

Nutrition Response Testing

NEW PATIENT ORIENTATION

Welcome to Nutrition Response Testing

- ! Most of our 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 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 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. 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 an 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.

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 in 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 supplements 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 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 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 patient 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.

Is it possible to restore your health?

What could be more natural? What could be more correct? Each cell, tissue, and organ in your body is on the process of replacing itself every day, month, and year. The health of each organ is dependent of 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 out 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 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.

But if our analysis confirms that you are a 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 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.

The Natural Health Improvement Center

at Hands of Life

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(305) 883-5577

***Dr. Maria E. Rodriguez
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Welcome to Nutrition Response Testing (NRT),

First of all I would like to congratulate you for taking a major step in achieving optimal health. I promise to do the best I can with the knowledge that I have acquired throughout the years. Now in order for me to do a thorough nutritional evaluation on you it is very important that you fill out all the paperwork COMPLETELY. Each page has its own instructions. Please read it carefully to ensure that the information you give me is accurate. You can fax your paperwork to us prior to your appointment at 305-883-8835.

On the day of your appointment please DO NOT wear any perfume or take any of your supplements (vitamins). Once you get here, you will be asked to remove all of the jewelry on your wrist and fingers (watch, bracelets, rings, etc. Also, please keep a food log from the time you receive this letter to the day of your appointment and bring it in with you. If you have any recent blood work (0-6 months old) or any other diagnostic test please bring those with you also.

**I look forward to helping you achieve optimal health naturally. If you have any questions or concerns please do not hesitate to call us at 305-883-5577. You are most welcome to visit our website at:
www.miamispringschiropracticnutrition.com**

Yours in Health,

Dr. Maria Rodriguez

Nutritional Healing Center
NEW PATIENT INFORMATION FORM

Page 1 of 2

Please print clearly:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address:

Home Phone () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____ Fax Number: () _____ - _____

E-Mail Address: _____

REFERRED BY:

Occupation: _____ Employer: _____

Date of Birth: _____ - _____ - _____ Age: _____ Sex: M F Height:

_____ Weight: _____ Goal Weight: _____

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

Chief Complaint: (reason you are here): _____

Previous treatment for this complaint: _____

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

Current medications/drugs being taken:

Current supplements/vitamins being taken: _____

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

[] NO, [] Yes (If yes, please give name and date of last visit and what treatment plan has been recommended): _____

Nutritional Healing Center
NEW PATIENT INFORMATION FORM

Page 2 of 2

Do you smoke? [] Yes, [] No How much? _____

Drink Coffee? [] Yes, [] No, cups? _____/day

Drink alcoholic beverages? [] Yes, [] No, How much? _____

HISTORY:

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

List any surgery or operations with approx dates: _____

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 conditions or concerns? |
|----------------|-----|-----|-----------------------------|
|----------------|-----|-----|-----------------------------|

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| _____ | _____ | M/F | _____ |
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| _____ | _____ | M/F | _____ |
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| _____ | _____ | M/F | _____ |
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Any family history of serious illnesses (circle those which apply): Cancer Diabetes

Heart Stroke Obesity Back trouble Organ dysfunction Arthritis Insomnia

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: _____

Diet History

Patient Name: _____ Date: _____

List the amount of each that you eat on average:

Ounces of water per day: _____

What kind of water do you drink? ☐ tap ☐ spring ☐ distilled ☐ bottled
☐ home filtered

What kind of water do you cook with? ☐ tap ☐ spring ☐ distilled ☐ bottled
☐ home filtered

Ounces of alcohol per day: _____

Ounces of tea or coffee per day: _____

Additives: ☐ sugar ☐ artificial sweetener _____ ☐ cream/milk ☐ other:

Ounces of soda per day: _____ ☐ regular ☐ diet ☐ both

Ounces of juice per day: _____ which ones? _____

Other beverage: _____

Bowel movements per day? _____ describe: ☐ normal, ☐ watery, _____

List your top 10 most frequently eaten foods:

