?

"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 concentrated, whole food in a tablet, capsule, powder or liquid, prepared using a unique

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manufacturing process that preserves all of the active enzymes and vital components that make it work as Nature 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.

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.

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."

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. Because they are not made from whole foods, "over-the-counter" vitamins are not "genuine replacement parts" as they lack many of the essential elements normally present in WHOLE foods. [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.]

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"?

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, powdered or in liquid 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

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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.

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[SM] analysis can be done on each subsequent visit. Often these reveal additional layers of dysfunction. These can then be addressed in the correct sequence for your body.

Each patient gets a completely individualized program.

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.

Therefore, since every case is different, by following the correct sequence as revealed through Nutrition Response Testing, even the most complicated cases can be handled.

Is it Possible to Restore Your Health?

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).

So, yes, the **good news** is that it is possible to reverse the process!

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.

How Do You Qualify to be a Nutrition Response Testing Patient?

Our long-term experience in a wide variety of cases tells us the first thing we must determine is whether or not you are a "Nutrition Response Testing Case". If someone is NOT a "Nutrition Response Testing Case" then it is unlikely that Nutrition Response Testing will ever help you. However, if you are a "Nutrition Response Testing Case", then, in our experience, it is our belief that nothing else will help you as much.

If our analysis indicates that you are not a 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.

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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CARE NATURAL WELLNESS CENTER

1051 Eber Blvd., Suite 102, Melbourne, FL 32904
Ph: 321-728-1387 Fax: 321-728-1386

NEW PATIENT INFORMATION FORM

The following information is needed in order to better serve you. Please complete all questions. If you need help please ask the receptionist. If something doesn't apply to you, please write 'NA'. **PLEASE PRINT USING BLUE OR BLACK INK.**

Today's Date_____

Name_____Home Phone _____ Work Phone _____

Address_____City _____State _____ Zip _____

Apt # _____ Cell Phone _____ Email Address _____

Birthdate _____Sex: ___M ___ F Marital Status: ___S ___M ___W ___D

Employer _____ Occupation _____

Whom may we thank for referring you:_____

IN CASE OF EMERGENCY, CONTACT: _____Relationship_____

Address:_____

Home Phone_____ Work Phone _____ Cell Phone _____

Are you currently under the care of a physician or other health care professionals? (If yes, please give name and date of last visit): _____

_____

List any surgery or operations with approx. dates: _____

_____

Do you smoke, drink coffee, soda or alcohol? (If yes, indicate how much) Cigarettes _____ packs/day

Coffee_____cups/day Soda _____ cans or oz./day Alcohol _____ drinks/week

What is your current Stress Level? ___Low ___Medium ___High Reason:_____

How often do you exercise? ____ None ____ 1-2 times/week ____ 3-5 times/week ____ 6-7 times/week

How many bowel movements do you have? ____ per day/week (circle one)

I understand that all medical records are the property of CARE Natural Wellness Center and the original shall remain in their office as required by Florida law. Should I need copies of said records, an appropriate fee may be assessed for the cost of making such copies as provided by Board of Chiropractic Medicine Rule 64B2-17.0055.

I authorize CARE Natural Wellness Center to send me written correspondence, including their monthly health newsletter, notices of classes, specials, hours changes, and other health information by email when appropriate. I authorize my name to appear on the New Patient Referral Board if I refer a new patient to this office.

Patient's Signature _____ Date _____

Or Guardian Signature _____ Date _____

(Rev 5/1/20)

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Patient Name _____.

Metabolic Health Form

MEDICAL HISTORY

01 Do you or any family member have/had any of the following? Please put an "**X**" for you, and "**F**" for family

- ☐ Depression
- ☐ Heart Attack
- ☐ Diabetes
- ☐ Thyroid Disease
- ☐ Gallbladder Disease
- ☐ Kidney Disease
- ☐ Stroke
- ☐ Fatigue
- ☐ Knee Pain
- ☐ Brain Fog
- ☐ Hypoglycemia
- ☐ Anemia
- ☐ Cancer
- ☐ High Blood Pressure
- ☐ Intestine Problems
- ☐ Shortness of Breath
- ☐ High Cholesterol
- ☐ Headache
- ☐ Poor Sleep
- ☐ Dizziness
- ☐ Arthritis
- ☐ Weight Gain
- ☐ Back Pain
- ☐ Neck Pain
- ☐ Shoulder Pain

02 Is there a certain time of day any of these problems are better or worse?

_____

_____

03 Main Concerns:

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

04 How long have you had this/these concerns?

_____

_____

05 What effect does this have on your body functions or quality of life?

_____

_____

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Patient Name _____.

