

**Brighton Chiropractic and Nutritional Health  
1088 Brighton Road  
Tonawanda, NY 14150  
837-1711**

***Dear Patient,***

***Welcome! Welcome! Welcome! It is such a pleasure to have you at our office! And I would just like to welcome you on board!***

***As your doctor, my job is to ensure that you receive the best possible service and care here at Brighton Chiropractic and Nutritional Health; that all of your health needs are taken care of. In fact, if there are any questions, problems or concerns, I am the person you want to talk to about it and I will get it taken care of.***

***I want you to know you are part of a special group of people, each whom are wanting a pain free and healthy life, and each of whom has been referred to us by other satisfied clients.***

***It is my job to give you all the help, advice guidance and knowledge you need to get healthier and stay healthy your whole life. I am a highly trained chiropractor and nutritionist and I am here to fully service your needs and interests.***

***Please promise to call us at any time a health question or problem comes up. I want you to look at me as your "total health" advisor.***

***Before your first appointment there are a few things you will need to know and do:***

***-Please bring a copy of any recent blood work.***

***-Please bring in supplements you are currently taking.***

***-Please read and complete the enclosed paper work and bring it you on the date of your appointment.***

***-Please be prepared to stay 30-45 minutes for your appointment, if you can not make your appointment be courteous and cancel within 24 hours so as we may fill the time slot with other patients waiting.***

***-Please, for the benefit of our allergy sensitive patients, we kindly request that you not wear any synthetic perfumes when visiting our office.***

***We look forward to meeting and working with you!***

***Sincerely, in health,***

***Dr. Jamie***

# Nutrition Testing:

## Using Clinical Nutrition

If you are like most people that come into our office for nutrition testing, then you most like:

- Have one or more health conditions that have become chronic and it feels like no one is helping you.
- -You've tried western medicine and you didn't get the results you had hoped for.
- -You would rather try to help your body to all natural safe healing instead of the use of pharmaceuticals.
- You know that if you keep going on the pace you are going, you will probably not get better and continue to worse unless you change yourself and your lifestyle.
- You are already pretty healthy but are confused on the correct nutrition to take, and what product line is the best for you.
- -You want to lose weight and have tried everything but the weight is just not coming off.

If any of these scenarios sound familiar to you, then you have come to the right place.

**Dr. Jamie Brenon is a highly trained Clinical Nutritionist with advanced studies in Nutrition Response Testing and Meridian Autonomic Testing**, both of which are a noninvasive way to analyze the body in order to determine underlying causes of ill health. In this office, she uses a unique muscle testing technique based on acupuncture points located on the surface of the body. These points relate to systems, organs, and glands and help to determine nutritional requirements based Whole Food Nutrition and Herbal Concentrates from top of the line products, such as Standard Process and Mediherb. This program that you are about to start is made to give your body an overhaul. This process differs in every patient, some patients have small amount of stressors in their body while others tend to have more, which may take a little long to fix. Usually by the end of the six to eight months you will have cleansed, repaired, and fortified almost every gland and organ in your body that was under duress. This will result in the prevention of future stress on the body and maintain your body in a state of well-being. You may even experience a degree of strengthening in your physical stamina and strength as well as your emotional/spiritual state of mind.

We do follow one rule of thumb in our office: **1st Detox, 2nd Repair + Rebuild, 3rd Maintenance Care**. It's easier to "stay healthy than to get healthy", however, once we get you there, we like to keep you there ☺ The following is a typical sequence of approach so that you may have some concept of the plan, although each person is unique and progresses at their own pace.

**Initial Visit:** Determine if there is a structural, biochemical, emotional or combination of dysfunctions that impedes your optimal wellness.

**Subsequent Visits:** → Endocrine balancing → Alkaline promotion and general mineral replenishment → Unburdening the liver and digestive system of its toxic load → Dietary recommendations → Creating independence from sugar forming high glycemic foods thus reducing insulin and cortisol imbalances → Identification of food allergies and removal of the primary inflammation engines → Parasite infestation and infection removal through up regulation of the immune system → Correction of gut flora imbalance and dysbiosis → Addressing circulatory issues as a long term preventative measure especially with the heart and brain and legs → Begin specific correction of chronic conditions like arthritis or autoimmune issues → Deep organ work like spleen and lymphatic system repair.

Many people we see in our office have literally eaten themselves into ill health to one degree or another. The nutritional deficiencies or imbalances lead to a breakdown in resistance, or immunity and loss of ability to cope with their surrounding stresses. So the good news is that this process of bad eating is reversible. The health of each organ is dependent on making the correct nutrients available to maintain the health of the body at a cellular level. So as you can see, if we feed your body what it needs, and giving your body the correct nutrients it has been lacking, it gives you're the body the best opportunity to rebuild and repair.

