



### 75 Hours of Functional Medicine

15 separate seminars (both live and live-streamed). 5 hours each session. \$55 per session.  
\*Included with paid monthly subscriptions

**DATE:**  
September 25, 2021

**TIME:**  
9:00 am - 2:00 pm EST

#### ACCOMMODATIONS:

The Hilton Garden Inn  
#052 Tampa Rd  
Oldsmar, FL 34677  
(813) 891-9990

Scan the  
QR code  
for details



### Health Kaizen's Shogun Series

The aim of this seminar series is to help practitioners identify, assess, and treat Functional Nutritional Deficiencies in order to obtain Optimal Health for their clients or patients.

### Competency Certification In Functional Medicine

Do you want to be Educated, Equipped and Empowered with Knowledge, Tools, and Confidence so you can help restore balance to your patient/client no matter the condition presented to you? This seminar series will address many of these conditions. Completion of the series offers a Competency Certification in Functional Medicine.

### CEUs

#### Northwestern Health Sciences University

CEUs are available through NWHHSU. For CEU credit, Florida residents must attend in person. Outside the state of Florida, live streaming will be available. Printable notes and audio recordings will be provided.

Greg Peterson, DABCI  
Dr.Peterson@healthkaizenlife.com  
www.healthkaizenlife.com  
507-452-6640



## Become a "Health Shogun"

A shogun is a highly trained warrior considered to be a "commander-in-chief" over an area. To become a shogun, a warrior was highly trained then sent out to fight for a cause. They were given the responsibility to overcome resistance from the enemy. When they succeeded, they were given the designation of "shogun." This series is your training ground to become a "health shogun." Conquer the material and become "commander-in-chief" and transform the lives of your patients.

### Course Description

09/25/21	Part 1	<b>Introduction and Overview of a Holistic Wellness Clinic</b> How to become the "Wellness Doctor" in your community.
10/09/21	Part 2	<b>Transformed: A Scientifically Backed Weight Loss and Management Program</b> Designed to help individuals with Intentional Lifestyle Living.
10/23/21	Part 3	<b>Epigenetics: Improving Genetic Expression</b> Focuses on methylation and how to properly utilize the principles involved with Epigenetics.
11/13/21	Part 4	<b>Utilizing In-Office Saliva and Urine Tests</b> How to utilize cost-effective, reliable, and easy to use in-office laboratory testing and procedures.
01/15/22	Part 5	<b>Performing a WOW! History and Examination and Developing Protocols</b> Performing a WOW history and examination, including the necessary paperwork to be used in-office or the ability to expand to a virtual practice.
02/19/22	Part 6	<b>Assessing, Evaluating and Treatment of the Digestive System</b> How to mitigate chronic disease by improving the microbiome and "Gene Expression."
03/19/22	Part 7	<b>Taking Control of Blood Sugar Dysfunction</b> How to improve longevity by highlighting intensive prevention efforts at younger and middle ages.
04/23/22	Part 8	<b>Stress, Adrenals, Thyroid and Adrenal/Thyroid Connection</b> How to mitigate the negative effects of stress, treatment options for various thyroid disorders as well as how to discern between adrenal and thyroid disorders, and understand their interconnectedness.
05/21/22	Part 9	<b>Cardiovascular System and Lymphatic System</b> Discussion of the causes and intervention strategies for CVD.
06/25/22	Part 10	<b>Male/Female Hormones and Adrenal/Thyroid Connection</b> An introductory approach to the roles of hormones, endocrine system, and the male and female reproductive organ systems.
07/23/22	Part 11	<b>Understanding The Immune System</b> Exploration of immune dysfunction, including both hypofunction and hyperfunction.
08/20/22	Part 12	<b>Identifying and Handling of Neurotransmitter and Endocrine</b> Exploration of the major neurotransmitters, why they are important, and how to optimize them.
09/17/22	Part 13	<b>Overview of some of the more common Blood Chemistry Findings</b> How to incorporate and understand different blood chemistry tests and profiles.
10/15/22	Part 14	<b>Getting A Handle on Musculo-Skeletal Problems</b> Covers topics from sports injuries to neuromuscular and musculoskeletal topics.
11/19/22	Part 15	<b>Putting It All Together: Handling of Chronic Disease</b> Tie up loose ends with Clinical Pearls and Silver Bullets. Unique case presentations included.

with Health Kaizen's ongoing seminars!

## "Performing a WOW Examination Virtually and the Paperwork to Make a Virtual Practice Possible."

**Online July 31, 2021 ~ 9:00 AM – 2:00 PM EDT**  
**Cost – \$55.00**



## 6 key Questions:

- ❖ Does the patient's condition may involve a toxin or germ?..... Without A Doubt!
- ❖ How do we know if the patient may have a deficiency?..... Without A Doubt!
- ❖ Will a particular nutrient help their condition?..... Without A Doubt!
- ❖ Is the condition corrected to Optimal level?..... Without A Doubt!
- ❖ Is the offending mechanism removed?..... Without A Doubt!
- ❖ When is the deficiency corrected?..... Without A Doubt!

The aim of this Workshop is how to identify, assess and treat  
Chronic Degenerative Diseases, Correcting Biochemical,  
Functional and Metabolic Health Issues –

Naturally, Safely and Effectively!.....

~ Without A Doubt! ~

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Our goal is to recognize and identify patterns of internal chemistry, toxicity and nutritional deficiencies, as early as possible, which if corrected now will lead to Optimum Health and an improved quality of life.

If left uncorrected, they may become full-blown diseases later. Perhaps, requiring dangerous drugs and/or surgery in an attempt to prolong life, and most likely diminishing quality of life to a mere survival mode.

HEALTH  
*Kaizen*  
OPTIMIZING HEALTH

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7/30/2021

CDC Alarmed: 74% of Cases in Cape Cod Cluster Were Among the Vaxxed | MedPage Today

**MEDPAGE TODAY\*****CDC Alarmed: 74% of Cases in Cape Cod Cluster Were Among the Vaxxed**

— More detail about outbreak in vaccinated people that led to the change in masking, test guidance

by Molly Walker, Deputy Managing Editor, MedPage Today  
July 30, 2021

Breakthrough infections were responsible for three-quarters of COVID-19 cases in an outbreak during large public gatherings on Cape Cod, Massachusetts, and nearly all sequenced cases were the Delta variant, researchers found.

Of 469 cases linked to multiple summer events and large summer gatherings in a small town, 346 (74%) occurred in fully vaccinated people, and almost 80% of those cases were symptomatic, reported Catherine Brown, DVM, of the Massachusetts Department of Public Health, and colleagues.

There were five hospitalizations, four among fully vaccinated people, and no deaths. Of 133 cases with sequence information available, 89% were from the Delta variant (B.1.617.2), the authors wrote in an early edition of the *Morbidity and Mortality Weekly Report*.

Moreover, vaccination coverage in Massachusetts was reported to be 69% as of July 3, they noted.

