

Understanding the Physiology of the Functional Evaluation Points In Lingual-Neuro Testing

WHY these points exist?

Self-Selection of Necessary Nutrients

Simply, our bodies tell us what we need. Our nervous system has the ability to identify foods useful to the body. To understand how the body communicates to us what it needs, we may observe the studies of self-selection of food by humans. In a study performed by C.M. Davis¹, fifteen children, when given the opportunity to choose from a large selection of natural foods with no outside influence, chose foods that provided the nutrition their bodies needed according to their biochemical individuality. The children were studied for at least six months and up to four-and-one-half years, ranging in age from six months to eleven months when beginning the program. In one instance, a child with rickets chose cod liver oil everyday until his blood calcium and phosphorus levels reached normal and x-rays showed the rickets had healed, and in another case, the child with the highest gastric pH chose a diet of much higher alkaline food than other children.² The studies showed that these children had insatiable appetites for cod liver oil.

The study implies that adult influence interferes with proper self-selection, and it is suggested that, in dealing with children with eating problems, parents allow children to self-select for three weeks, keeping track of what they select. In doing so in the study, initially, children indulged in certain foods, but ate a more balanced proper diet toward the end of the three weeks. Children allowed to omit a food, at will, usually do not develop a lasting dislike for it.

These studies show that we have intellectualized ourselves out of the food game. With marketing, health reports and the allure of convenience, we've desensitized our abilities to self-select our food. It is more difficult now to listen to our bodies with the bombardment of information as we believe it is food because of marketing, thus our rationale is based on intellect, not intuition. The points used in the functional evaluation rely on the body's innate ability to communicate what it needs to the practitioner in order to gain nutritional balance and overall wellbeing based on biochemical individuality. We assume that the body, removed from intellect, will intuitively select those nutrients necessary for optimal health.

HOW the points function in the body?

Lingual-neuro Testing

In lingual-neuro testing, the taste buds are informing the brain, and the body reacts accordingly. Receptor cells in the taste buds generate impulses in the rostral parts of the solitary tract of the medulla oblongata. The solitary tract is a slender, compact fiber bundle whose primary sensory fibers convey information from stretch receptors and chemoreceptors in the walls of cardiovascular, respiratory and intestinal tracts³. This information travels from the taste buds, through the solitary tract and on to point on the pons⁴ called the pontine taste area. From here the pathways extend to the lateral hypothalamic area, the autonomic and endocrine control center. Next to the ventral posteromedial nucleus of the thalamus, then onto the sensory cortex (just below the face area). The lateral horn in the spine, where signals from the taste buds are received, has descending fibers proceeding directly to the organs. This is where the decisions are made reflexively by the body—in the central nervous system.

WHO developed the use of these points in functional testing?

Practitioners & Discovery of Reflexes

¹ Davis, C.M. "Self selection of diet by newly weaned infants—an experimental study, *Am J Dis Child*, Vol 36, No 4 (Oct 28, 1928).

² Walther, David. *Applied Kinesiology*, p. 126

³ The digestive system is extraordinarily reflexive: viscerosensory (between organs and senses), visceroglandular (between organs and glands), visceromuscular (between organs and muscles), viscerovascular (between the organs and the blood).

⁴ A rounded eminence off the ventral surface of the brainstem. The origins of cranial nerves V, VI, VII and VIII are at the border of the pons (*Online Medical Dictionary, Centre for Cancer Education, University of Newcastle on the Tyne.*)

Chapman—*Neuro-lymphatic reflexes*

Discovered by Frank Chapman, D.O., Chapman's reflexes are painful points located all over the body that, when palpated, he felt could lead to the healing of disease. In general, these reflexes are found in the soft tissue at various points along both sides of the sternum, the proximal head of the humerus, distal and proximal clavicle, occipital ridge, cervicals, ribs, scapula, thoracics, lumbar, sacrum, coccyx, pelvis pubic, fibula and medial head of the tibia. Typically, when the condition involves an organ, the location where the autonomic nerve ganglion branches off the spinal column to the organ becomes one of the reflex points to be palpated. A given reflex is consistently associated with the same viscus; Chapman's reflexes are manifested by palpatory findings of plaque-like changes of stringiness of the involved lymphatic tissues. The lymphatic system bathes the muscle tissues with nourishment and cleans away toxic waste. When lymphatic flow is inhibited, normal muscle function is impaired often leading to pathology and disease. Stimulation of the Chapman's reflexes can produce a change in the lymphatic drainage of a particular organ promoting health of the organs.

Bennett—*Neurovascular reflexes*

In the 1930s, Terence Bennett, D.C. established neurovascular reflex areas which related to each organ of the body: the reflex points are either over the location of the organ or are reflexes from the organs. The reflex point is felt as a tight muscle and is usually sensitive to palpation. Bennett discovered that blood flow to the organs would be improved by gently touching certain points on the head and body, and interestingly, many of us use these classic points on the forehead when we cry or when we are stress—we automatically touch these points, and by doing so, we bring the blood from the back of the brain (the logic centers) to the forebrain, (the emotional centers) which diffuses stress.

Riddler—*Nutritional reflexes*

The Riddler Reflex technique is another system that utilizes nutritional reflex points on the body, but uses them to determine specific nutritional deficiencies. Robert Riddler, a chiropractor, tested various trigger points then tested the points after giving the patients various nutrients. For instance, he tested a trigger point in the corner of the left collar bone for tenderness and muscle weakness, introduced Vitamin C to the system, and the muscle strengthened and tenderness went away. This was an indication of Vitamin C deficiency which is improved with Vitamin C supplement.

Ultimately, Riddler categorized every point as a relationship to a nutrient. For example, the point one anatomical inch inferior and lateral to the zygoid process on the left side of the body is known as the Hydrochloric Acid (HCl) point and responds to the introduction of hydrochloric acid. The Enzyme Point, one anatomical inch inferior and lateral to the zygoid process on the right side of the body, responds to the introduction digestive and pancreatic enzymes.

Perspective

All the lower animals and all mammals except humans use their innate senses to determine what to eat and when. Wild mountain goats have been observed eating arnica plants after they have injured themselves falling. Dogs eat green grass when they are sick. Humans still have the innate ability to choose. Again, we've intellectualized ourselves out of the game, and our senses have been tainted by the imprint of chemicals and additives in our food. "I can't believe it's not butter." Well our autonomic nervous system can believe it. Just lingual-neuro test it against the liver reflex or the fatty acid reflex or the heart reflex. Lingual-Neuro testing will reveal that not only is it not butter, it's actually toxic.

Although Lingual-Neuro seems almost mystical to some people, the neurology behind it and the fact that the body has this ability to delineate among nutritional needs are totally logical and consistent with the sciences we know and understand. The ability to use Lingual-Neuro testing provides the Nutritional Therapists with a tremendous tool to access nutritional needs with respect to the biochemical individuality of their clients.

Section 6

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|--------------|--|--------------|--|
| 165. 0 1 | Experience pain relief with aspirin (0=no, 1=yes) | 169. 0 1 2 3 | Headaches when out in the hot sun |
| 166. 0 1 2 3 | Crave fatty or greasy foods | 170. 0 1 2 3 | Sunburn easily or suffer sun poisoning |
| 167. 0 1 2 3 | Low- or reduced-fat diet (0=never, 1=years ago, 2=within past year, 3=currently) | 171. 0 1 2 3 | Muscles easily fatigued |
| 168. 0 1 2 3 | Tension headaches at base of skull | 172. 0 1 2 3 | Dry flaky skin or dandruff |

Section 7

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|--------------|--|--------------|--|
| 173. 0 1 2 3 | Awaken a few hours after falling asleep, hard to get back to sleep | 180. 0 1 2 3 | Headache if meals are skipped or delayed |
| 174. 0 1 2 3 | Crave sweets | 181. 0 1 2 3 | Irritable before meals |
| 175. 0 1 2 3 | Binge or uncontrolled eating | 182. 0 1 2 3 | Shaky if meals delayed |
| 176. 0 1 2 3 | Excessive appetite | 183. 0 1 2 3 | Family members with diabetes (0=none, 1=1 or 2, 2=3 or 4, 3=more than 4) |
| 177. 0 1 2 3 | Crave coffee or sugar in the afternoon | 184. 0 1 2 3 | Frequent thirst |
| 178. 0 1 2 3 | Sleepy in afternoon | 185. 0 1 2 3 | Frequent urination |
| 179. 0 1 2 3 | Fatigue that is relieved by eating | | |

Section 8

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|--------------|---|--------------|--|
| 186. 0 1 2 3 | Muscles become easily fatigued | 200. 0 1 2 3 | Can hear heart beat on pillow at night |
| 187. 0 1 2 3 | Feel exhausted or sore after moderate exercise | 201. 0 1 2 3 | Whole body or limb jerk as falling asleep |
| 188. 0 1 2 3 | Vulnerable to insect bites | 202. 0 1 2 3 | Night sweats |
| 189. 0 1 2 3 | Loss of muscle tone, heaviness in arms/legs | 203. 0 1 2 3 | Restless leg syndrome |
| 190. 0 1 2 3 | Enlarged heart or congestive heart failure | 204. 0 1 2 3 | Cracks at corner of mouth (Cheilosis) |
| 191. 0 1 2 3 | Pulse below 65 per minute (0=no, 1=yes) | 205. 0 1 2 3 | Fragile skin, easily chaffed, as in shaving |
| 192. 0 1 2 3 | ringing in the ears (Tinnitus) | 206. 0 1 2 3 | Polyps or warts |
| 193. 0 1 2 3 | Numbness, tingling or itching in hands and feet | 207. 0 1 2 3 | MSG sensitivity |
| 194. 0 1 2 3 | Depressed | 208. 0 1 2 3 | Wake up without remembering dreams |
| 195. 0 1 2 3 | Fear of impending doom | 209. 0 1 2 3 | Small bumps on back of arms |
| 196. 0 1 2 3 | Worrier, apprehensive, anxious | 210. 0 1 2 3 | Strong light at night irritates eyes |
| 197. 0 1 2 3 | Nervous or agitated | 211. 0 1 2 3 | Nose bleeds and/or tend to bruise easily |
| 198. 0 1 2 3 | Feelings of insecurity | 212. 0 1 2 3 | Bleeding gums especially when brushing teeth |
| 199. 0 1 2 3 | Heart races | | |

Section 9

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|--------------|--|--------------|--|
| 213. 0 1 2 3 | Tend to be a "night person" | 226. 0 1 2 3 | Arthritic tendencies |
| 214. 0 1 2 3 | Difficulty falling asleep | 227. 0 1 2 3 | Crave salty foods |
| 215. 0 1 2 3 | Slow starter in the morning | 228. 0 1 2 3 | Salt foods before tasting |
| 216. 0 1 2 3 | Tend to be keyed up, trouble calming down | 229. 0 1 2 3 | Perspire easily |
| 217. 0 1 2 3 | Blood pressure above 120/80 | 230. 0 1 2 3 | Chronic fatigue, or get drowsy often |
| 218. 0 1 2 3 | Headache after exercising | 231. 0 1 2 3 | Afternoon yawning |
| 219. 0 1 2 3 | Feeling wired or jittery after drinking coffee | 232. 0 1 2 3 | Afternoon headache |
| 220. 0 1 2 3 | Clench or grind teeth | 233. 0 1 2 3 | Asthma, wheezing or difficulty breathing |
| 221. 0 1 2 3 | Calm on the outside, troubled on the inside | 234. 0 1 2 3 | Pain on the medial or inner side of the knee |
| 222. 0 1 2 3 | Chronic low back pain, worse with fatigue | 235. 0 1 2 3 | Tendency to sprain ankles or "shin splints" |
| 223. 0 1 2 3 | Become dizzy when standing up suddenly | 236. 0 1 2 3 | Tendency to need sunglasses |
| 224. 0 1 2 3 | Difficulty maintaining manipulative correction | 237. 0 1 2 3 | Allergies and/or hives |
| 225. 0 1 2 3 | Pain after manipulative correction | 238. 0 1 2 3 | Weakness, dizziness |

Section 10

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|--------------|---|--------------|---|
| 239. 0 1 | Height over 6' 6" (0=no, 1=yes) | 245. 0 1 | Height under 4' 10" (0=no, 1=yes) |
| 240. 0 1 | Early sexual development (before age 10) (0=no, 1=yes) | 246. 0 1 2 3 | Decreased libido |
| 241. 0 1 2 3 | Increased libido | 247. 0 1 2 3 | Excessive thirst |
| 242. 0 1 2 3 | Splitting type headache | 248. 0 1 2 3 | Weight gain around hips or waist |
| 243. 0 1 2 3 | Memory failing | 249. 0 1 2 3 | Menstrual disorders |
| 244. 0 1 | Tolerate sugar, feel fine when eating sugar (0=no, 1=yes) | 250. 0 1 | Delayed sexual development (after age 13) (0=no, 1=yes) |
| | | 251. 0 1 2 3 | Tendency to ulcers or colitis |

KEY: 0=No, symptom does not occur
 1=Yes, minor or mild symptom, rarely occurs (monthly)
 2=Moderate symptom, occurs occasionally (weekly)
 3=Severe symptom, occurs frequently (daily)

Nutritional Assessment Questionnaire 1.5

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Section 11

252.	0 1 2 3	Sensitive/allergic to iodine	260.	0 1 2 3	Mentally sluggish, reduced initiative
253.	0 1 2 3	Difficulty gaining weight, even with large appetite	261.	0 1 2 3	Easily fatigued, sleepy during the day
254.	0 1 2 3	Nervous, emotional, can't work under pressure	262.	0 1 2 3	Sensitive to cold, poor circulation (cold hands and feet)
255.	0 1 2 3	Inward trembling	263.	0 1 2 3	Constipation, chronic
256.	0 1 2 3	Flush easily	264.	0 1 2 3	Excessive hair loss and/or coarse hair
257.	0 1 2 3	Fast pulse at rest	265.	0 1 2 3	Morning headaches, wear off during the day
258.	0 1 2 3	Intolerance to high temperatures	266.	0 1 2 3	Loss of lateral 1/3 of eyebrow
259.	0 1 2 3	Difficulty losing weight	267.	0 1 2 3	Seasonal sadness

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Section 12 – Men Only

268.	0 1 2 3	Prostate problems	272.	0 1 2 3	Waking to urinate at night
269.	0 1 2 3	Difficulty with urination, dribbling	273.	0 1 2 3	Interruption of stream during urination
270.	0 1 2 3	Difficult to start and stop urine stream	274.	0 1 2 3	Pain on inside of legs or heels
271.	0 1 2 3	Pain or burning with urination	275.	0 1 2 3	Feeling of incomplete bowel evacuation
			276.	0 1 2 3	Decreased sexual function

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Section 13 – Women Only

277.	0 1 2 3	Depression during periods	287.	0 1 2 3	Breast fibroids, benign masses
278.	0 1 2 3	Mood swings associated with periods (PMS)	288.	0 1 2 3	Painful intercourse (dysparenia)
279.	0 1 2 3	Crave chocolate around periods	289.	0 1 2 3	Vaginal discharge
280.	0 1 2 3	Breast tenderness associated with cycle	290.	0 1 2 3	Vaginal dryness
281.	0 1 2 3	Excessive menstrual flow	291.	0 1 2 3	Vaginal Itchiness
282.	0 1 2 3	Scanty blood flow during periods	292.	0 1 2 3	Gain weight around hips, thighs and buttocks
283.	0 1 2 3	Occasional skipped periods	293.	0 1 2 3	Excess facial or body hair
284.	0 1 2 3	Variations in menstrual cycles	294.	0 1 2 3	Hot flashes
285.	0 1 2 3	Endometriosis	295.	0 1 2 3	Night sweats (in menopausal females)
286.	0 1 2 3	Uterine fibroids	296.	0 1 2 3	Thinning skin

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Section 14

297.	0 1 2 3	Aware of heavy and/or irregular breathing	302.	0 1 2 3	Ankles swell, especially at end of day
298.	0 1 2 3	Discomfort at high altitudes	303.	0 1 2 3	Cough at night
299.	0 1 2 3	"Air hunger" or sigh frequently	304.	0 1 2 3	Blush or face turns red for no reason
300.	0 1 2 3	Compelled to open windows in a closed room	305.	0 1 2 3	Dull pain or tightness in chest and/or radiate into right arm, worse with exertion
301.	0 1 2 3	Shortness of breath with moderate exertion	306.	0 1 2 3	Muscle cramps with exertion

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Section 15

307.	0 1 2 3	Pain in mid-back region	310.	0 1 2 3	Cloudy, bloody or darkened urine
308.	0 1 2 3	Puffy around the eyes, dark circles under eyes	311.	0 1 2 3	Urine has a strong odor
309.	0 1	History of kidney stones (0=no, 1=yes)			

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Section 16

312.	0 1 2 3	Runny or drippy nose	317.	0 1 2 3	Never get sick (0 = sick only 1 or 2 times in last 2 years, 1 = not sick in last 2 years, 2 = not sick in last 4 years, 3 = not sick in last 7 years)
313.	0 1 2 3	Catch colds at the beginning of winter	318.	0 1 2 3	Acne (adult)
314.	0 1 2 3	Mucus producing cough	319.	0 1 2 3	Itchy skin (Dermatitis)
315.	0 1 2 3	Frequent colds or flu (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)	320.	0 1 2 3	Cysts, boils, rashes
316.	0 1 2 3	Other infections (sinus, ear, lung, skin, bladder, kidney, etc.) (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)	321.	0 1 2 3	History of Epstein Bar, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other chronic viral condition (0 = no, 1 = yes in the past, 2 = currently mild condition, 3 = severe)

KEY: 0=No, symptom does not occur
1=Yes, minor or mild symptom, rarely occurs (monthly)

2=Moderate symptom, occurs occasionally (weekly)
3=Severe symptom, occurs frequently (daily)

BALANCING BODY CHEMISTRY HEALTH ASSESSMENT

Balancing Body
Chemistry



Name: _____ Sex: _____ Age: _____ Date: _____
Patient's Health Professional: _____

PART I

Circle any of the following medications you are taking:

- | | | | |
|-------------------------|---------------------------------|-----------------------|----------------------------|
| • Antacids | • Chemotherapy | • Hormones | • Relaxants/Sleeping Pills |
| • Antibiotic/Antifungal | • Cortisone Anti-Inflammatories | • Laxatives | • Recreational Drugs |
| • Antidepressants | • Diuretics | • Lithium | Specify _____ |
| • Antidiabetic/Insulin | • Heart Medications | • Oral Contraceptives | • Thyroid |
| • Aspirin/Tylenol | • High Blood Pressure | • Radiation | • Ulcer Medications |

Circle if you eat, drink, or use:

- | | | | |
|------------------------|--------------------------------------|-------------------------|-----------------------|
| • Alcohol | • Distilled Water | • Luncheon Meats | • Non-Herbal Teas |
| • Candy | • Fluoridated/Chlorinated Water | • Margarine | • Chew Tobacco |
| • Carbonated Beverages | • At fast food restaurants regularly | • Refined Sugars | • Vitamins & Minerals |
| • Cigarettes | • Fried Foods | • Milk Products | |
| • Coffee | • Refined (White) Flour Products | • Artificial Sweeteners | • Specify _____ |

Circle if you:

- | | | |
|-----------------------------|-------------------------------------|------------------------------------|
| • Diet often | • Exercise less than 3 times weekly | • Are exposed to chemicals at work |
| • Salt food without tasting | • Are under excessive stress | • Are exposed to cigarette smoke |

DIRECTIONS: Please read each description and darken the number which best describes the frequency of your symptoms within the past year. If you do not understand a symptom, put a (?) before the symptom's number.
KEY: 0 = Never 1 = Mild (Occurs once a month or less) 2 = Moderate (Occurs several times monthly) 3 = Severe (Aware of it almost constantly)

PART II

IMPORTANT

Dear Patient, Please list your five major health concerns in order of importance:

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

Section C:

- | | | | | |
|--|--------|---|---|---|
| 24. Coated tongue or "fuzzy" debris on tongue |0 | 1 | 2 | 3 |
| 25. Pass large amounts of foul smelling gas |0 | 1 | 2 | 3 |
| 26. Irritable bowel or mucous colitis |0 | 1 | 2 | 3 |
| 27. Constipation, diarrhea alternating or stools alternate from soft to watery |0 | 1 | 2 | 3 |
| 28. Bowel movements painful or difficult, constipation, and/or laxatives used |0 | 1 | 2 | 3 |
| 29. Burning or itching anus |0 | 1 | 2 | 3 |

CATEGORY II:

- | | | | | |
|---|--------|---|---|---|
| 30. Head congestion/"sinus fullness" |0 | 1 | 2 | 3 |
| 31. Sneezing attacks |0 | 1 | 2 | 3 |
| 32. Dreaming, nightmare-like bad dreams |0 | 1 | 2 | 3 |
| 33. Milk products and/or wheat products cause distress |0 | 1 | 2 | 3 |
| 34. Eyes and nose watery |0 | 1 | 2 | 3 |
| 35. Eyes swollen and puffy |0 | 1 | 2 | 3 |
| 35. Pulse speeds after meals and/or heart pounds after retiring |0 | 1 | 2 | 3 |

PART III

CATEGORY I

Section A:

- | | | | | |
|--|--------|---|---|---|
| 1. Bad breath, halitosis |0 | 1 | 2 | 3 |
| 2. Loss of taste for high protein foods (meat, etc.) |0 | 1 | 2 | 3 |
| 3. Burning ("acid") or nervous stomach, eating relieves |0 | 1 | 2 | 3 |
| 4. Gas shortly after eating |0 | 1 | 2 | 3 |
| 5. Indigestion 1/2 to 1 hour after eating, may last 3-4 hours |0 | 1 | 2 | 3 |
| 6. Difficulty digesting fruits or vegetables; undigested foods found in stools |0 | 1 | 2 | 3 |
| 7. Acid or spicy foods upset stomach |0 | 1 | 2 | 3 |

Section B:

- | | | | | |
|---|--------|---|---|---|
| 8. Lower bowel gas and or bloating several hours after eating |0 | 1 | 2 | 3 |
| 9. Feet burn |0 | 1 | 2 | 3 |
| 10. "Whites" of eyes (sclera) yellow |0 | 1 | 2 | 3 |
| 11. Dry skin, itchy feet and/or skin peels on feet |0 | 1 | 2 | 3 |
| 12. Brown spots or bronzing of skin |0 | 1 | 2 | 3 |
| 13. Bitter metallic taste in mouth |0 | 1 | 2 | 3 |
| 14. Blurred vision |0 | 1 | 2 | 3 |
| 15. Headache over eyes |0 | 1 | 2 | 3 |
| 16. Feel nauseous, queasy or gag easily |0 | 1 | 2 | 3 |
| 17. Color of stools light brown or yellow |0 | 1 | 2 | 3 |
| 18. Greasy or high fat foods cause distress |0 | 1 | 2 | 3 |
| 19. Pain between shoulder blades |0 | 1 | 2 | 3 |
| 20. Dark circles under eyes |0 | 1 | 2 | 3 |
| 21. "Acid" breath |0 | 1 | 2 | 3 |
| 22. History of gallbladder attacks or gallstones OR gallbladder removed |0 | 1 | 2 | 3 |
| 23. Appetite reduced |0 | 1 | 2 | 3 |

CATEGORY III:

Section A:

- | | | | | |
|---|--------|---|---|---|
| 37. Crave sweets or coffee in afternoon or mid-morning |0 | 1 | 2 | 3 |
| 38. Hungry between meals or excessive appetite |0 | 1 | 2 | 3 |
| 39. Overeating sweets upsets |0 | 1 | 2 | 3 |
| 40. Eat when nervous |0 | 1 | 2 | 3 |
| 41. Irritable before meals |0 | 1 | 2 | 3 |
| 42. Get "shaky" or light-headed if meals delay |0 | 1 | 2 | 3 |
| 43. Fatigue, eating relieves |0 | 1 | 2 | 3 |
| 44. Heart palpitates if meals missed or delayed |0 | 1 | 2 | 3 |
| 45. Awaken a few hours after sleep, hard to get back to sleep |0 | 1 | 2 | 3 |

Section B:

- | | | | | |
|---|--------|---|---|---|
| 46. Muscle soreness after moderate exercise |0 | 1 | 2 | 3 |
| 47. Vulnerability to insect bites (especially fleas and mosquitoes) |0 | 1 | 2 | 3 |
| 48. Loss of muscle tone or "heaviness" in arms or legs |0 | 1 | 2 | 3 |
| 49. Enlarged heart and/or heart failure |0 | 1 | 2 | 3 |
| 50. Worrier, feel insecure and/or highly emotional |0 | 1 | 2 | 3 |
| 51. Pulse slow/below 65 or irregular pulse |0 | 1 | 2 | 3 |

PART III (Continued)

CATEGORY IV				CATEGORY V			
Section A:				Section A:			
52. Sex drive increased	0	1	2 3	103. Frequent skin rashes and/or hives	0	1	2 3
53. "Splitting" type headaches	0	1	2 3	104. Muscle-leg-toe cramping at rest and/or while sleeping	0	1	2 3
54. Memory failing	0	1	2 3	105. Fever easily raised/fevers common	0	1	2 3
55. Tolerance for sugar reduced	0	1	2 3	106. Crave Chocolate	0	1	2 3
Section B:				107. Feet have bad odor	0	1	2 3
56. Sex drive reduced or absent	0	1	2 3	108. Hoarseness frequent	0	1	2 3
57. Abnormal thirst	0	1	2 3	109. Difficulty swallowing	0	1	2 3
58. Weight gain around hips or waist	0	1	2 3	110. Joint stiffness after rising	0	1	2 3
59. Tendency to ulcers or colitis	0	1	2 3	111. Vomiting frequent	0	1	2 3
60. Increased ability to eat sugar without symptoms	0	1	2 3	112. Tendency to anemia	0	1	2 3
61. Menstrual disorders (women)	0	1	2 3	113. "Whitas" of eyes (sclera) blue	0	1	2 3
62. Lack of menstruation (young girls)	0	1	2 3	114. "Lump" in throat	0	1	2 3
Section C:				115. Dry mouth-eyes-nose	0	1	2 3
63. Difficulty gaining weight, even if large appetite	0	1	2 3	116. White spots on finger nails	0	1	2 3
64. Heart palpitations	0	1	2 3	117. Cuts heal slowly and/or scar easily	0	1	2 3
65. Nervous, emotional, and/or can't work under pressure	0	1	2 3	118. Reduced or "lost" sense of taste and/or smell	0	1	2 3
66. Insomnia	0	1	2 3	119. Susceptible to colds, fevers, and/or infections	0	1	2 3
67. Inward Trembling	0	1	2 3	120. Strong light irritates eyes	0	1	2 3
68. Night Sweats	0	1	2 3	121. Noises in head or ringing in ears	0	1	2 3
69. Fast pulse at rest	0	1	2 3	122. Burning sensations in mouth	0	1	2 3
70. Intolerant to high temperatures	0	1	2 3	123. Numbness in hands and feet (extremities "go to sleep")	0	1	2 3
71. Easily flushed	0	1	2 3	124. Intolerant to monosodium glutamate (MSG)	YES	NO	
Section D:				125. Cannot recall dreams	0	1	2 3
72. Difficulty losing weight	0	1	2 3	126. Nose bleeds frequent	0	1	2 3
73. Reduced initiative and/or mental sluggishness	0	1	2 3	127. Bruise easily, "black and blue" spots	0	1	2 3
74. Easily fatigued, sleepy during the day	0	1	2 3	128. Muscle cramps, worse with exercise ("charley horses")	0	1	2 3
75. Sensitive to cold, poor circulation (cold hands and feet)	0	1	2 3	CATEGORY VI			
76. Dry or scaly skin	0	1	2 3	129. Aware of heavy and/or irregular breathing	0	1	2 3
77. "Ringing" in ears/noises in head	0	1	2 3	130. Discomfort in high altitudes	0	1	2 3
78. Hearing impaired	0	1	2 3	131. "Air hunger"/sigh frequently	0	1	2 3
79. Constipation	0	1	2 3	132. Swollen ankles/worse at night	0	1	2 3
80. Excessive falling hair and/or coarse hair	0	1	2 3	133. Shortness of breath with exertion	0	1	2 3
81. Headaches when awoken/wear off during day	0	1	2 3	134. Dull pain in chest and/or pain radiating into left arm, worse on exertion	0	1	2 3
Section E:				CATEGORY VII			
82. Blood pressure increased	0	1	2 3	Female Only			
83. Headaches	0	1	2 3	135. Premenstrual tension	0	1	2 3
84. Hot flashes	0	1	2 3	136. Painful menses (cramping, etc.)	0	1	2 3
85. Hair growth on face or body (Question to females)	0	1	2 3	137. Menstruation excessive or prolonged	0	1	2 3
86. Masculine tendencies (Question to females)	0	1	2 3	138. Painful/tender breasts	0	1	2 3
Section F:				139. Menstruate too frequently	0	1	2 3
87. Blood pressure low	0	1	2 3	140. Acne, worse at menses	0	1	2 3
88. Crave salt	0	1	2 3	141. Depressed feelings before menstruation	0	1	2 3
89. Chronic fatigue/get drowsy	0	1	2 3	142. Vaginal discharge	0	1	2 3
90. Afternoon yawning	0	1	2 3	143. Menses scanty or missed	0	1	2 3
91. Weakness/dizziness	0	1	2 3	144. Hysterectomy/ovaries removed	YES	NO	
92. Weakness after colds/slow recovery	0	1	2 3	145. Menopausal hot flashes	0	1	2 3
93. Circulation poor	0	1	2 3	146. Depression	0	1	2 3
94. Muscular and nervous exhaustion	0	1	2 3	CATEGORY VIII			
95. Subject to colds, asthma, bronchitis (respiratory disorders)	0	1	2 3	Male Only			
96. Allergies and/or hives	0	1	2 3	147. Prostate trouble	0	1	2 3
97. Difficulty maintaining manipulative correction	0	1	2 3	148. Urination difficult or dribbling	0	1	2 3
98. Arthritic tendencies	0	1	2 3	149. Night urination frequent	0	1	2 3
99. Nails weak, ridged	0	1	2 3	150. Pain on inside of legs or heels	0	1	2 3
100. Perspire easily	0	1	2 3	151. Feeling of incomplete bowel evacuation	0	1	2 3
101. Slow starter in morning	0	1	2 3	152. Leg nervousness at night	0	1	2 3
102. Afternoon headaches	0	1	2 3	153. Tire easily/avoid activity	0	1	2 3
				154. Reduced sex drive	0	1	2 3
				155. Depression	0	1	2 3
				156. Migrating aches and pains	0	1	2 3



Food Journal

Name: _____ Date: _____

Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.

Meal	Beverages	Mood/Digestive Changes
Breakfast (Time: _____)		
Snacks (Time: _____)		
Lunch (Time: _____)		
Snacks (Time: _____)		
Dinner (Time: _____)		
Snacks (Time: _____)		

NTA Interviewing Questionnaire

Name:	M() F()	DOB:	/	/	
Mailing Address			Home #		
			Work #		
Email					
Occupation					
Chief Complaint					
1. You can refer to NAQ for the top five health concerns.					
Date		Allergies?			
BP /		Pulse	Temp	Weight	

1. What health issue compromises

SUPPLEMENTS

1. What supplements are you currently taking?
2. How are you taking them?
3. Why are you taking them?

MEDICATIONS

1. What medications are you currently taking?
2. How are you taking them?
3. Why are you taking them?

(Refer to the MEDICATIONS section of the NAQ)

STRESS/LIFESTYLE

1. What is your living situation? Who do you live with?
2. Are/were you a smoker? _____ How many per day? _____ How long? _____
Have you quit? _____ If so, when? _____
3. Do/did you drink alcohol? _____ How much? _____ How long? _____
4. Do/did you have amalgam dental fillings? _____ How many? _____
5. What are your hobbies?
6. Have you been traveling recently? If so, where?
7. How often do you exercise? _____ What kind? _____

8. Describe your diet.
 - a. Are you satisfied with your eating habits?
 - b. Do you ever eat in secret?
 - c. Are there any foods you are not willing to give up?
 - d. Are there any foods that noticeable bother you?
9. If needed, are you willing to make changes to your diet and exercise routine?

FAMILY HISTORY

1. What diseases are predominant on both sides of your family (Mom, Dad, Grandparents or Siblings)?

HOSPITALIZATIONS/INJURIES/SURGERIES

1. Have you ever been hospitalized for surgery?
2. If so, what kind and how many?

HISTORY

Digestion: (NAQ Sections 1-4)

1. Any problems with heartburn, indigestion, bloating, flatulence, diarrhea, constipation, etc...?
2. Have you ever had any problems with your gallbladder or liver?

Respiratory: (NAQ Section 16)

1. Were you breast-fed as a baby?
2. Any problems with chronic bronchitis, pneumonia, asthma, allergies, sinus infections, or any other lung conditions?

Heart: (NAQ Section 14)

1. Have you had a heart attack?
2. Have you been diagnosed with hypertension, congestive heart failure, or any other heart condition?

Endocrine (Pituitary, Thyroid, Adrenals, Male/Female): (NAQ Sections 9-13)

1. Any history of thyroid or pituitary problems?
2. Have you ever had any blood-sugar problems like diabetes or glycemia?

NUTRITIONAL THERAPY INFORMED CONSENT AND DISCLAIMER

_____, Nutritional Therapist
(Insert Name of NT)

Before you choose to use the services of a Nutritional Therapist, please read the following information **FULLY AND CAREFULLY**.

GOAL: Our basic goal is to encourage people to become knowledgeable about and responsible for their own health, and to bring it to a personal optimum level. Nutritional therapy is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the goal of optimum health, absent other non-nutritional complicating factors, requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. A Nutritional Therapist is trained to evaluate your nutritional needs and make recommendations of dietary change and nutritional supplements. A Nutritional Therapist is not trained to provide medical diagnoses, and no comment or recommendation should be construed as being a medical diagnosis. Since every human being is unique, we cannot guarantee any specific result from our programs.

HEALTH CONCERNS: If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. A Nutritional Therapist is not a substitute for your family physician or other appropriate healthcare provider. A Nutritional Therapist is not trained nor licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases.

If you are under the care of another healthcare provider, it is important that you contact your other healthcare providers and alert them to your use of nutritional supplements. Nutritional therapy may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program.

If you are using medications of any kind, you are required to alert the Nutritional Therapist to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist.

If you have any physical or emotional reaction to nutritional therapy, discontinue their use immediately, and contact your Nutritional Therapist to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapy.

COMMUNICATION: Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correct the imbalance. It is your responsibility to do your part by using your nutrition guidelines, exercise your body and mind sufficiently to bring your emotions into a positive balance, eat a proper diet, get plenty of rest, and learn about nutrition. You must stay in contact with the Nutritional Therapist so we can let you know what is happening and the best course of action.

You should request your other healthcare provider, if any, to feel free to contact the Nutritional Therapist for answers to any questions they may have regarding nutritional therapy.

DISCLAIMER. A Nutritional Therapist is not licensed or certified by any state. However, a Nutritional Therapy Practitioner™ is trained by the Nutritional Therapy Association, Inc.® which provides a certificate of

NUTRITIONAL THERAPY MAY NOT BE COVERED BY INSURANCE AND ALL COSTS ARE THE SOLE RESPONSIBILITY OF THE CLIENT.

completion to students who have successfully met all course requirements, including a written and practical exam. A license to practice Nutritional Therapy is not required in some states. Laws and regulations regarding certification and licensure requirements differ from state to state.

By my/our signature(s) below, I/we confirm that I/we have read and fully understand the above disclaimer, are in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein.

NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (OTHER) _____

SIGNATURE _____ DATE _____

SIGNATURE FOR CLIENT _____

RELATIONSHIP TO CLIENT _____ DATE _____