Why do we use whole food supplements as a way to help? That's an easy question to answer. Whole food supplements supply our bodies with nutrients we are not getting from our diet, all the vitamins, minerals, trace minerals, and phytonutrients that foods possess in a way that nature intended, in a whole food form. I always like to use the Standard Process's multivitamin, Catalyn, as my example. If you think about a pie, cut the pie into 8 pieces and take out a piece of that pie. The whole pie represents Catalyn, and the piece of the pie represents on part of Catalyn, being Carrot Root. If we look at Carrot Root, it breaks' down into hundreds of coenzymes, vitamins, minerals, cofactors etc. for maximum absorption and availability so the body can utilizes everything from it for repair, rebuilding or maintenance.

Maintenance care usually starts without complication around the sixth-eighth month and is a graduation into less frequent office visits (every 12 to 24 weeks) and more of a basic nutritional support to lead your lifestyle with occasional elective system repair and fortification processes that usually last one or two months each.

While there are many variables in the course of the nutritional therapy generally it follows these guidelines. Our intention is for total correction of your symptomatic profile with the potential for medication reduction under your medical doctor's direction by the time we finish the six-eight months. It is so exciting to see what your body is capable of as it regards the innate healing potential, and indeed that renewal reminds us of how remarkably we were designed. For many patients this represents training in a culture, which allows people more alternatives when they face greater health challenges in the future.

It is our greatest joy and fulfillment to introduce this approach to you.

**Brighton Chiropractic and Nutritional Health, 1088 Brighton Road Tonawanda, NY 14150 (716 837 1711)**

# Brighton Chiropractic and Nutritional Health

## NEW CLIENT INFORMATION FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

History:

List any major illness(with approximate dates): \_\_\_\_\_

\_\_\_\_\_

Past accidents/ Injuries: \_\_\_\_\_

\_\_\_\_\_

Marital status: S M D W                      Name of  
Spouse: \_\_\_\_\_

Describe health of spouse: \_\_\_\_\_ # of children \_\_\_\_\_

Name of Child	Age	Sex	Any physical conditions
---------------	-----	-----	-------------------------

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

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

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

Any family history of serious illness (circle all those that apply) : Cancer / Diabetes/Heart

Other: \_\_\_\_\_

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

with: \_\_\_\_\_

What can we do to make you happier: \_\_\_\_\_

Sign: \_\_\_\_\_ Date \_\_\_\_\_

# ***Brighton Chiropractic and Nutritional Health***

1088 Brighton Road    Tonawanda, NY 14150    716 837 1711

## **NEW CLIENT INFORMATION FORM**

Please print clearly:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SEX: M/F    Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Chief complaint: (reason why you are here): \_\_\_\_\_

\_\_\_\_\_

Previous Treatment: \_\_\_\_\_

Other complaints or problems \_\_\_\_\_

Current Medications/ Drugs being taken: \_\_\_\_\_

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

If yes, please give name and date of last visit: \_\_\_\_\_

Nutritionals Supplements you are taking: \_\_\_\_\_

\_\_\_\_\_

Do you smoke, drink coffee or alcohol?

Cigarettes? \_\_\_\_\_ Coffee? \_\_\_\_\_ Alcohol? \_\_\_\_\_

# SYSTEMS SURVEY FORM

Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Approx Weight \_\_\_\_\_ Sex: Male  Female

Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Vegetarian: Yes  No

Blood pressure: Recumbent \_\_\_\_/\_\_\_\_ Standing \_\_\_\_/\_\_\_\_ Ragland's Test is Positive

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

- ○ ○ MILD symptoms (occurred once or twice last 6 months).
- ● ○ MODERATE symptoms (occurred once or twice last month).
- ○ ● 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

## 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

## 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

## 1 2 3

- 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

## 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

## 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

## 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    Insomnia
- 108    Nervousness
- 109    Can't gain weight
- 110    Intolerance to heat
- 111    Highly emotional
- 112    Flush easily
- 113    Night sweats
- 114    Thin, moist skin
- 115    Inward trembling
- 116    Heart palpitates
- 117    Increased appetite without weight gain
- 118    Pulse fast at rest
- 119    Eyelids and face twitch
- 120    Irritable and restless
- 121    Can't work under pressure

**GROUP 7B**

- 122    Increase in weight
- 123    Decrease in appetite
- 124    Fatigue easily
- 125    Ringing in ears
- 126    Sleepy during day
- 127    Sensitive to cold
- 128    Dry or scaly skin
- 129    Constipation
- 130    Mental sluggishness
- 131    Hair coarse, falls out
- 132    Headaches upon arising, wear off during day
- 133    Slow pulse, below 65
- 134    Frequency of urination
- 135    Impaired hearing
- 136    Reduced initiative

**GROUP 7C**

- 137    Failing memory
- 138    Low blood pressure
- 139    Increased sex drive
- 140    Headaches, "splitting or rending" type
- 141    Decreased sugar tolerance

**GROUP 7D**

- 142    Abnormal thirst
- 143    Bloating of abdomen
- 144    Weight gain around hips or waist
- 145    Sex drive reduced or lacking
- 146    Tendency to ulcers, colitis
- 147    Increased sugar tolerance
- 148    Women: menstrual disorders
- 149    Young girls: lack of menstrual function

**GROUP 7E**

- 150    Dizziness
- 151    Headaches
- 152    Hot flashes
- 153    Increased blood pressure
- 154    Hair growth on face or body (female)
- 155    Sugar in urine (not diabetes)
- 156    Masculine tendencies (female)

**GROUP 7F**

- 157    Weakness, dizziness
- 158    Chronic fatigue
- 159    Low blood pressure
- 160    Nails weak, ridged
- 161    Tendency to hives
- 162    Arthritic tendencies
- 163    Perspiration increase
- 164    Bowel disorders
- 165    Poor circulation
- 166    Swollen ankles
- 167    Crave salt
- 168    Brown spots or bronzing of skin
- 169    Allergies - tendency to asthma

**1 2 3**

- 170    Weakness after colds, influenza
- 171    Exhaustion - muscular and nervous
- 172    Respiratory disorders

**GROUP 8**

- 173    Apprehension
- 174    Irritability
- 175    Morbid fears
- 176    Never seems to get well
- 177    Forgetfulness
- 178    Indigestion
- 179    Poor appetite
- 180    Craving for sweets
- 181    Muscular soreness
- 182    Depression; feelings of dread
- 183    Noise sensitivity
- 184    Acoustic hallucinations
- 185    Tendency to cry without reason
- 186    Hair is coarse and/or thinning
- 187    Weakness
- 188    Fatigue
- 189    Skin sensitive to touch
- 190    Tendency toward hives
- 191    Nervousness
- 192    Headache
- 193    Insomnia
- 194    Anxiety
- 195    Anorexia
- 196    Inability to concentrate; confusion
- 197    Frequent stuffy nose; sinus infections
- 198    Allergy to some foods
- 199    Loose joints

**FEMALE ONLY**

- 200    Very easily fatigued
- 201    Premenstrual tension
- 202    Painful menses
- 203    Depressed feelings before menstruation
- 204    Menstruation excessive and prolonged
- 205    Painful breasts
- 206    Menstruate too frequently
- 207    Vaginal discharge
- 208    Hysterectomy / ovaries removed
- 209    Menopausal hot flashes
- 210    Menses scanty or missed
- 211    Acne, worse at menses
- 212    Depression of long standing

**MALE ONLY**

- 213    Prostate trouble
- 214    Urination difficult or dribbling
- 215    Night urination frequent
- 216    Depression
- 217    Pain on inside of legs or heels
- 218    Feeling of incomplete bowel evacuation
- 219    Lack of energy
- 220    Migrating aches and pains
- 221    Tire too easily
- 222    Avoids activity
- 223    Leg nervousness at night
- 224    Diminished sex drive

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_



# Daily Record of Food Intake | Your diet may be the key to better health.



Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item. When you have completed this form, return it to your health care professional for evaluation.

Name: \_\_\_\_\_

**Day 1 - Date:** \_\_\_\_\_

**BREAKFAST** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 2 - Date:** \_\_\_\_\_

**BREAKFAST** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 3 - Date:** \_\_\_\_\_

**BREAKFAST** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

Notes: \_\_\_\_\_

**Day 4 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 5 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 6 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 7 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

# ***Brighton Chiropractic and Nutritional Health***

1088 Brighton Road, Tonawanda, NY 14150

716 837 1711

**Permission and Authorization Form regards the use of nutritional response testing**

**Please read before signing:**

I specifically authorize the natural health practitioners at Brighton Chiropractic and Nutritional Health to perform Nutritional Response Testing 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 treatment or "cure" of any disease.**

I understand the **Nutritional 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 Nutritional Response Testing is not a method of "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 Nutritional Response Testing is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of brining 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 you are a minor, signature of parent or guardian)