

New Patient Nutrition Response Testing® Questionnaire

Patient Information

- Name: _____
 - Date of Birth: _____ Age: _____
 - Gender: ☐ Male ☐ Female • Cell Phone: _____ Consent to call/text ☐ Yes ☐ No
 - Email: _____
 - Agree to receive tests and emails: ☐ Yes ☐ No
 - Home Address: _____
 - Emergency Contact (Name & Phone): _____
 - Occupation: _____
 - Marital Status S M D W Name of Spouse _____
 - Describe Health of Spouse: _____
 - Number of Children Living _____, Number of Miscarriages (if any) _____
 - Name of Child Age Sex Any Physical Conditions/Concerns
- | | | | |
|--|--|-----|--|
| | | M/F | |
| | | M/F | |
| | | M/F | |

Do you have any household pets or other animals you or your family member are in close contact with

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

Health Goals & Concerns

What are your top five health priorities/goals? 1. _____

2. _____ 3. _____

4. _____ 5. _____

Have you ever worked with a NRT practitioner, nutritionist or functional medicine practitioner before?

☐ Yes ☐ No; If so who and when: _____

Medical History

Have you have any diagnosed medical conditions? (e.g., diabetes, hypertension, autoimmune conditions, thyroid issues, etc.)

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

Family Medical Conditions: (Mother, Father, Siblings, Grand Parents)

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

Do you have any diagnosed medical conditions? (e.g., diabetes, hypertension, autoimmune conditions, thyroid issues, etc.)

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

Covid Vaccines/boosters and years

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

Do you experience any of the following symptoms regularly? (Check all that apply)

☐ Fatigue ☐ Digestive issues (bloating, constipation, diarrhea)

☐ Frequent headaches or migraines, Location _____ ☐ Skin issues (acne, eczema, psoriasis)

☐ Anxiety or depression ☐ Brain fog or memory issues

☐ Joint or muscle pain ☐ Sleep disturbances

☐ Frequent infections or immune challenges ☐ Hormonal imbalances (PMS, menopause, irregular cycles)

☐ Blood sugar fluctuations ☐ Other: _____

List any allergies or food intolerances

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

List Medications/Supplements that you currently take and why

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

5. _____ 6. _____ 7. _____ 8. _____

Please list Surgeries/year.

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

Please list location of scars, tattoos, and piercings

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

Did you have a C-Section ☐ Yes ☐ No

Did you have an episiotomy? ☐ Yes ☐ No

Dietary Habits

How would you describe your current diet? (Check all that apply)

☐ Standard American Diet (SAD)

☐ Whole food-based

☐ Vegetarian

☐ Vegan

☐ Paleo

☐ Keto

☐ Mediterranean

☐ Other: _____

How many meals per day do you typically eat? ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Do you often skip meals? ☐ Yes ☐ No If yes, how many? _____

How many servings of vegetables do you eat daily? ☐ 0-1 ☐ 2-3 ☐ 4-5 ☐ 6+

How much water do you drink daily? _____

Do you drink caffeinated beverages? ☐ Coffee ☐ Tea ☐ Energy Drinks ☐ None ☐ Other _____

How often do you consume processed or fast food? ☐ Daily ☐ 2-3 times per week ☐ Rarely ☐ Never

Do you have any food cravings? ☐ Sugar ☐ Salt ☐ Carbs ☐ Chocolate ☐ Other: _____

Lifestyle Factors

How often do you exercise? ☐ Never ☐ 1-2 times per week ☐ 3-4 times per week ☐ 5+ times per week

What type of exercise do you do? ☐ Walking ☐ Running ☐ Strength Training ☐ Yoga ☐ Other: _____

How many hours of sleep do you get per night? ☐ <5 ☐ 5-6 ☐ 7-8 ☐ 9+

Do you wake up feeling rested? ☐ Yes ☐ No

How would you rate your stress levels? (1 = low, 10 = high) _____

Do you practice any stress management techniques? ☐ Meditation ☐ Deep breathing ☐ Journaling ☐

Exercise ☐ Other: _____

Emotions Order which best defines you as you see yourself, choose 5 and number 1 through 5 if applies

- ☐ Low self of steam ☐ Over Sympathetic ☐ Worried ☐ Despair ☐ Nervous
- ☐ Anger ☐ Resentment ☐ Depression ☐ Irrational ☐ Indecisive ☐ Frustration
- ☐ Can't let go ☐ Greif ☐ Un-yielding opinions ☐ Sadness ☐ Crying ☐ Defensive
- ☐ Safety Issues ☐ Fear ☐ paralyzed will ☐ Dread ☐ Impending doom ☐ Miffed ☐ Timid
- ☐ Lost ☐ Vulnerable ☐ Freshly Overjoyed ☐ Abandoned ☐ Paranoia ☐ Depleted

Digestive Health

22. How often do you have a bowel movement?

- ☐ Daily ☐ Every other day ☐ 2+ times per day ☐ Less than 3x per week

23. Do you experience bloating or gas?

- ☐ Yes ☐ No

24. Do you have acid reflux or heartburn?

- ☐ Yes ☐ No

Toxin Exposure & Detoxification

25. Do you smoke or use tobacco? ☐ Yes ☐ No

26. Do you consume alcohol? ☐ Yes, how often? _____ ☐ No

27. Are you regularly exposed to chemicals, heavy metals, or environmental toxins? ☐ Yes ☐ No

Additional Notes

28. Is there anything else you would like to share about your health or nutrition?

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Print Patient Name: _____

Patient Signature: _____ Date: _____

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Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability and Accountability Act (Hipa), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change it Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

Patient name

Signature patient/legal guardian

Date

For Office Use Only

We attempted to obtain written Acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the Acknowledgment
- ☐ An emergency situation prevented us from obtaining Acknowledgment
- ☐ Other (Please Specify) _____

Staff signature

Date

Name: _____

Informed Consent

Every type of health care is associated with some risks of potential problems. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is a legal requirement in Connecticut.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a mechanical device or machine (drop table). Frequently adjustments create a “pop” or “click” sound/sensation in the area being treated.

In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, sEMG, physical therapy application, aqua-massage therapy, PEMF, exercise instruction, Wave vibration, cold low level laser, Energy Balance foot bath etc.

Neck Artery Dissection and Stroke: Dissection is when the lining of a neck artery breaks down. This might happen spontaneously or from an injury or from a trivial movement (hair shampooing, checking traffic, looking up, etc.). Dissections tend to cause neck pain and/or headache. Dissections may form a clot that can dislodge and interfere with brain blood flow. If that happens, it is called a stroke. Stroke means that a portion of the brain or spinal cord does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with stroke or not. Recent evidence suggests that it is not (2008, 2015, 2016, 2019), although the same evidence often suggests that the patient may be entering the chiropractic office for neck pain/headaches or other symptoms that may in fact be a spontaneous dissection of a neck artery. There are no in-the-office tests to diagnose a spontaneous neck artery dissection (2020), but they might be detectable with advanced imaging (CT/MRI, etc.). If we think you may be suffering from a spontaneous neck artery dissection and/or associated stroke, you will be immediately referred to emergency services.

Anecdotal cases suggest that chiropractic adjustments may be associated with dissection and/or stroke that arise from the vertebral artery; this is because the vertebral artery is located inside the neck vertebrae. The adjustment that is suggested to increase the strain on the vertebral artery is called the “extension-rotation-thrust atlas adjustment.” We do not do this type adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this type of complication ranges between 1 per every 400,000-10,000,000 neck adjustments (2004). A large 10-year study estimated an incidence of 1 per 5.85 million neck adjustments, equivalent to 1,430 years of clinical practice (2001). If you experience any of the “5 Ds And 3 Ns” (on a following separate page) before, during or after an adjustment, tell us immediately, and if we can’t be reached, go to the emergency department immediately. Also, please read, fill out, and sign **Stroke Risk Factors**.

Three other potential problems that are not quantifiable because they are extremely rare and may have no association with chiropractic adjusting are carotid artery injury, spinal dural leak of cerebral spinal fluid, and bleeding in the coverings around the spinal column (dural hematoma).

Disc Herniations: Both neck and back disc herniations may create pressure on the spinal nerve or on the spinal cord. They are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. Occasionally chiropractic treatment (adjustments, traction, etc.) may aggravate a disc/nerve problem and rarely surgery may become necessary for correction.

Cauda Equina Syndrome: Cauda Equina Syndrome occurs when a low back disc problem puts pressure on the nerves that control bowel, bladder, and sexual function. Representative symptoms include leaky bladder, or leaky bowels, or loss of sensation (numbness) around the pelvic sexual organs (the saddle area), or the inability to start/stop urination or to start/stop a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can permanently die, and those functions may be lost or compromised forever. The standard approach is to surgically decompress the nerves, and the window to do so may be as short as 12-72 hours,

depending. If you have any of these symptoms, tell us immediately, and if we can't be reached, go to the emergency department immediately.

Soft Tissue Injury: Soft tissues primarily refer to muscles and ligaments. Rarely, chiropractic care may overstretch some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long-term effects for the patient.

Rib and other Fractures: Rarely a chiropractic adjustment may crack a rib bone, and this is referred to as a fracture. We adjust all patients very carefully, and especially those who have known osteoporosis. Other fracture locations are extremely rare but possible, especially in those aged over 65 years and/or on steroid drugs.

Physical Therapy Burns: Some of the machines we use generate heat. We also use both heat and cold pack and recommend them for home care on occasion. Everyone's skin has different sensitivity to these modalities, and rarely, both heat or ice can burn or irritate the skin. The result is a temporary increase in pain, and there may even be some blistering of the skin. Never put an ice pack directly on the skin, always have an insulating towel between. We use cold (low-level) laser therapy which produces no heat and cannot result in burn.

Acupuncture: The risk of acupuncture are low. Common side effects include soreness and minor bleeding or bruising where the needles were inserted. Single use, disposable needles are now the practice standard, so the risk of infection is low. Please inform the Doctor if you have a bleeding disorder, have a pacemaker or if you are pregnant.

Soreness: It is common for chiropractic care to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

Other Problems: There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you for additional diagnostics or to another provider whom we feel will assist your situation.

Alternatives to chiropractic care include: do nothing, drugs, surgery, acupuncture, massage, etc. Risks from these procedures should be discussed with that particular provider.

If you have any questions on the above, please ask your doctor. When you have a full understanding, please sign and date below.

Patient's Name Printed

Today's Date

Patient's Signature

Parent or Guardian Signature For Minor

Doctor's Signature Verifying Discussion

Date

Non-Chiropractic (Adjustment/Manipulation) Factors and Vascular Events

High Blood Pressure (Hypertension)

The higher one's blood pressure the higher the internal pressure in the vascular system. Please let your chiropractor know if you have high blood pressure (hypertension).

What is typical blood pressure for you? _____

Are you currently taking blood pressure medication? _____

Genetic Collagen Disease

Genetic collagen diseases weaken the strength of blood vessels, increasing vascular event occurrences. A partial list of these diseases includes:

- Ehlers-Danlos syndrome
- Loeys-Dietz Syndrome
- Osteogenesis Imperfecta
- Fibromuscular Dysplasia
- Marfan syndrome
- Polycystic Kidney Disease

Do you have any of these collagen diseases? YES___ NO___

Do you have any other collagen disease? YES___ NO___

If so, please list: _____

Birth Control Pills

Are you presently taking birth control pills? YES___ NO___

- If yes, how long have you been taking birth control pills? _____

Have you taken birth control pills in the past? YES___ NO___

- If yes, how long did you take birth control pills? _____
- When did you stop taking birth control pills? _____

Smoking: Tobacco and/or Marijuana

Do you currently smoke tobacco? YES___ NO___

- If YES, how much do you smoke in a typical *day*? _____

Have you smoked tobacco in the past? YES___ NO___

- If YES, when did you stop smoking tobacco? _____

Do you currently smoke marijuana? YES___ NO___

Alcohol

Alcohol consumption increases the risk of vascular events (heart attacks and strokes) in a linear manner (the more the consumption the higher the risk).

Please estimate your weekly drinks of alcohol: _____

Fluoroquinolone Antibiotics

Fluoroquinolone Antibiotics are very commonly prescribed and are known to weaken the strength of the vascular (blood vessel) wall, increasing the incidence of vascular events.

Fluoroquinolone Antibiotics include but are not limited to:

- Ciprofloxacin (Cipro, Proquin XR)
- Levofloxacin (Levaquin and Quixin)
- Delafloxacin (Baxdela)
- Moxifloxacin (Avelox)
- Gatifloxacin (Tequin)
- Norfloxacin (Noroxin)
- Gemifloxacin (Factive)
- Ofloxacin (Floxin, Ocuflox, Floxacin)

Are you currently taking any of these antibiotics? YES____ NO____

Have you recently taken any of these antibiotics? YES____ NO____

- If YES, when did you stop taking them? _____

Homocysteine

Homocysteine is an amino acid that is *not* involved in protein synthesis. Elevated levels of homocysteine are strongly associated with an increased risk of vascular events (heart attacks and strokes). Homocysteine levels are measured in blood. Studies support:

- Total homocysteine levels $<6\mu\text{mol/L}$, is optimal.
- Total homocysteine levels between $6\mu\text{mol/L}$ - $9\mu\text{mol/L}$ is acceptable.
- Total homocysteine levels above $10\mu\text{mol/L}$ are too high.
 - $>10.2\mu\text{mol/L}$ are associated with doubling of vascular risks.
 - $>20\mu\text{mol/L}$ are associated with an 8-9 -fold increase in vascular risks.
- For every $5\mu\text{mol/L}$ rises in homocysteine levels, there is a 32% increased risk of ischemic heart disease and a 59% increased risk of stroke.

Homocysteine levels are controlled (reduced) by vitamins B2 (riboflavin), B6 (pyridoxine), B9 (folate), and B12 (cobalamin).

Have you had your homocysteine levels tested? YES____ NO____

- If YES, when and please provide value: _____
- If NO, please have your PCP measure your homocysteine and provide us results.

Do you take B vitamins or a multivitamin supplement? YES____ NO____

Methylenetetrahydrofolate Reductase (MTHFR) Gene

A known mutation in the MTHFR gene increases homocysteine levels and hence the risks of vascular events (heart attacks and strokes).

Do you have the MTHFR mutation? YES____ NO____ UNKNOWN____

Patient's Signature

Today's Date

The Primary Signs and Symptoms of
Vertebral Artery Blood Flow Abnormality
(stroke) are the
5 Ds And 3 Ns:

Dizziness/vertigo/giddiness/light headedness

Drop attacks/loss of consciousness

Diplopia (or other visual problems/ amaurosis fugax [a painless temporary loss of vision in one or both eyes])

Dysarthria (speech difficulties)

Dysphagia [discomfort or difficulty in swallowing]

Ataxia of gait (walking difficulties / incoordination / falling to one side

Nausea (with possible vomiting)

Numbness on one side of the face and/or body

Nystagmus (rapid jerky movements of the eyes)

Ehlers-Danlos Syndrome affects connective tissue, primarily the skin, joints, and blood vessel walls. Symptoms include overly flexible joints that can dislocate, and skin that's translucent, elastic, and bruises easily. In some cases, there may be dilation and even rupture of major blood vessels. Treatment helps manage symptoms and monitor for complications. Options include drugs, physical therapy, and sometimes surgery.

Loeys-Dietz Syndrome is characterized by enlargement of the aorta, which is the large blood vessel that distributes blood from the heart to the rest of the body. The aorta can weaken and stretch, causing a bulge in the blood vessel wall (an aneurysm). Stretching of the aorta may also lead to a sudden tearing of the layers in the aorta wall (aortic dissection). People with Loeys-Dietz syndrome can also have aneurysms or dissections in arteries throughout the body and have arteries with abnormal twists and turns (arterial tortuosity).

Osteogenesis imperfecta (OI) is an inherited (genetic) bone disorder that is present at birth. It is also known as brittle bone disease. A child born with OI may have soft bones that break (fracture) easily, bones that are not formed normally, and other problems. Signs and symptoms may range from mild to severe.

Fibromuscular Dysplasia is a condition that causes the medium-sized arteries in the body to narrow and grow larger. Narrowed arteries can reduce blood flow and affect how body organs work. Fibromuscular dysplasia is most often seen in the arteries leading to the kidneys and brain. But it also can affect arteries in the legs, heart, belly area and, rarely, the arms. More than one artery can be involved.

Marfan Syndrome is a genetic disorder that changes the proteins that help make healthy connective tissue. This leads to problems with the development of connective tissue, which supports the bones, muscles, organs, and tissues in your body. Mutations (changes) to a specific gene cause Marfan syndrome, and most people inherit the disorder from their parents.

Polycystic Kidney Disease (also called PKD) causes numerous cysts to grow in the kidneys. These cysts are filled with fluid. If too many cysts grow or if they get too big, the kidneys can become damaged. PKD cysts can slowly replace much of the kidneys, reducing kidney function and leading to kidney failure.

Stone Chiropractic, LLC
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**PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF
NUTRITION RESPONSE TESTING™**

PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at Stone chiropractic, LLC to perform a Nutrition Response testing health analysis and to develop a natural, complementary health improvement program for me. This program, which may include dietary guidelines and nutritional supplements, will be designed to assist me in improving my health, **and not for 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 the deficiencies or imbalances 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' and disease, including conditions such as 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 or nutritional programs recommended. I further understand that Nutrition 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 bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visit and conditions.

Date: _____

Print Name: _____

Address: _____

City: _____ State _____ Zip _____

Signature: _____

(If minor, signature of parent or guardian required)

Witness: _____

Nutrition/Muscle Testing Disclosure Informed Consent

Nutrition Response Testing® and Cell Core Bioscience Testing are non-invasive systems of analyzing the body to assist a practitioner's assessment of underlying causes of ill health. These systems are considered a form of integrative, complementary or alternative medicine and are used to provide information to a practitioner who is responsible for properly evaluating their client. Nutrition Response Testing® and Cell Core Bioscience Testing are not intended to diagnose, treat, cure, or prevent any disease.

These muscle testing techniques and other muscle testing techniques will involve hands on contact over organs and/or other area's of the body i.e skin, joints, long bones, ect.

These systems are an “adjunct” in order to further ANALYZE a patient's/client's body in order to assist Dr. Stone and/or qualified staff in determining possible UNDERLYING CAUSES which may be contributing to non-optimal health conditions.

When an UNDERLYING CAUSE of the problem is found, it is not “TREATED.” Dr. Stone and qualified staff may be able to assist the patient/client in helping his/her body CORRECT THE CAUSE by supplying appropriate NUTRITIONAL SUPPORT and LIFESTYLE GUIDANCE to the patient/client in order to facilitate more normal (physiological) function.

Dr. Stone and/or qualified staff do not PRESCRIBE. He and his qualified staff do RECOMMEND and make available certain supplements, to educate the patient/client on how and when is the best way to take them, in order to help bring about a more healthful condition for the patient's/client's body.

Dr. Stone and qualified staff do not DIAGNOSE or TREAT any INFECTIONS (or any other “disease”). He and/or qualified staff may be able to help the patient/client, who may be suffering from these by identifying possible ways to improve their physical condition and RECOMMEND appropriate food supplements and dietary guidelines to SUPPORT the body's own healing processes.

Dr. Stone and/or qualified staff do not DIAGNOSE or TREAT any HEAVY METAL OR CHEMICAL TOXICITY OR POISONING. He and/or qualified staff can help the patient/client who exhibits indications that they may be suffering from these to identify certain INTOLERANCES and RECOMMEND appropriate food supplements and dietary guidelines to SUPPORT the body's own healing processes.

Dr. Stone and/or qualified staff do not DIAGNOSE or TREAT any FOOD ALLERGIES. He and/or qualified staff can help the patient/client, who may be suffering from symptoms of these, such as by identifying FOOD INTOLERANCES and RECOMMEND appropriate food supplements and dietary guidelines to SUPPORT the body's own healing processes.

Dr. Stone and/or qualified staff do not DIAGNOSE or TREAT any MEDICAL CONDITIONS. He and/or qualified staff may be able to assist patients/clients who may be suffering from these, by identifying possible underlying causes that are impeding normal physiological functioning and RECOMMEND appropriate food supplements and dietary and other lifestyle guidelines to SUPPORT the body's own healing processes. Patients who have MEDICALLY DIAGNOSED food allergies will be counseled that they SHOULD NOT EXPOSE THEMSELVES to these foods simply because they have received support for them using Nutritional Response Testing® and/or Cell Core Bioscience Testing or any other testing technique without appropriate guidance from a medical professional.

Patients/clients for whom a food sensitivity is found will be CAREFULLY COUNSELED about any recommended avoidance and ensure that such recommendations do not create avoidance syndromes or psychological stress reactions and that patients are ABLE TO SUSTAIN A PROPERLY BALANCED DIET.

Print Name _____ Signature _____ Date _____