06 What would be different or better without this/these concerns?

- ☐ Diminished Stress
- ☐ Family
- ☐ Confidence
- ☐ Work
- ☐ Improved Self-Esteem
- ☐ Sleep
- ☐ More Energy
- ☐ Outlook

07 Are you taking any medications/supplements? If yes, please list.

_____

_____

08 Are you pregnant? _____ How many children? _____ How many Pregnancies? _____
Are you breast feeding? _____

09 Any known allergies? If yes, please list.

_____

_____

10 How have you addressed weight management in the past?

☐ Medications ☐ Vitamins ☐ Exercise ☐ Diet and Nutrition ☐ Other: _____

11 How did the previous methods work for you?

_____

_____

12 What potential barriers do you foresee that would prevent the change you are looking for?

_____

_____

13 Do you feel it possible to eliminate or prevent these potential barriers?

_____

14 What outcome would you like to see for this to be a success for you?

_____

_____

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Patient Name _____.

15 Please rate on a scale of 1-10 (1 being the lowest and 10 being the highest)

Energy Level	1	2	3	4	5	6	7	8	9	10
Quality of Sleep	1	2	3	4	5	6	7	8	9	10
How Important It Is For You To Resolve Your Health Concerns	1	2	3	4	5	6	7	8	9	10
What Is Your Level of Preparedness To Make Necessary Lifestyle Changes To Achieve Your Goals?	1	2	3	4	5	6	7	8	9	10

I AM INTERESTED IN:

- ☐ Weight Loss
- ☐ Anti-Aging
- ☐ Long-Term Results
- ☐ Inch Loss
- ☐ Metabolism Support

PERMISSION AND AUTHORIZATION

Dietary guidelines, nutritional supplements, red light therapy and whole body vibration are used at CARE Natural Wellness Center (CNWC) to enhance weight management and overall metabolic health. It is not a substitute for medical treatment and is not be used to diagnose or treat any medical condition. Consult your Medical Provider (including doctor/ physician, nurse, physician's assistant, or any other health professional) before using any of the above therapies, especially if you have any pre-existing health concerns. Individual results may vary, and no guarantees are made regarding the effectiveness of treatment.

You are acknowledging that you are participating voluntarily in using our services and information, and you alone are solely and personally responsible for your choices, actions and results. I also understand that my health insurance will not be billed for the natural therapies offered at CNWC.

I have read and understand the foregoing and this permission form applies to subsequent visits and consultations.

Patient's Signature _____ Date _____

Or Guardian Signature _____ Date _____

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Quality of Life Survey

Name: _____ **Date:** _____

Please take several minutes to answer these questions so we can help you get better.
(Please check all that apply)

01 **How have you taken care of your health in the past?**

- ☐ Medications
- ☐ Emergency Room
- ☐ Routine Medical
- ☐ Exercise
- ☐ Nutrition/Diet
- ☐ Holistic Care
- ☐ Vitamins
- ☐ Chiropractic
- ☐ Other (please specify): _____

02 **How did the previous method(s) work out for you?**

- ☐ Bad Results
- ☐ Some Results
- ☐ Great Results
- ☐ Nothing Changed
- ☐ Did Not Get Worse
- ☐ Did Not Work Very Long
- ☐ Still Trying
- ☐ Confused

03 **How have others been affected by your health condition?**

- ☐ No One Is Affected
- ☐ Haven't Noticed Any Problem
- ☐ They Tell Me To Do Something
- ☐ People Avoid Me

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Patient Name _____.

04 **What are you afraid this might be (or beginning) to affect (or will affect)?**

- ☐ Job
- ☐ Kids
- ☐ Future Ability
- ☐ Marriage
- ☐ Self-Esteem
- ☐ Sleep
- ☐ Time
- ☐ Finances
- ☐ Freedom

05 **Are there health conditions you are afraid this might turn into?**

- ☐ Family Health Problems
- ☐ Heart Disease
- ☐ Cancer
- ☐ Diabetes
- ☐ Arthritis
- ☐ Fibromyalgia
- ☐ Depression
- ☐ Chronic Fatigue
- ☐ Need Surgery

06 **How has your health condition affected your job, relationships, finances, family, or other activities? Please give examples:**

_____

_____

_____

_____

07 **What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc.). Give 3 examples:**

1. _____
2. _____
3. _____

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Patient Name _____.

08 **What are you most concerned with regarding your problem?**

_____

_____

_____

_____

09 **Where do you picture yourself being in the next 1-3 years if this problem is not taken care of? Please be specific.**

_____

_____

_____

_____

10 **What would be different/better without this problem? Please be specific.**

_____

_____

11 **What do you desire most to get from working with us?**

_____

_____

12 **What would that mean to you?**

_____

_____

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Patient Name _____

WELLNESS EVALUATION

Inmedicine today, leaky gut aka intestinalpermeability,isn't typically diagnosed. However that doesn't mean it's not affecting your health. Many health issues related to gut health go undiagnosed, misdiagnosed, or are ignored by traditional medicine. Please complete this evaluation to help our doctors determine how we can help your condition.

Please check any that apply to you:

Sub-Clinical Symptoms Including:
- ☐ Headaches
- ☐ Migraines

Hormone Imbalance Including:
- ☐ PMS
- ☐ Emotional imbalance

Gastrointestinal Issues Including:
- ☐ Abdominal bloating,crampsorpainfulgas
- ☐ Irritable Bowel Syndrome
- ☐ Ulcerative Colitis
- ☐ Crohn's Disease and other intestinal disorders

Respiratory Conditions Including:
- ☐ Chronic sinusitis
- ☐ Asthma
- ☐ Allergies

Joint Conditions Including:
- ☐ Knee, Shoulder, or Spine

Autoimmune Conditions Including:
- ☐ Diabetes Mellitus
- ☐ Lupus
- ☐ Rheumatoid Arthritis
- ☐ Fibromyalgia
- ☐ Chronic Fatigue

Thyroid Conditions Including:
- ☐ Hashimotos
- ☐ Hypothyroidism
- ☐ Hyperthyroidism

Developmental and Social Concerns Including:
- ☐ Autism
- ☐ ADD/ADHD

Skin Conditions Including:
- ☐ Eczema
- ☐ Skin rashes
- ☐ Hives

Circle the number that most closely fits, then add up your results.

	None	Mild	Mod	Severe
Constipation and/or diarrhea	0	1	2	3
Abdominal pain or bloating	0	1	2	3
Mucous or blood in stool	0	1	2	3
Joint pain or swelling, arthritis	0	1	2	3
Chronic or frequent fatigue or tiredness	0	1	2	3
Food allergies, sensitivities or intolerance	0	1	2	3
Sinus or nasal congestion	0	1	2	3
Chronic or frequent inflammations	0	1	2	3
Eczema, skin rashes or hives (urticaria)	0	1	2	3

	None	Mild	Mod	Severe
Asthma, Hayfever, or airborne allergies	0	1	2	3
Confusion, poor memory or mood swings	0	1	2	3
Use of NSAIDS (Aspirin, Tylenol, Motrin)	0	1	2	3
History of antibiotic use	0	1	2	3
Alcohol consumption makes you feel sick	0	1	2	3
Gluten sensitivity or Celiac's disease	0	1	2	3
Nausea	0	1	2	3
Weight issues	0	1	2	3

YOUR TOTAL _____

CARE NATURAL WELLNESS CENTER
1051 Eber Blvd., Suite 102, Melbourne, FL 32904
Ph: 321-728-1387 Fax: 321-728-1386

Name_____ **Date** _____

DIETARY INTAKE FORM

Please record your dietary intake for the 2 days prior to your appointment.
(Record everything you eat and drink, including snacks/gum, and be specific.)

Day 1:
Breakfast:

Lunch:

Dinner:

Day 2:
Breakfast:

Lunch:

Dinner: