Nutrition Response Testing℠
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℠ 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

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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 _________________________________

Employer Address ____

Name of Spouse ____ Birthdate _____________________________

Spouse's Employer ____ Occupation ____________________

Employer Address ____ Phone ______________________

Describe health of spouse: ____ Number of children if any _______

Whom may we thank for referring you:____

Is this your first visit to a Chiropractic Office? ____Yes ____ No **Do you have Medicare Insurance?**____Yes ____No

Is this condition due to an accident? ____Yes ____No

Date of accident: ______________ Type: ___Auto ___Work ___Home ___Other _________________________________

If you were in an auto accident, did you see a doctor within **14 days** of the accident? ___Yes ___ No

IN CASE OF EMERGENCY, CONTACT: _____________________________________Relationship____________________

Address:____

Home Phone______________________ Work Phone ______________________ Cell Phone ________________________

What is your major complaint (reason you are here): ____

____

Previous treatments for this complaint:____

____

Other complaints or problems: ____

____

Current medications/drugs being taken: ____

____

____

Current Nutritional Supplements:____

____

____

Allergies to medicines, food, etc. ____

____

CARE NATURAL WELLNESS CENTER

NEW PATIENT INFORMATION FORM-continued

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

____

HISTORY:

List any surgery or operations with approx. dates: ____

____

Have you been in an auto or other accident: ___past year ___past five years ___over five years ___ Never

Describe: ____

Have you ever had any mental or emotional disorders? ___Yes ___No When? ______________________

Have others in your family had such disorders? ___Yes ___No When? ______________________

Have you ever been knocked unconscious? ___Yes ___No Describe:______________________

Have you ever had a fractured bone or dislocation? ___Yes ___No Describe: ______________________

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)

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

____

What can we do to make you happier?____

____

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)

Confidential Patient Case History

Name ____ Date ______________________

Please check the appropriate box for any of the following symptoms, which you currently have or have had in the past. We want all the facts about your health before we accept your case. THIS IS A CONFIDENTIAL HEALTH REPORT.

C-CURRENT
P-PAST

C P GENERAL

☐ ☐ Allergy
☐ ☐ Chills
☐ ☐ Convulsions
☐ ☐ Dizziness
☐ ☐ Fainting
☐ ☐ Fatigue
☐ ☐ Fever
☐ ☐ Headache
☐ ☐ Loss of Sleep
☐ ☐ Loss of weight
☐ ☐ Nervousness/depression
☐ ☐ Neuralgia
☐ ☐ Numbness
☐ ☐ Sweats
☐ ☐ Tremors

MUSCLE & JOINT

☐ ☐ Arthritis
☐ ☐ Bursitis
☐ ☐ Carpal Tunnel Syndrome
☐ ☐ Foot trouble
☐ ☐ Hernia
☐ ☐ Low back pain
☐ ☐ Neck pain or stiffness
☐ ☐ Pain between shoulders

Pain or numbness in:

☐ ☐ Shoulders
☐ ☐ Arms
☐ ☐ Elbows
☐ ☐ Hands
☐ ☐ Hips
☐ ☐ Legs
☐ ☐ Knees
☐ ☐ Feet
☐ ☐ Painful tail bone
☐ ☐ Poor posture
☐ ☐ Sciatica
☐ ☐ Spinal Curvature
☐ ☐ Swollen joints

C P GASTRO-INTESTINAL

☐ ☐ Belching or gas
☐ ☐ Colitis
☐ ☐ Colon trouble
☐ ☐ Constipation
☐ ☐ Diarrhea
☐ ☐ Difficult digestion
☐ ☐ Distension of abdomen
☐ ☐ Excessive hunger
☐ ☐ Gall bladder trouble
☐ ☐ Hemorrhoids
☐ ☐ Intestinal worms
☐ ☐ Jaundice
☐ ☐ Liver trouble
☐ ☐ Nausea
☐ ☐ Pain over stomach
☐ ☐ Poor appetite
☐ ☐ Vomiting
☐ ☐ Vomiting of blood

EYES, EARS, NOSE & THROAT

☐ ☐ Asthma
☐ ☐ Colds
☐ ☐ Crossed eyes
☐ ☐ Deafness
☐ ☐ Dental decay
☐ ☐ Earache
☐ ☐ Ear discharge
☐ ☐ Ear noises
☐ ☐ Enlarged glands
☐ ☐ Enlarged thyroid
☐ ☐ Eye pain
☐ ☐ Failing vision
☐ ☐ Far sightedness
☐ ☐ Gum trouble
☐ ☐ Hay fever
☐ ☐ Hoarseness
☐ ☐ Nasal obstruction
☐ ☐ Near sightedness
☐ ☐ Nosebleeds
☐ ☐ Sinus infection
☐ ☐ Sore throat
☐ ☐ Tonsillitis

C P CARDIO-VASCULAR

☐ ☐ Hardening of arteries
☐ ☐ High blood pressure
☐ ☐ Low blood pressure
☐ ☐ Pain over heart
☐ ☐ Poor circulation
☐ ☐ Rapid heart beat
☐ ☐ Slow heart beat
☐ ☐ Swelling of ankles

RESPIRATORY

☐ ☐ Chest pain
☐ ☐ Chronic cough
☐ ☐ Difficult breathing
☐ ☐ Spitting up blood
☐ ☐ Spitting up phlegm
☐ ☐ Wheezing

SKIN

☐ ☐ Boils
☐ ☐ Bruise easily
☐ ☐ Dryness
☐ ☐ Hives or allergy
☐ ☐ Itching
☐ ☐ Skin eruptions (rash)
☐ ☐ Varicose veins

GENITO-URINARY

☐ ☐ Bed-wetting
☐ ☐ Blood in urine
☐ ☐ Frequent urination
☐ ☐ Inability to control bladder
☐ ☐ Kidney infection or stones
☐ ☐ Painful urination
☐ ☐ Prostate trouble
☐ ☐ Pus in urine

FOR WOMEN ONLY

☐ ☐ Congested breasts
☐ ☐ Cramps or backache
☐ ☐ Excessive menstrual flow
☐ ☐ Hot flashes
☐ ☐ Irregular cycle
☐ ☐ Menopausal symptoms
☐ ☐ Painful menstruation
☐ ☐ Vaginal discharge
☐ Yes ☐ No Are you pregnant?

CHECK THE FOLLOWING CONDITIONS YOU HAVE HAD:

☐ Alcoholism
☐ Anemia
☐ Appendicitis
☐ Arteriosclerosis
☐ Arthritis
☐ Cancer
☐ Chicken Pox
☐ Chorea
☐ Cold Sores
☐ Diabetes
☐ Diphtheria
☐ Eczema
☐ Emphysema
☐ Epilepsy
☐ Fever Blisters
☐ Goiter
☐ Gout
☐ Heart disease
☐ Influenza
☐ Malaria
☐ Measles
☐ Miscarriage
☐ Multiple sclerosis
☐ Mumps
☐ Pleurisy
☐ Pneumonia
☐ Polio
☐ Rheumatic Fever
☐ Scarlet fever
☐ Stroke
☐ Tuberculosis
☐ Typhoid fever
☐ Ulcers
☐ Venereal disease
☐ Whooping cough

(Rev 5/2/05)

SYMPTOM SURVEY FORM

Patient ______________________ Doctor ______________________ Date ____________

Birth Date ___/___/___

Sex: Male ☐ Female ☐

Vegetarian: Yes ☐ No ☐

INSTRUCTIONS: Fill in only the circles which apply to you.

1- ● ○ ○ MILD symptoms (occurred once or twice last 6 months).
2- ○ ● ○ MODERATE symptoms (occurred once or twice last month).
3- ○ ○ ● SEVERE symptoms (chronic, occurred once or twice last week).
○ ○ ○ **Leave circles BLANK if they don't apply to you!**

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

#	1 2 3	GROUP 2
21	○ ○ ○	Joint stiffness on arising
22	○ ○ ○	Muscle-leg-toe cramps at night
23	○ ○ ○	"Butterfly" stomach, cramps
24	○ ○ ○	Eyes or nose watery
25	○ ○ ○	Eyes blink often
26	○ ○ ○	Eyelids swollen, puffy
27	○ ○ ○	Indigestion soon after meals
28	○ ○ ○	Always seems hungry; feels "lightheaded" often
29	○ ○ ○	Digestion rapid
30	○ ○ ○	Vomiting frequent
31	○ ○ ○	Hoarseness frequent
32	○ ○ ○	Breathing irregular
33	○ ○ ○	Pulse slow; feels "irregular"
34	○ ○ ○	Gagging reflex slow
35	○ ○ ○	Difficulty swallowing
36	○ ○ ○	Constipation, diarrhea alternating
37	○ ○ ○	"Slow starter"
38	○ ○ ○	Get "chilled" infrequently
39	○ ○ ○	Perspire easily
40	○ ○ ○	Circulation poor, sensitive to cold
41	○ ○ ○	Subject to colds, asthma, bronchitis

#	1 2 3	GROUP 3
42	○ ○ ○	Eat when nervous
43	○ ○ ○	Excessive appetite
44	○ ○ ○	Hungry between meals
45	○ ○ ○	Irritable before meals
46	○ ○ ○	Get "shaky" if hungry
47	○ ○ ○	Fatigue, eating relieves
48	○ ○ ○	"Lightheaded" if meals delayed
49	○ ○ ○	Heart palpitates if meals missed or delayed
50	○ ○ ○	Afternoon headaches
51	○ ○ ○	Overeating sweets upsets
52	○ ○ ○	Awaken after few hours sleep - hard to get back to sleep
53	○ ○ ○	Crave candy or coffee in afternoons
54	○ ○ ○	Moods of depression - "blues" or melancholy
55	○ ○ ○	Abnormal craving for sweets or snacks

#	1 2 3	GROUP 4
56	○ ○ ○	Hands and feet go to sleep easily, numbness
57	○ ○ ○	Sigh frequently, "air hunger"
58	○ ○ ○	Aware of "breathing heavily"
59	○ ○ ○	High altitude discomfort
60	○ ○ ○	Opens windows in closed rooms
61	○ ○ ○	Susceptible to colds and fevers
62	○ ○ ○	Afternoon "yawner"
63	○ ○ ○	Get "drowsy" often
64	○ ○ ○	Swollen ankles, worse at night
65	○ ○ ○	Muscle cramps, worse during exercise; get "charley horses"
66	○ ○ ○	Shortness of breath on exertion
67	○ ○ ○	Dull pain in chest or radiating into left arm, worse on exertion
68	○ ○ ○	Bruise easily, "black and blue" spots
69	○ ○ ○	Tendency to anemia
70	○ ○ ○	"Nose bleeds" frequent
71	○ ○ ○	Noises in head, or "ringing in ears"
72	○ ○ ○	Tension under the breastbone, or feeling of "tightness", worse on exertion

#	1 2 3	GROUP 5
73	○ ○ ○	Dizziness
74	○ ○ ○	Dry skin
75	○ ○ ○	Burning feet
76	○ ○ ○	Blurred vision
77	○ ○ ○	Itching skin and feet
78	○ ○ ○	Excessive falling hair
79	○ ○ ○	Frequent skin rashes
80	○ ○ ○	Bitter, metallic taste in mouth in mornings
81	○ ○ ○	Bowel movements painful or difficult
82	○ ○ ○	Worrier, feels insecure
83	○ ○ ○	Feeling queasy; headache over eyes
84	○ ○ ○	Greasy foods upset
85	○ ○ ○	Stools light colored
86	○ ○ ○	Skin peels on foot soles
87	○ ○ ○	Pain between shoulder blades
88	○ ○ ○	Use laxatives
89	○ ○ ○	Stools alternate from soft to watery
90	○ ○ ○	History of gallbladder attacks or gallstones
91	○ ○ ○	Sneezing attacks
92	○ ○ ○	Dreaming, nightmare type bad dreams
93	○ ○ ○	Bad breath (halitosis)
94	○ ○ ○	Milk products cause distress
95	○ ○ ○	Sensitive to hot weather
96	○ ○ ○	Burning or itching anus
97	○ ○ ○	Crave sweets

#	1 2 3	GROUP 6
98	○ ○ ○	Loss of taste for meat
99	○ ○ ○	Lower bowel gas several hours after eating
100	○ ○ ○	Burning stomach sensations, eating relieves
101	○ ○ ○	Coated tongue
102	○ ○ ○	Pass large amounts of foul-smelling gas
103	○ ○ ○	Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
104	○ ○ ○	Mucous colitis or "irritable bowel"
105	○ ○ ○	Gas shortly after eating
106	○ ○ ○	Stomach "bloating" after eating

	1 2 3	GROUP 7A
107	O O O	Insomnia
108	O O O	Nervousness
109	O O O	Can't gain weight
110	O O O	Intolerance to heat
111	O O O	Highly emotional
112	O O O	Flush easily
113	O O O	Night sweats
114	O O O	Thin, moist skin
115	O O O	Inward trembling
116	O O O	Heart palpitates
117	O O O	Increased appetite without weight gain
118	O O O	Pulse fast at rest
119	O O O	Eyelids and face twitch
120	O O O	Irritable and restless
121	O O O	Can't work under pressure
		GROUP 7B
122	O O O	Increase in weight
123	O O O	Decrease in appetite
124	O O O	Fatigue easily
125	O O O	Ringing in ears
126	O O O	Sleepy during day
127	O O O	Sensitive to cold
128	O O O	Dry or scaly skin
129	O O O	Constipation
130	O O O	Mental sluggishness
131	O O O	Hair coarse, falls out
132	O O O	Headaches upon arising, wear off during day
133	O O O	Slow pulse, below 65
134	O O O	Frequency of urination
135	O O O	Impaired hearing
136	O O O	Reduced initiative
		GROUP 7C
137	O O O	Failing memory
138	O O O	Low blood pressure
139	O O O	Increased sex drive
140	O O O	Headaches, "splitting or rending" type
141	O O O	Decreased sugar tolerance
		GROUP 7D
142	O O O	Abnormal thirst
143	O O O	Bloating of abdomen
144	O O O	Weight gain around hips or waist
145	O O O	Sex drive reduced or lacking
146	O O O	Tendency to ulcers, colitis
147	O O O	Increased sugar tolerance
148	O O O	Women: menstrual disorders
149	O O O	Young girls: lack of menstrual function
		GROUP 7E
150	O O O	Dizziness
151	O O O	Headaches
152	O O O	Hot flashes
153	O O O	Increased blood pressure
154	O O O	Hair growth on face or body (female)
155	O O O	Sugar in urine (not diabetes)
156	O O O	Masculine tendencies (female)
		GROUP 7F
157	O O O	Weakness, dizziness
158	O O O	Chronic fatigue
159	O O O	Low blood pressure
160	O O O	Nails weak, ridged
161	O O O	Tendency to hives
162	O O O	Arthritic tendencies
163	O O O	Perspiration increase
164	O O O	Bowel disorders
165	O O O	Poor circulation
166	O O O	Swollen ankles
167	O O O	Crave salt
168	O O O	Brown spots or bronzing of skin
169	O O O	Allergies - tendency to asthma

	1 2 3	
170	O O O	Weakness after colds, influenza
171	O O O	Exhaustion - muscular and nervous
172	O O O	Respiratory disorders
		GROUP 8
173	O O O	Apprehension
174	O O O	Irritability
175	O O O	Morbid fears
176	O O O	Never seems to get well
177	O O O	Forgetfulness
178	O O O	Indigestion
179	O O O	Poor appetite
180	O O O	Craving for sweets
181	O O O	Muscular soreness
182	O O O	Depression; feelings of dread
183	O O O	Noise sensitivity
184	O O O	Acoustic hallucinations
185	O O O	Tendency to cry without reason
186	O O O	Hair is coarse and/or thinning
187	O O O	Weakness
188	O O O	Fatigue
189	O O O	Skin sensitive to touch
190	O O O	Tendency toward hives
191	O O O	Nervousness
192	O O O	Headache
193	O O O	Insomnia
194	O O O	Anxiety
195	O O O	Anorexia
196	O O O	Inability to concentrate; confusion
197	O O O	Frequent stuffy nose; sinus infections
198	O O O	Allergy to some foods
199	O O O	Loose joints
		FEMALE ONLY
200	O O O	Very easily fatigued
201	O O O	Premenstrual tension
202	O O O	Painful menses
203	O O O	Depressed feelings before menstruation
204	O O O	Menstruation excessive and prolonged
205	O O O	Painful breasts
206	O O O	Menstruate too frequently
207	O O O	Vaginal discharge
208	O	Hysterectomy / ovaries removed
209	O O O	Menopausal hot flashes
210	O O O	Menses scanty or missed
211	O O O	Acne, worse at menses
212	O O O	Depression of long standing
		MALE ONLY
213	O O O	Prostate trouble
214	O O O	Urination difficult or dribbling
215	O O O	Night urination frequent
216	O O O	Depression
217	O O O	Pain on inside of legs or heels
218	O O O	Feeling of incomplete bowel evacuation
219	O O O	Lack of energy
220	O O O	Migrating aches and pains
221	O O O	Tire too easily
222	O O O	Avoids activity
223	O O O	Leg nervousness at night
224	O O O	Diminished sex drive

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

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

CARE NATURAL WELLNESS CENTER
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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: