

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 the 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 though 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

4 Curtiss Parkway

Miami Springs, FL 33166

(305) 883-5577

Dr. Maria E. Rodriguez
4 Curtiss Parkway
Miami Springs, FL 33166
305-883-5577

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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_____	_____	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: _____