How is your appetite? ☐ normal ☐ excessive ☐ diminished ☐ no appetite

What kind of foods do you crave? ☐ salty ☐ sweet ☐ spicy ☐ chocolate ☐ coffee
☐ carbohydrates ☐ meats ☐ other: _____

Please mark the foods you have a problem with: ☐ raw vegetables ☐ raw fruits

☐ dairy/milk ☐ fat/greasy foods ☐ spicy foods ☐ sugar ☐ wheat ☐ corn ☐ nuts
☐ eggs ☐ beans ☐ other: _____

Please list all symptoms you have with any of the above foods: _____

Please put a percentage from 0 to 100% on each of the following questions.

Example: home 70%, restaurant 10%, fast food 20%

Where is your daily food prepared? Home _____, Restaurant _____, Fast food _____

Vending machine _____, other _____

How are foods prepared and eaten? ☐ Raw (no prep), ☐ baked, ☐ broiled ☐ boiled

☐ fried, ☐ steamed, ☐ microwaved, ☐ other: _____

What are foods prepared from? ☐ fresh, ☐ canned, ☐ frozen, ☐ pre-packaged

How are meals eaten? ☐ sitting at the table, ☐ while working, ☐ in car ☐ watching TV

☐ other: _____

What beverage do you have with meals? ☐ water ☐ tea ☐ milk ☐ soda ☐ coffee

☐ alcohol ☐ other: _____

SYSTEMS SURVEY FORM

Patient _____ Doctor _____ Date _____
 Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male ☐ Female ☐
 Pulse: Recumbent _____ Standing _____ Vegetarian ☐ Gluten-free ☐
 Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive ☐

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

- ☒ ☐ ☐ MILD symptoms (occurs rarely).
☐ ☒ ☐ MODERATE symptoms (occurs several times a month).
☐ ☐ ☒ SEVERE symptoms (occurs almost constantly)
☐ ☐ ☐ 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 ☐ ☐ ☐ Gag occasionally
 8 ☐ ☐ ☐ Unable to relax; startles easily
 9 ☐ ☐ ☐ Extremities cold, clammy
 10 ☐ ☐ ☐ Strong light irritates
 11 ☐ ☐ ☐ Occasionally weak urine flow
 12 ☐ ☐ ☐ Heart pounds after retiring
 13 ☐ ☐ ☐ "Nervous" stomach
 14 ☐ ☐ ☐ Appetite reduced occasionally
 15 ☐ ☐ ☐ Cold sweats often
 16 ☐ ☐ ☐ Get heated easily
 17 ☐ ☐ ☐ Nerve discomfort
 18 ☐ ☐ ☐ Staring, blinks little
 19 ☐ ☐ ☐ Sour stomach frequent

GROUP 2

- 20 ☐ ☐ ☐ Joint stiffness on arising
 21 ☐ ☐ ☐ Muscle-leg-toe cramps at night
 22 ☐ ☐ ☐ "Butterfly" stomach, cramps
 23 ☐ ☐ ☐ Eyes or nose watery
 24 ☐ ☐ ☐ Eyes blink often
 25 ☐ ☐ ☐ Eyelids swollen, puffy
 26 ☐ ☐ ☐ Indigestion soon after meals
 27 ☐ ☐ ☐ Always seems hungry; feels "lightheaded" often
 28 ☐ ☐ ☐ Digestion rapid
 29 ☐ ☐ ☐ Vomiting occasionally
 30 ☐ ☐ ☐ Hoarseness frequent
 31 ☐ ☐ ☐ Uneven breathing
 32 ☐ ☐ ☐ Pulse slow
 33 ☐ ☐ ☐ Gagging reflex slow
 34 ☐ ☐ ☐ Difficulty swallowing
 35 ☐ ☐ ☐ Temporary constipation or diarrhea
 36 ☐ ☐ ☐ "Slow starter"
 37 ☐ ☐ ☐ Get "chilled"
 38 ☐ ☐ ☐ Perspire easily
 39 ☐ ☐ ☐ Sensitive to cold
 40 ☐ ☐ ☐ Upper respiratory challenges

GROUP 3

- 41 ☐ ☐ ☐ Eat when nervous
 42 ☐ ☐ ☐ Excessive appetite
 43 ☐ ☐ ☐ Hungry between meals
 44 ☐ ☐ ☐ Irritable before meals
 45 ☐ ☐ ☐ Get "shaky" if hungry
 46 ☐ ☐ ☐ Fatigue, eating relieves
 47 ☐ ☐ ☐ "Lightheaded" if meals delayed
 48 ☐ ☐ ☐ Heart palpitates if meals missed or delayed
 49 ☐ ☐ ☐ Fatigue in afternoons
 50 ☐ ☐ ☐ Overeating sweets upsets

1 2 3

- 51 ☐ ☐ ☐ Awaken after few hours sleep - hard to get back to sleep
 52 ☐ ☐ ☐ Crave candy or coffee in afternoons
 53 ☐ ☐ ☐ Moods of "blues" or melancholy
 54 ☐ ☐ ☐ Craving for sweets or snacks

GROUP 4

- 55 ☐ ☐ ☐ Hands and feet go to sleep easily, numbness
 56 ☐ ☐ ☐ Sigh frequently, "air hunger"
 57 ☐ ☐ ☐ Aware of "breathing heavily"
 58 ☐ ☐ ☐ High altitude discomfort
 59 ☐ ☐ ☐ Opens windows in closed rooms
 60 ☐ ☐ ☐ Immune system challenges
 61 ☐ ☐ ☐ Afternoon "yawner"
 62 ☐ ☐ ☐ Get "drowsy" often
 63 ☐ ☐ ☐ Swollen ankles, worse at night
 64 ☐ ☐ ☐ Muscle cramps, worse during exercise; get "charley horses"
 65 ☐ ☐ ☐ Difficulty catching breath, especially during exercise
 66 ☐ ☐ ☐ Tightness or pressure in chest, worse on exertion
 67 ☐ ☐ ☐ Skin discolors easily after impact
 68 ☐ ☐ ☐ Tendency to anemia
 69 ☐ ☐ ☐ Noises in head, or "ringing in ears"
 70 ☐ ☐ ☐ Fatigue upon exertion

GROUP 5

- 71 ☐ ☐ ☐ Dizziness
 72 ☐ ☐ ☐ Dry skin
 73 ☐ ☐ ☐ Burning feet
 74 ☐ ☐ ☐ Blurred vision
 75 ☐ ☐ ☐ Itching skin and feet
 76 ☐ ☐ ☐ Hair loss
 77 ☐ ☐ ☐ Occasional skin rashes
 78 ☐ ☐ ☐ Bitter, metallic taste in mouth in mornings
 79 ☐ ☐ ☐ Occasional constipation
 80 ☐ ☐ ☐ Worrier, feels insecure
 81 ☐ ☐ ☐ Nausea occasionally after eating
 82 ☐ ☐ ☐ Greasy foods upset
 83 ☐ ☐ ☐ Stools light colored
 84 ☐ ☐ ☐ Skin peels on foot soles
 85 ☐ ☐ ☐ Discomfort between shoulder blades
 86 ☐ ☐ ☐ Occasional laxative use
 87 ☐ ☐ ☐ Stools alternate from soft to watery
 88 ☐ ☐ ☐ Sneezing attacks
 89 ☐ ☐ ☐ Dreaming, nightmare type bad dreams
 90 ☐ ☐ ☐ Bad breath (halitosis)
 91 ☐ ☐ ☐ Milk products cause upset
 92 ☐ ☐ ☐ Sensitive to hot weather
 93 ☐ ☐ ☐ Burning or itching anus
 94 ☐ ☐ ☐ Crave sweets

GROUP 6

- 95 ☐ ☐ ☐ Loss of taste for meat
 96 ☐ ☐ ☐ Lower bowel gas several hours after eating
 97 ☐ ☐ ☐ Burning stomach sensations, eating relieves
 98 ☐ ☐ ☐ Coated tongue
 99 ☐ ☐ ☐ Pass large amounts of foul-smelling gas
 100 ☐ ☐ ☐ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
 101 ☐ ☐ ☐ Watery or loose stool
 102 ☐ ☐ ☐ Gas shortly after eating
 103 ☐ ☐ ☐ Stomach "bloating"

1 2 3 GROUP 7A

- 104 ○ ○ ○ Difficulty sleeping
 105 ○ ○ ○ On edge
 106 ○ ○ ○ Can't gain weight
 107 ○ ○ ○ Intolerance to heat
 108 ○ ○ ○ Highly emotional
 109 ○ ○ ○ Flush easily
 110 ○ ○ ○ Night sweats
 111 ○ ○ ○ Thin, moist skin
 112 ○ ○ ○ Inward trembling
 113 ○ ○ ○ Heart races
 114 ○ ○ ○ Increased appetite without weight gain
 115 ○ ○ ○ Pulse fast at rest
 116 ○ ○ ○ Eyelids and face twitch
 117 ○ ○ ○ Irritable and restless
 118 ○ ○ ○ Can't work under pressure

GROUP 7B

- 119 ○ ○ ○ Increase in weight
 120 ○ ○ ○ Decrease in appetite
 121 ○ ○ ○ Fatigue easily
 122 ○ ○ ○ Ringing in ears
 123 ○ ○ ○ Sleepy during day
 124 ○ ○ ○ Sensitive to cold
 125 ○ ○ ○ Dry or scaly skin
 126 ○ ○ ○ Temporary constipation
 127 ○ ○ ○ Mental sluggishness
 128 ○ ○ ○ Hair coarse, falls out
 129 ○ ○ ○ Tension in head upon arising wears off during day
 130 ○ ○ ○ Slow pulse, below 65
 131 ○ ○ ○ Changing urinary function
 132 ○ ○ ○ Sounds appear diminished
 133 ○ ○ ○ Reduced initiative

GROUP 7C

- 134 ○ ○ ○ Failing memory with age
 135 ○ ○ ○ Increased sex drive
 136 ○ ○ ○ Episodes of tension in head
 137 ○ ○ ○ Decreased sugar tolerance

GROUP 7D

- 138 ○ ○ ○ Abnormal thirst
 139 ○ ○ ○ Bloating of abdomen
 140 ○ ○ ○ Weight gain around hips or waist
 141 ○ ○ ○ Sex drive reduced or lacking
 142 ○ ○ ○ Tendency for stomach issues
 143 ○ ○ ○ Increased sugar tolerance
 144 ○ ○ ○ Menstrual disorders

GROUP 7E

- 145 ○ ○ ○ Dizziness
 146 ○ ○ ○ Headaches
 147 ○ ○ ○ Hot flashes
 148 ○ ○ ○ Hair growth on face or body (female)
 149 ○ ○ ○ Sugar in urine (not diabetes)
 150 ○ ○ ○ Masculine tendencies (female)

GROUP 7F

- 151 ○ ○ ○ Weakness, dizziness
 152 ○ ○ ○ Tired throughout day
 153 ○ ○ ○ Nails weak, ridged
 154 ○ ○ ○ Sensitive skin
 155 ○ ○ ○ Stiff joints
 156 ○ ○ ○ Perspiration increase
 157 ○ ○ ○ Bowel discomfort
 158 ○ ○ ○ Poor circulation
 159 ○ ○ ○ Swollen ankles
 160 ○ ○ ○ Crave salt
 161 ○ ○ ○ Areas of skin darkening
 162 ○ ○ ○ Upper respiratory sensitivity
 163 ○ ○ ○ Tiredness
 164 ○ ○ ○ Breathing challenges

1 2 3 GROUP 8

- 165 ○ ○ ○ Muscle weakness
 166 ○ ○ ○ Lack of Stamina
 167 ○ ○ ○ Drowsiness after eating
 168 ○ ○ ○ Muscular soreness
 169 ○ ○ ○ Heart races
 170 ○ ○ ○ Hyper-irritable
 171 ○ ○ ○ Feeling of a band around your head
 172 ○ ○ ○ Melancholia (feeling of sadness)
 173 ○ ○ ○ Swelling of ankles
 174 ○ ○ ○ Change in urinary function
 175 ○ ○ ○ Tendency to consume sweets or carbohydrates
 176 ○ ○ ○ Muscle spasms
 177 ○ ○ ○ Blurred vision
 178 ○ ○ ○ Involuntary muscle action
 179 ○ ○ ○ Numbness
 180 ○ ○ ○ Night sweats
 181 ○ ○ ○ Rapid digestion
 182 ○ ○ ○ Sensitivity to noise
 183 ○ ○ ○ Redness of palms of hands and bottom of feet
 184 ○ ○ ○ Visible veins on chest and abdomen
 185 ○ ○ ○ Hemorrhoids
 186 ○ ○ ○ Apprehension (feeling that something bad will happen)
 187 ○ ○ ○ Nervousness causing loss of appetite
 188 ○ ○ ○ Nervousness with indigestion
 189 ○ ○ ○ Gastritis
 190 ○ ○ ○ Forgetfulness
 191 ○ ○ ○ Thinning hair

FEMALE ONLY

- 192 ○ ○ ○ Very easily fatigued
 193 ○ ○ ○ Premenstrual tension
 194 ○ ○ ○ Menses more painful than usual
 195 ○ ○ ○ Depressed feelings before menstruation
 196 ○ ○ ○ Painful breasts during menses
 197 ○ ○ ○ Menstruate too frequently
 198 ○ Hysterectomy / ovaries removed
 199 ○ ○ ○ Menopausal hot flashes
 200 ○ ○ ○ Menses scanty or missed
 201 ○ ○ ○ Acne, worse at menses

MALE ONLY

- 202 ○ ○ ○ Less involved in exercise/social activities
 203 ○ ○ ○ Difficult to postpone urination
 204 ○ ○ ○ Weak urinary stream
 205 ○ ○ ○ Feeling of "blues" or melancholy
 206 ○ ○ ○ Feeling of incomplete bowel evacuation
 207 ○ ○ ○ Lack of energy
 208 ○ ○ ○ Muscles in arms and legs seem softer/smaller
 209 ○ ○ ○ Tire too easily
 210 ○ ○ ○ Avoids activity
 211 ○ ○ ○ Leg nervousness at night
 212 ○ ○ ○ Diminished sex drive

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

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

RESTRICTIONS ON USE

THE SYSTEMS SURVEY IS TO BE USED ONLY BY TRAINED HEALTH CARE PRACTITIONERS. IF YOU ARE A PATIENT, YOU SHOULD NOT USE THE SYSTEMS SURVEY. IF YOU ARE NOT A TRAINED HEALTH CARE PRACTITIONER, YOU SHOULD NOT USE THE SYSTEMS SURVEY. HEALTH CARE PRACTITIONERS SHOULD ONLY USE THE SYSTEMS SURVEY TO PROVIDE SERVICES THAT ARE WITHIN THE SCOPE OF THEIR LICENSE OR PROFESSIONAL TRAINING. THE SYSTEMS SURVEY IS NOT INTENDED TO DIAGNOSE ANY DISEASE. THE SYSTEMS SURVEY IS INTENDED TO BE USED AS A HELPFUL TOOL FOR HEALTH CARE PRACTITIONERS IN COLLECTING INFORMATION CONCERNING THE HEALTH AND WELLNESS OF PATIENTS.

**PERMISSION & AUTHOTIZATION FORM REGARDING THE USE OF NUTRIOTION
RESPONSE TESTING**

PLEASE READ BEFORE SIGNING:

*I specifically authorize the natural health practitioners at he Natural Health Improvement Center 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 possibl 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: _____