Topline data were previewed in stories by the *New York Times* on Thursday, and shared in internal CDC documents by the *Washington Post*. The data on this outbreak, and the Delta variant, reportedly helped provide the impetus for the agency's [change in indoor masking guidance](#) earlier this week. While the town was not named by the *MMWR* report, the outbreak reportedly was linked to events in Provincetown.

CDC Director Rochelle Walensky, MD, noted in a statement that "rapid receipt and review of unpublished data" helped contribute to the guideline change.

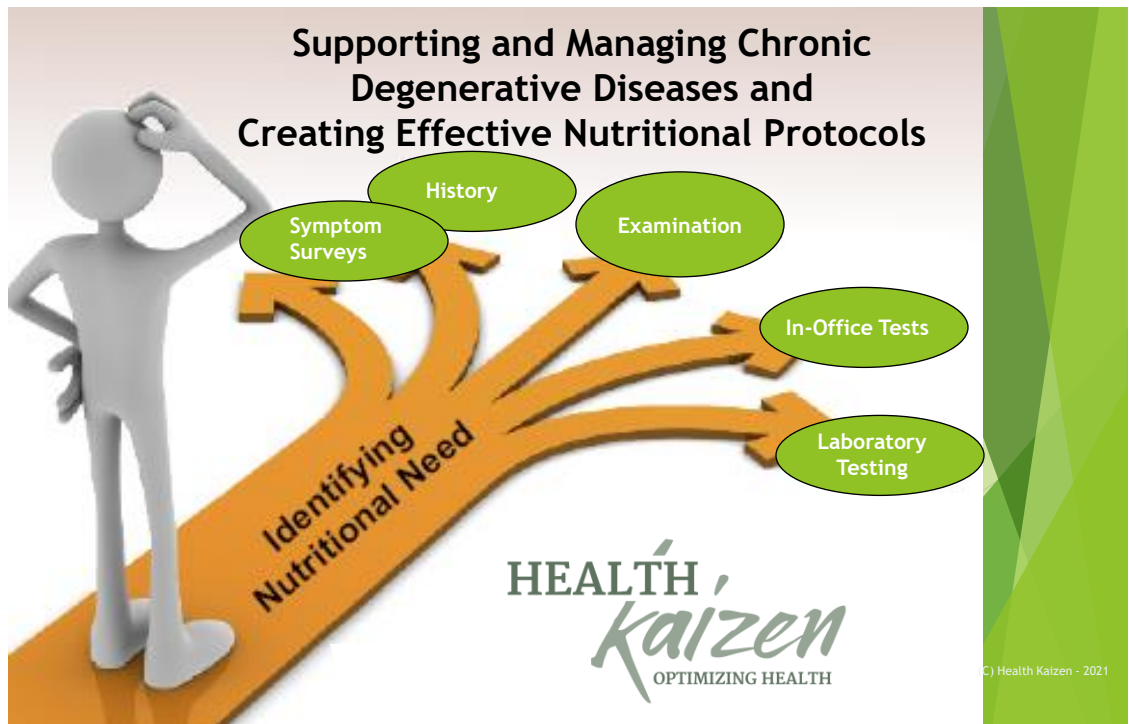
As previously reported, the authors compared RT-PCR cycle threshold (Ct) values in 127 vaccinated people with breakthrough cases to 84 unvaccinated people or those with unknown vaccination status, and found them to be comparable (median 22.77 and 21.54,

CDC Health Research - 2021

## Performing a WOW History and Examination Virtually

- The Benefits –
  - ✓ NUMEROUS!
- Considerations:
  - ✓ Does your licensure board allow?
  - ✓ Will your malpractice carrier cover/allow?
  - ✓ Can it be used for new patient encounters?
  - ✓ Does it require "Real Time" synchronous connection – i.e. Zoom vs phone call?
  - ✓ Are there laws regarding payor reimbursement?
    - Special modifiers?
    - Is reimbursement the same as a face-to-face encounter?

CDC Health Research - 2021



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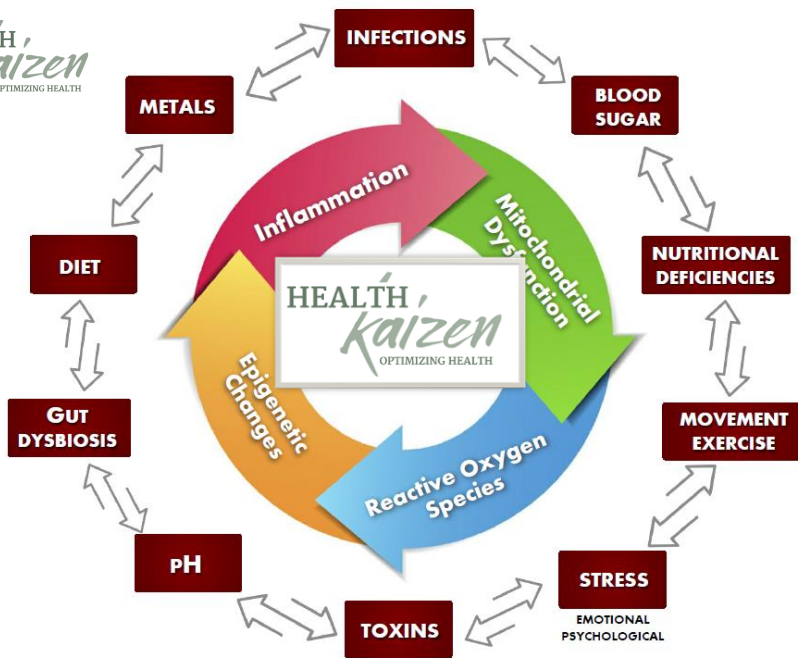
## Common Presenting Complaints For those suffering with Chronic Diseases:

- Anxiety/Depression
- Blood sugar issues
- Bowel disturbances
- Dyslipidemia
  - ❖ Cholesterol
  - ❖ Triglycerides
- Fatigue
- Hair loss
- High blood pressure
- Hormonal imbalances - too much or too little (excitatory or inhibitory)
- Immune system imbalances
- Pain
- Sleep disturbances
- Weight gain/loss

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## The 'Balance' between Health/Disease:

**INFLAMMATION**
**REACTIVE OXYGEN SPECIES**
**HEALTH/DISEASE**  
**MITOCHONDRIAL (DYS)FUNCTION**
**HEALTH/DISEASE**

### EPIMUTAGENS

- Mitochondrial Health
- Digestion
- pH - Acid/Alkaline Balance
- Sugar Regulation
- Microbiome
  - ❖ Pathogens - Stealth Infections
    - ✓ Viral loads
    - ✓ Bacterial loads
    - ✓ Fungal infections
    - ✓ Parasites
- Gut - Brain Connection
- Stress
- Hydration
- Eliminating and Mitigating the negative factors:
  - ❖ Diet/ Lifestyle
  - ❖ Heavy metals
  - ❖ Toxins
- Electrical/Energetic
- Exercise
- Structural
- Hormonal Balance
- Neurotransmitters
- Vitamin/Mineral Balance & Phytochemicals
- Essential Fatty Acids
- Emotional/Psychological
- Sleep
- Spiritual Congruence



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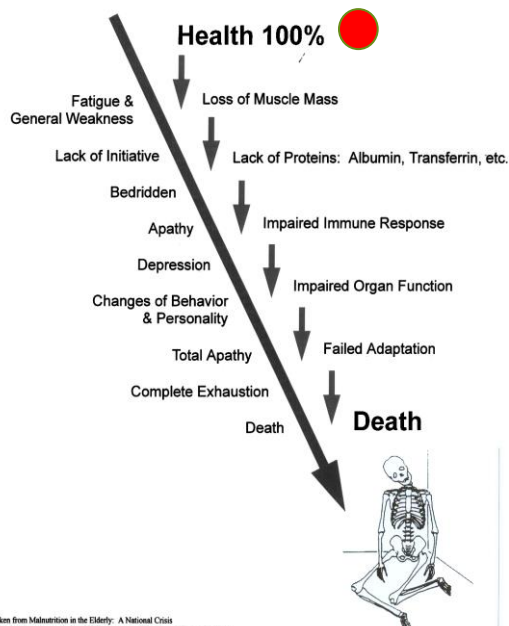
We are on a mission to improve the health of individuals and their families we have the privilege of serving.

To help those with chronic illness regain, maintain and enhance the quality of life for this, as well as future generations -

**Safely, Effectively and Naturally.**

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### The Progressive Effects of Malnutrition



Adapted from Malnutrition in the Elderly: A National Crisis  
 US Administration on Aging, US Department of Health and Human Services

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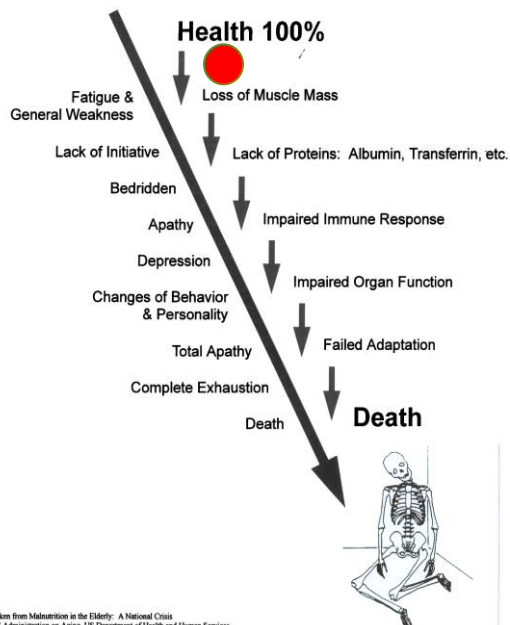
### Progression of a Nutrient Deficiency

#### Biochemical

- Inadequate supply of vitamins, minerals, enzymes, phytochemicals, cofactors, etc.
- pH
- Stealth infections
- Presence of toxins
- Stress
- ??????????????

Symptoms – None (yet)

## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

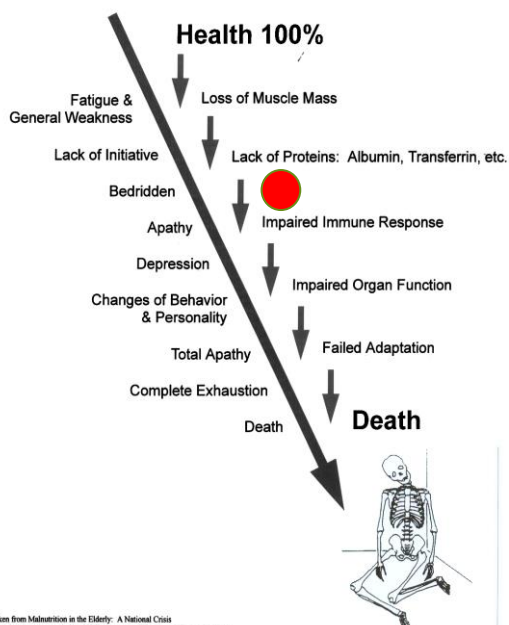
### Functional

Limitation of physiological processes in the cells and organ systems

Symptoms – Still not discernable

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## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

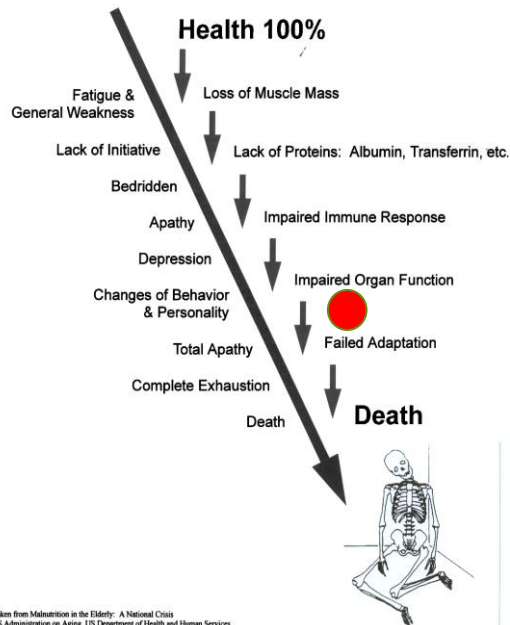
### Metabolic

#### Symptoms:

- Early signs of not feeling good: indigestion, constipation/diarrhea, insomnia, malaise
- “Just don’t feel like my old self”

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## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

### Clinical

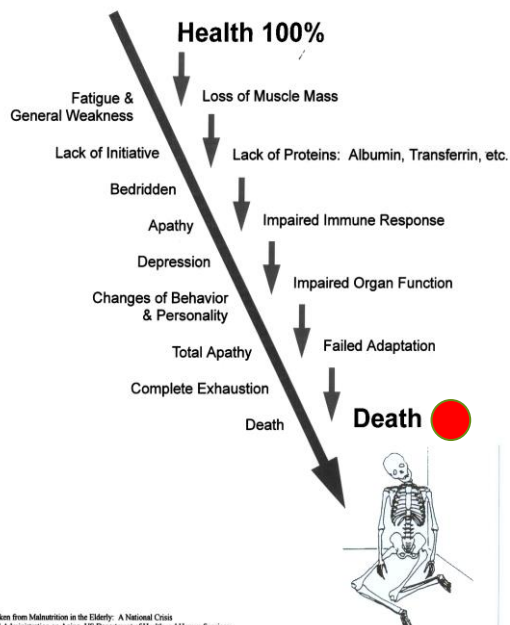
#### Symptoms:

- Fatigue, loss or gain of weight, hair loss, decrease in libido, dry skin
- “Something is just not right!”

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## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

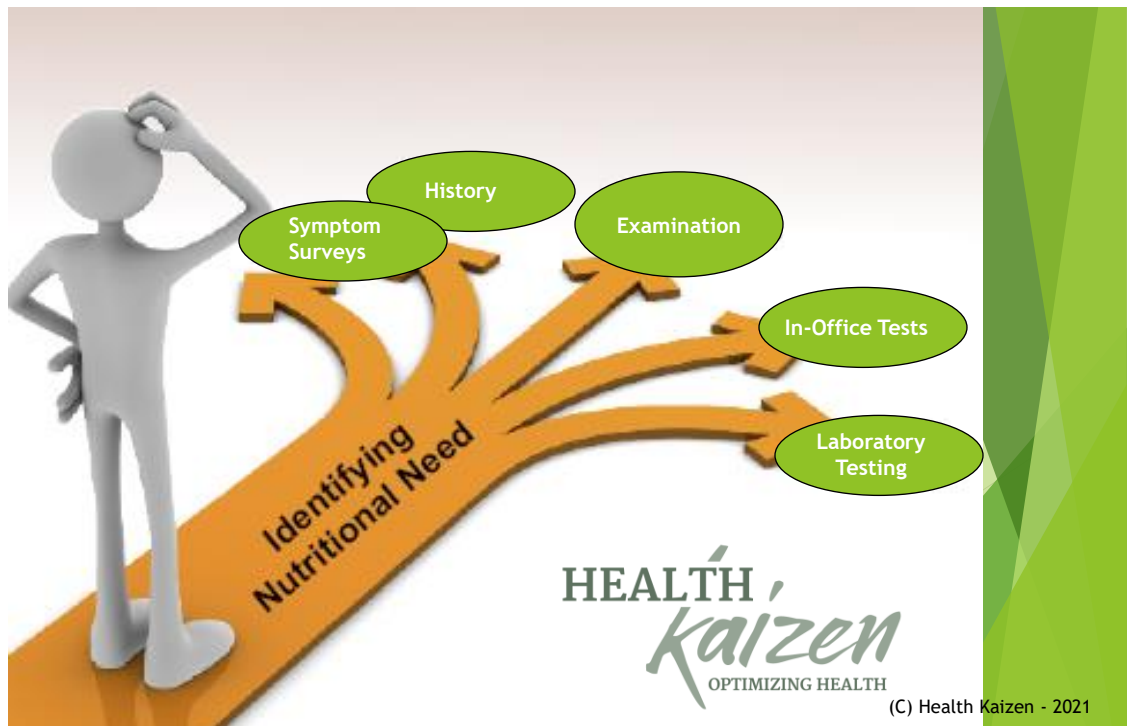
### Pathological

#### Symptoms:

- “What’s wrong with me?”
- Specific disease processes such as an Autoimmune Disease, diabetes, cardiovascular or other organ disease and possibly cancer and eventually - **Death**

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**“Patients given evidence-based physiological explanations for their (chronic fatigue) symptoms... were significantly better than those who received standardized care at one year.”**

**BMJ 2001;322:387-390**

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**Educating, Equipping, and Empowering Clinicians and their Patients in Mitigating Chronic Disease and Optimizing Health!**



*Kaizen* is a long-term approach that systematically seeks continuous improvement by means of small, incremental changes; improving efficiency and quality.

## **THE PAPERWORK AND PUTTING THE PIECES TOGETHER**

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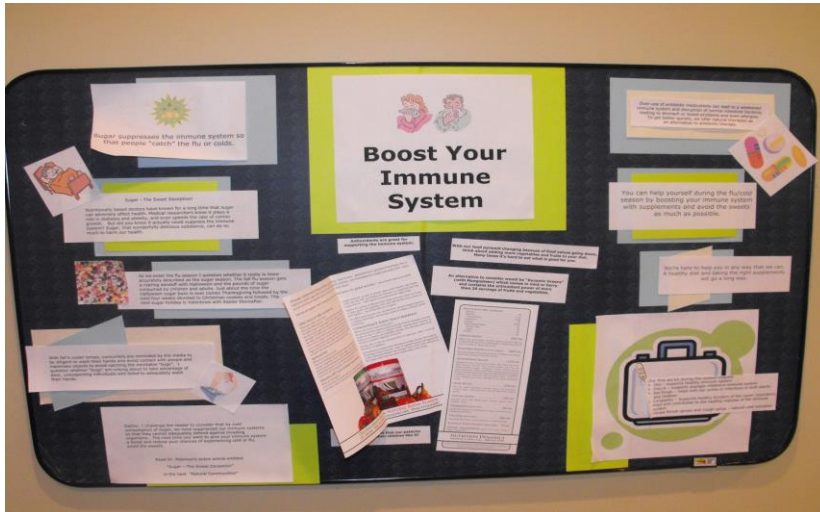
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## Letting People know what you do and that you might have an answer to their health issues



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January 7, 2009

## PRESS RELEASE for immediate release

The Center for Natural Medicine is offering an educational mini-seminar entitled "Thyroid Disease -Putting It All Together - Thyroid Awareness Month." It will be presented by Dr. Gregory Peterson, DC DABCI, on Thursday, January 15th, 2009 at 12:15 pm. The seminar lasts one hour with time allowed for questions. The health seminars are complimentary. The seminar addresses information on finding out what is causing your symptoms verses symptom management; safe, effective and healthy verses fast, effective, and often dangerous; healthy diets verses the SAD Diet (Standard American Diet); and much more.

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# Disclaimer

The forms provided to the practitioner as handouts are not legal advice, each state has specific Practice Guidelines and different Informed Consent Rules, Intake Guidelines and Charting Rules and practitioners should consult local legal counsel before using the examples shared.

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**CENTER  
NATURAL  
MEDICINE** **New Patient Information Guide** Winona  
Eden Prairie

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
How were you referred to our office? By whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

Let me give you confidence that you have called a very well respected healthcare center. Dr. Peterson has been practicing for over 20 years and has an excellent reputation throughout the area as a holistic chiropractor.

**Is this appointment for you ☐ or someone else ☐ ?**  
*(Please collect name and relationship to new patient.)*

**Is this for Wellness ☐, Chiropractic ☐, Acupuncture ☐ or just Lab Testing ☐ ?**

May we have your home phone number? \_\_\_\_\_ Can you be reached at this number during the day? Yes or No \_\_\_\_\_

If no, what number can I reach you at? \_\_\_\_\_  
*(Please indicate if this is a cell or work number)*

May we have your home address? \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have an email address? \_\_\_\_\_ @ \_\_\_\_\_

**Would you like to know our financial policy? Yes \_\_\_\_\_ or No \_\_\_\_\_**

- Payment is due at the time of service. We accept personal checks, cash or credit cards.
  - NP Wellness (consultation with exam) Approx. 1 hour **\$140 (Does not include lab or supplementation)**
  - NP Chiro (exam with adjustment) **\$116**
  - NP Acupuncture (with exam) **\$116**

**Insurance**

- Please call your insurance company and verify chiropractic coverage.
- Dr. Peterson is not a network provider so coverage may vary.
- WE DO NOT SUBMIT any insurance. We can provide you with information needed to submit to your insurance company on request.
- Please bring or fax any medical records you've had done in the past year.

Have you had any bloodwork done recently? Yes \_\_\_\_\_ No \_\_\_\_\_ If so -we will send you an authorization sheet along with your other forms-- just sign your name and birth date at the top of the sheet and sign at the bottom and hand to your dr/clinic and they will fax us your most recent lab work.

**Do you need directions to our office?** We will include directions along with the forms we will be sending to you.

We feel you are coming to the right place for your health care. Thank you and have a great day!

Date and time scheduled \_\_\_\_\_ @ \_\_\_\_\_ **Credit Card #** \_\_\_\_\_  
Date forms sent: \_\_\_\_\_ **Exp:** \_\_\_\_\_ **Code:** \_\_\_\_\_

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For the patient to  
verify.

### Insurance Verification Guide

Name: \_\_\_\_\_ File #: \_\_\_\_\_

Our office is equipped to bill insurance companies directly as a courtesy to you. However, it is important you understand that health and accident insurance policies are an **arrangement between you and your insurance company**. You are personally responsible for all service charges incurred in our office. We expect payment in full when the services are provided until your insurance coverage has been verified.

We all know that insurance companies have made tremendous changes over the past several years. Since your insurance policy is a contract between you and your insurance you are in a better position to negotiate your coverage with them and in many cases you are able through persistence to get services covered which a doctor's office negotiating with them would not have been able to do. Additionally, HIPPA or privacy laws prohibit insurance companies from providing clear accurate information to us.

Since financial arrangements are important in health care decisions we want you to deal directly with the insurance company so that there are no misunderstandings in coverage. The following guide should help you to deal with your insurance company.

Date that you called your insurance company \_\_\_\_\_ Name of the person: \_\_\_\_\_

Call your insurance company and ask the following questions:

1. Does my policy cover chiropractic to see Dr. Peterson? ☐ Yes ☐ No

If yes, are there any limitations? ☐ Yes ☐ No

What are those limitations? (Be as specific as possible) \_\_\_\_\_

Is there a limit to the number of chiropractic visits? ☐ Yes ☐ No How many? \_\_\_\_\_

Are the following a covered supply or service:

Cervical pillows or lumbar supports? ☐ Yes ☐ No Physical therapy? ☐ Yes ☐ No

Nutritional supplements? ☐ Yes ☐ No Structural supports? ☐ Yes ☐ No

Laboratory testing? ☐ Yes ☐ No Medical nutritional counseling? ☐ Yes ☐ No

Acupuncture? ☐ Yes ☐ No Manual muscle therapy techniques? ☐ Yes ☐ No

Dietary counseling? ☐ Yes ☐ No Lifestyle modification counseling? ☐ Yes ☐ No

Food sensitivity and airborne allergen blood tests? ☐ Yes ☐ No

2. What is the deductible? \_\_\_\_\_ How much has been met? \_\_\_\_\_

Is there a carryover? ☐ Yes ☐ No Is there a family deductible? ☐ Yes ☐ No

3. What percentage of my bills will be covered? \_\_\_\_\_

4. What is the effective date of the policy? \_\_\_\_\_

5. What is the name and address to where claims should be sent: \_\_\_\_\_

6. Phone number of the insurance company: \_\_\_\_\_

7. Policy number: \_\_\_\_\_

8. Name policy is under: \_\_\_\_\_

Once this form is returned to our office, we can begin billing and receiving payment from your insurance company directly, allowing you to pay just the required deductible and co-payment at the time of service.

*Thank you for allowing Center For Natural Medicine we work with you as a team player in health recovery!*

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902 East Second St, Suite 325  
Winona, MN 55987  
507-452-6640 Office  
507-452-6646 Fax  
www.cfnm.com

SUBMIT FORM

### Registration Form

Welcome to the Center for Natural Medicine, P.A. and thank you for choosing us to be a part of your healthcare team.

First Name: _____	Middle Initial: _____	Last Name: _____	Date of Birth: _____
Address: _____		City: _____	State: _____ Zip: _____
Email: _____		Number of Children: _____	Ages: _____
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Name of Spouse: _____ Anniversary: _____	

#### EMPLOYMENT INFORMATION

	You	Your Spouse (or Parent*)
Employer	_____	_____
Occupation	_____	_____
Work Phone	_____	_____

#### PHYSICIAN INFORMATION

Name of Your Family Physician: \_\_\_\_\_

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

☐ MD ☐ DO ☐ DC ☐ Specialist ☐ Other: \_\_\_\_\_

How would you prefer we contact you? ☐ Home ☐ Cell ☐ Work # \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

May we send them a thank you with your first name on the card? ☐ Yes ☐ No

If yes, please type your initials here: \_\_\_\_\_

#### \*FOR MINORS

Please complete parent's Employment Information on Spouse section above.

Parent's Name: _____	Phone: _____
Address: _____	City: _____ State: _____ Zip: _____

#### OUR PERSONAL CONCERN

Our personal and professional concern is with just two things, **your health and our reputation!** Therefore, we accept only those as patients whom we believe we can help. After the doctor evaluates your history, physical and laboratory findings, you can be sure that holistic natural healthcare is a viable treatment option for your condition.

**Fees are payable when service is received.**

PAGE 1

Registration • 11-18

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# INFORMED CONSENT AGREEMENT CONCERNING SCOPE OF PRACTICE, LABORATORY FINDINGS, AND NUTRITIONAL RECOMMENDATIONS FOR PHONE CONSULTATIONS

## To Whom It May Concern:

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease." A Vitamin is not a drug. NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy. Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect upon symptoms or disease process. This does not mean that it can be misrepresnted or be classified as a drug by anyone. Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or a particular bodily symptom.

Physician-Patient Relationship can be defined as "a consensual relationship in which the patient knowingly seeks the physician's assistance and in which the physician knowingly accepts the person as a patient." QT, Inc. v. Mayo Clinic Jacksonville, 2006 U.S. Dist. LEXIS 33668 (N.D. Ill. May 15, 2006). Therefore, please understand that we are not establishing a Physician-Patient Relationship. You have requested that Dr. Peterson offer nutritional, wellness and lifestyle recommendations which may have a beneficial effect on your current health status. There is no replacement for interactive doctor/patient one-on-one office visits. You will continue your relationship with current medical providers. The Center For Natural Medicine, PA will be acting in a limited role as providing nutritional recommendations.

The Center for Natural Medicine, PA, offers laboratory testing for the purpose of functional, biochemical and metabolic assessment of our patients. We also offer nutritional supplementation for the purpose of correction of these imbalances. Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet to supply good nutrition supporting the physiological and biomechanical processes of the human body.

We will not diagnose, treat or offer a cure for any specific disease process real or imagined by you. Any changes in your prescription medications need to be discussed with the person prescribing them. The nutritional recommendations we make in your care is for the correction of biochemical imbalances. We may utilize history of symptoms, physical and clinical findings and laboratory tests to make our determination of appropriate nutritional intervention.

In the nutritional management of a case, we routinely prescribe vitamins, minerals, herbs, homeopathic preparations, enzymes and phytochemicals. We do not want you to have any misconceptions about their use in this clinic. In the event that any vitamins, minerals, herbs, homeopathic preparations, enzymes, phytochemicals, etc. is prescribed or administered in your care, we want you to understand explicitly that it is used for the following purposes:

- To aid in the detoxification of body systems;
- To improve your overall nutritional status;
- To improve your metabolism;
- To improve functional, biochemical and metabolic imbalances;
- For improvement of the sense of well-being;
- To improve appetite;
- For the gain or reduction of weight;
- For possible remission or reduction of pain where present.

However, you must understand that you may not receive any of these benefits because they do not occur predictably with every patient, and in some cases, they may not occur at all. We want you to understand the goals, expectations and limitations of nutritional therapy. We are not offering a promise of cure or a guarantee of prevention of future disease.

We routinely incorporate The Konesburg's (Adrenal Stress), Urinary Indican (Microbiome assessment), and Urinary Sulfate level. These are functional tests utilized by Dr. Peterson to aid in a quick, reproducible and reliable functional assessment of functional, biochemical, and metabolic processes of your health status. The urine MultiStick is a standard urine analysis offered in most medical facilities.

Before you sign this agreement, we want you to understand that our view concerning NUTRITIONAL SUPPORT and the need for certain nutrients may not necessarily be shared by the American Medical Association, the Food and Drug Administration and the American Cancer Society, or similar agencies and organizations at this time.

If you sign this agreement, you will be signifying that you may be disagreeing with these organizations in so far as their opinion differs with ours concerning NUTRITIONAL SUPPORT and that you desire to have prescribed and administered in your care, such vitamins, minerals, herbs, homeopathic preparations, enzymes, phytochemicals, or other nutritional items or devices which, in our professional opinion, appear to be indicated for your nutritional support. The Center for Natural Medicine, PA recognizes a patient's right to be informed and that the patient has the right to accept or refuse nutritional advice or dietary advice.

\*\*\*\*\*

I am an adult, person 18 years or older, presumed to have decision-making capacity and the only person who may consent to my treatment. I HAVE READ AND UNDERSTAND THE ABOVE. Under the conditions indicated, I hereby place myself under your care for advice, prescriptions, and administrations as may appear to be indicated in your professional judgment. I will secure the services of another doctor for treatment of specific disease processes and I will look to you for nutritional counsel and management.

Patient's name printed: \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_



902 East Second St, Suite 325  
Wichita, KS 67202  
303-442-6666 Office  
303-442-6666 Fax  
www.cfnm.com

## SUBMIT FORM

# Informed Consent Agreement Concerning Scope of Practice, Laboratory Findings and Nutritional Recommendations

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- For the gain or reduction of weight;
- For possible remission or reduction of pain where present.

However, you must understand that you may not receive any of these benefits because they do not occur predictably with every patient, and in some cases, they may not occur at all. We want you to understand the goals, expectations and limitations of nutritional therapy. We are not offering a promise of cure or a guarantee of prevention of future disease.

We routinely incorporate The Konesburg's (Adrenal Stress), Urinary Indican (Microbiome assessment), and Urinary Sulfate level. These are functional tests utilized by Dr. Peterson to aid in a quick, reproducible and reliable functional assessment of functional, biochemical, and metabolic processes of your health status. The urine MultiStick is a standard urine analysis offered in most medical facilities.

Before you sign this agreement, we want you to understand that our view concerning NUTRITIONAL SUPPORT and the need for certain nutrients may not necessarily be shared by the American Medical Association, the Food and Drug Administration and the American Cancer Society, or similar agencies and organizations at this time.

If you sign this agreement, you will be signifying that you may be disagreeing with these organizations in so far as their opinion differs with ours concerning NUTRITIONAL SUPPORT and that you desire to have prescribed and administered in your care, such vitamins, minerals, herbs, homeopathic preparations, enzymes, phytochemicals, or other nutritional items or devices which, in our professional opinion, appear to be indicated for your nutritional support. The Center for Natural Medicine, PA recognizes a patient's right to be informed and that the patient has the right to accept or refuse nutritional advice or dietary advice.

I am an adult, person 18 years or older, presumed to have decision-making capacity and the only person who may consent to my treatment. I HAVE READ AND UNDERSTAND THE ABOVE. Under the conditions indicated, I hereby place myself under your care for advice, prescriptions, and administrations as may appear to be indicated in your professional judgment. I will secure the services of another doctor for treatment of specific disease processes and I will look to you for nutritional counsel and management.

This consent will end one year from the date the form is signed unless I indicate an earlier date or event here:

Date \_\_\_\_\_ or Specific Event \_\_\_\_\_

Patient Name Printed: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center for Natural Medicine, PA: \_\_\_\_\_ Date: \_\_\_\_\_

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





902 East Second St, Suite 325  
Wilkes-Barre, PA 18706  
507-452-6640 Office  
507-452-6640 Fax  
www.cnmn.com

SUBMIT FORM

### Consent Agreement Concerning Scope of Practice, Nutritional Therapy and Supportive Cancer Care

#### To Whom It May Concern:

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease." A Vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy. Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect upon symptoms or disease process. This does not mean that it can be misrepresented or be classified as a drug by anyone. Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or a particular bodily symptom.

The Center For Natural Medicine, PA, offers supportive (adjunctive) care for patients with malignant disease. We wish to emphasize that supportive care given here is not offered as a primary treatment for cancer. It is not intended to replace standard medical care of surgery, radiation, and/or chemotherapy. It is the conventional medical view that untreated cancer is a progressive disease, which, in the great majority of instances, ends in death.

The patients coming to our clinic for supportive care should be aware that conventional medical therapies may be effective in bringing cure and/or prolonged remissions for certain types and stages of malignancies. Some examples are:

- Non-melanomatous skin cancers: In their early stages, cure rates may approach 100%.
- Stage I (localized) breast cancer: Surgery and/or radiation cure rates may approach 100%.
- Seminoma (testicular cancer): This form of cancer is highly curable with chemotherapy. Even in disseminated disease, the cure rate is over 50%.
- Hodgkin's Disease: In early or limited stages of the disease, the cure rate may approach 90%. With more advanced stages, the cure rates are somewhat reduced but still favorable for cure or remission.

Since a nutritional deficiency or a toxic burden on the body systems may or may not be associated with a specific disease, or it may be the cause of the disease, or it may occur as a result of that disease, it is important for you to fully understand that our sole concern will be your nutritional program and your ability to metabolize and utilize the nutrients you consume.

We will not diagnose, treat, or cure any specific disease. The nutritional recommendations we make based on laboratory tests, physical and clinical findings, history and symptoms; do not constitute treatment for any disease real or imagined by you. In addition, we specifically do not treat the disease of cancer. If you desire treatment for malignancy (cancer) you should place yourself at the disposal of another doctor who employs the only recognized cancer treatment procedures in the United States which consists of surgery, chemotherapy, high-energy radiation, and/or hormone therapy.

For all patients with malignant disease coming to our clinic for supportive care, we urge them to continue with regular, ongoing visits to an appropriate medical specialist (surgeon, radiologist, and/or oncologist). For those patients with potentially curable malignancy (curable by conventional measures) such visits are required as a condition for acceptance for our care.

In the nutritional management of a case, we routinely prescribe vitamins, minerals, herbs, homeopathic preparations, enzymes and phytochemicals. We do not want you to have any misconceptions about their use in this clinic. In the event that any vitamins, minerals, herbs, homeopathic preparations, enzymes, phytochemicals, etc. is prescribed or administered in your care, we want you to understand explicitly that it is used for the following purposes:

- To aid in the detoxification of body systems;
- To improve your overall nutritional status;
- To improve your metabolism;

- To improve functional, biochemical and metabolic imbalances;
- For improvement of the sense of well-being;
- To improve appetite;
- For the gain or reduction of weight;
- For possible remission or reduction of pain where present.

However, you must understand that you may not receive any of these benefits because they do not occur predictably with every patient, and in some cases, they may not occur at all. We want you to understand the goals, expectations and limitations of nutritional therapy. We are not offering a promise of cure or a guarantee of prevention of future disease.

We routinely incorporate The Konesburg's (Adrenal Stress), Urinary Indican (Microbiome assessment), and Urinary Sulfate level. These are functional tests utilized by Dr. Peterson to aid in a quick, reproducible and reliable functional assessment of functional, biochemical, and metabolic processes of your health status. The urine MultiStick is a standard urine analysis offered in most medical facilities.

Before you sign this agreement, we want you to understand that our view concerning NUTRITIONAL SUPPORT and the need for certain nutrients may not necessarily be shared by the American Medical Association, the Food and Drug Administration and the American Cancer Society, or similar agencies and organizations at this time.

If you sign this agreement, you will be signifying that you may be disagreeing with these organizations in so far as their opinion differs with ours concerning NUTRITIONAL SUPPORT and that you desire to have prescribed and administered in your case, such vitamins, minerals, herbs, homeopathic preparations, enzymes, phytochemicals, or other nutritional items or devices which, in our professional opinion, appear to be indicated for your nutritional support. The Center for Natural Medicine, PA recognizes a patient's right to be informed and that the patient has the right to accept or refuse nutritional advice or dietary advice.

I am an adult, person 18 years or older, presumed to have decision-making capacity and the only person who may consent to my treatment. I HAVE READ AND UNDERSTAND THE ABOVE. Under the conditions indicated, I hereby place myself under your care for advice, prescriptions, and administrations as may appear to be indicated in your professional judgment. I will secure the services of another doctor for treatment of specific entities disease processes and I will look to you for nutritional counsel and management.

This consent will end one year from the date the form is signed unless I indicate an earlier date or event here:

Date \_\_\_\_\_ or Specific Event \_\_\_\_\_

Patient Name Printed: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center for Natural Medicine, PA: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Consent Agreement Concerning Scope of Practice, Nutritional Therapy and Supportive Cancer Care • 10-18

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### Functional Test Bundle

The Functional Test Bundle is a group of in-office assessment tools to aid in initial assessment and then are simple, effective, and cost-effective tests that Dr. Peterson can use to monitor your health optimization progression as needed. It aids in determining organ system function and impairment, as well as indicate deficiencies and toxicities.

**Physical Examination** – This in-depth examination will identify the normal things we have come to expect such as height, weight, blood pressure, etc. However, this in-depth thorough examination is designed to identify potential problems with in the various organ systems of the body. You will begin to understand the intricate interconnections of the organ systems and how they work together and not as stand alone entities as they are now treated. Upon reevaluation you will be able to identify the success of your H.O.P.E.™ Program.

**Adrenal Function Test** – this is a simple, yet highly accurate test at demonstrating adrenal function. The test demonstrates the effects of stress as well other factors associated with the stresses of daily living. Adrenal health is the cause of a number of health problems in America today.

**Indican Malabsorption Test** – with this test we can screen for the presence of harmful bacteria bowel dysbiosis. Dysbiosis is a health-robbing situation in which the beneficial healthy bacteria have been decreased in number and the unhealthy destructive bacteria have gained the upper hand. This can lead to digestive problems, inflammatory conditions, and food sensitivity situations.

**Vitamin C Sufficiency Test** – this simple urine test aids in the determination of vitamin C levels in your body.

**Calcium Sufficiency Test** – this test aids in the determination of calcium levels and whether your body is able to utilize the calcium it has available to it.

**Multix** – this quick easy in-office urine test gives a snapshot of 13 different metabolic functions. This test screens for serious health problems such as infections, kidney and liver disease as well as an indicator of disease.

Dr. Peterson Signature: \_\_\_\_\_

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**Oxidative Stress** – this highly reliable test quickly demonstrates the level of free radical damage occurring in your body. Free radicals are produced by your body in disease processes such as: autoimmune disorders, cancer, allergies, fatigue, arthritis and heart disease.

**Oral pH Challenge** – This test is highly beneficial in the determination of mineral need. By measuring the body's ability to buffer acid/alkaline balance we can determine if adequate reserves are available.

**Zinc Status** – Zinc is a mineral that is commonly deficient in most American's diets. It is important in numerous functions throughout the body. Zinc plays important roles in immune, sexual and thyroid function to name a few. It aids in wound healing and is required for normal energy production. Our experience has shown that over 90% of our patients display some level of zinc deficiency. This simple test will assess your zinc status.

**Barnes Thyroid** – This simple test measures auxiliary (armpit) temperature to evaluate hypo (too little) or hyperthyroid (too much) function. A low temperature indicates sluggish thyroid function, which means your body's energy, and temperature regulation is working below normal.

**Salivary pH Challenge Test** – This quick five-minute test will indicate whether or not your body has adequate levels of essential minerals. If you do not possess adequate mineral reserves your body's acid/alkaline base balance will be erratic. This is a very useful indicator of mineral need.

**The Symptom Survey** – This is a benchmark for assessing your improvement as we progress through the various phases of your H.O.P.E.™ Program. By comparing your assessment of organ system functions we will observe areas of improvement and areas still needing improvement.

**Functional Surveys** – These are various questionnaires that will allow Dr. Peterson to evaluate toxicity level, hormone imbalances, stressed organ systems, yeast symptoms to name a few. These questionnaires are completed by you and are evaluated by Dr. Peterson for the discovery of organ imbalances.

Total price of the bundled group of tests is \$135.00. If all tests were performed separately the cost would be \$217.00.

***Real Health – Safely, Effectively and always - Naturally***

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902 East Second St, Suite 325  
Winona, MN 55987  
507-452-6640 Office  
507-452-6646 Fax  
www.ccnm.com

SUBMIT FORM

### Authorization to Use or Disclose Protected Health Information

As required by the Privacy Regulations, Center for Natural Medicine may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization.

#### SECTION A

**Must be completed for all authorizations.**

I hereby authorize the use/disclosure of my health information as described below. I understand that this authorization is voluntary. I understand that any and all records, whether written, oral, or in electronic format are confidential and cannot be disclosed without my prior written authorization except as otherwise provided by law. I understand that a photocopy or fax of this authorization is as valid as the original.

Patient Name:	Date of Birth:
Person(s)/Organizations authorized to use/disclose information (to):	Person(s)/Organizations authorized to receive information (to):
	Center for Natural Medicine 902 E. 2nd Street, Suite 325, Winona MN 55987 507-452-6640 phone, 507-452-6646 fax

#### Information that may be used/disclosed.

(Include dates where appropriate, e.g., medications dispensed in December 2002 or EKG Report performed in June 2000)

- |   |   |
|---|---|
| <input type="checkbox"/> Record of Visits (all) _____                     | <input checked="" type="checkbox"/> Laboratory Report(s) In-House _____   |
| <input type="checkbox"/> Record of Specific Visit(s) _____                | <input checked="" type="checkbox"/> Laboratory Report(s) Outside _____    |
| <input type="checkbox"/> Discharge Summary _____                          | <input type="checkbox"/> X-Ray, MRI, CT _____                             |
| <input type="checkbox"/> History/Physical _____                           | <input type="checkbox"/> Echo, Stress Tests, Holters _____                |
| <input type="checkbox"/> Consultation Report(s) _____                     | <input type="checkbox"/> EKG Report _____                                 |
| <input type="checkbox"/> Operative Report(s) _____                        | <input type="checkbox"/> Mental Health/Alcohol/Drug Abuse Treatment _____ |
| <input type="checkbox"/> Problem List _____                               |   |
| <input type="checkbox"/> Progress Notes _____                             | <input type="checkbox"/> AIDS or HIV Information _____                    |
| <input type="checkbox"/> Medication _____                                 | <input type="checkbox"/> Hepatitis Information _____                      |
| <input type="checkbox"/> Nutritional Pharmaceutical Recommendations _____ | <input type="checkbox"/> Entire Medical Record _____                      |
|   | <input type="checkbox"/> Statement of Charges/Payments _____              |
| <input type="checkbox"/> Other (state information & dates): _____         |   |

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**SECTION B**

Must be completed only if a health provider or health plan has requested the authorization.

The health plan or health care provider must complete the following. The information will be used/disclosed for the following purposes:

- ☒ Continued Patient Care  
☐ Disability Determination  
☐ Personal Use
- ☐ Attorney/Legal  
☐ Insurance Claim  
☐ Other \_\_\_\_\_

**SECTION C**

Must be completed for all authorizations.

I understand that I have the right to:

1. Revoke this authorization at any time by notifying the Privacy Officer in writing. I understand that the revocation will not apply to information that has already been released in repose to this authorization. **This authorization expires one year from date signed.** Date or event that triggers expiration: \_\_\_\_\_
2. Knowledge of any remuneration involved due to any marketing activity as allowed by this authorization, and as a result of this authorization.
3. Inspect a copy of Patient Health Information being used or disclosed under Federal law.
4. Refuse to sign this authorization.
5. Receive a copy of this authorization.
6. Restrict what is disclosed with this authorization.
7. Understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information.

Signature of Patient or Patient Representative \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Patient's Representative (if applicable) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

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Authorization to Use or Disclose Protected Health Information • 10-18

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902 East Second St, Suite 323  
 Winona, MN 55987  
 507-432-6640 Office  
 507-432-6646 Fax  
 www.ccfm.com

SUBMIT FORM

**Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Center for Natural Medicine is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

**DISCLOSURE OF YOUR HEALTH CARE INFORMATION**

**TREATMENT** – We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

Example:

*"On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Center for Natural Medicine." Or "It is our policy to provide a substitute health care provider, authorized by Center for Natural Medicine to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation."*

**PAYMENT** – We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

Example:

*"As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Center for Natural Medicine for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received."*

**WORKERS' COMPENSATION** – We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

**EMERGENCIES** – We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

**PUBLIC HEALTH** – As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS** – We may disclose your health information in the course of any administrative or judicial proceeding.

**LAW ENFORCEMENT** – We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**DECEASED PERSONS** – We may disclose your health information to coroners or medical examiners.

**ORGAN DONATION** – We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

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**RESEARCH** – We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

**PUBLIC SAFETY** – It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**SPECIALIZED GOVERNMENT AGENCIES** – We may disclose your health information for military, national security, prisoner and government benefits purposes.

**MARKETING** – We may contact you for marketing purposes or fundraising purposes, as described below:

Example:

*"As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment."*

*"It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Center for Natural Medicine sponsored fund-raising events."*

**CHANGE OF OWNERSHIP** – In the event that Center for Natural Medicine is sold or merged with another organization, your health information/record will become the property of the new owner.

#### YOUR HEALTH INFORMATION RIGHTS

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Center for Natural Medicine is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Center for Natural Medicine amend your protected health information. Please be advised, however, that Center for Natural Medicine is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Center for Natural Medicine.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

#### CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Center for Natural Medicine reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Center for Natural Medicine is required by law to comply with this Notice.

Center for Natural Medicine is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact Mary Koehler by calling this office at 507-452-6640. If Mary Koehler is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

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#### COMPLAINTS

Complaints about your Privacy rights or how Center for Natural Medicine has handled your health information should be directed to Mary Koehler by calling this office at 507-452-6640. If Mary Koehler is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHW Building  
Washington, DC 20201

This notice is effective as of 4/14/2003.

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Center for Natural Medicine with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

Patient Name Printed: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the Center for Natural Medicine to share information with \_\_\_\_\_ (name)  
my \_\_\_\_\_ (relationship).

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# Getting a “Good” History is vital!!



”If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than five minutes”.

Albert Einstein (1879 - 1955) Physicist & Nobel Laureate

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## Center for natural medicine & diagnostic center

Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_

Complaints: \_\_\_\_\_ Location \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Onset: Sudden, Insidious – acute (ortho/neuro, blood vessel, embolism, appendicitis, cholecystitis or chronic (-))

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Provoking/palliative:      Quality      Radiation      Severity      Timing

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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902 East Second St, Suite 325  
Winona, MN 55907  
507-452-6640 Office  
507-452-6644 Fax  
www.cfnm.com

SUBMIT FORM

### Confidential Health History

Please provide the requested information to the best of your ability so that we will have a more complete understanding of your present health status as well as your future health needs. We know you could have chosen another doctor, we are honored you chose us and will work to earn that trust. **Thank you!**

What do you hope to achieve in your visit with us?
If you had a magic wand and could erase three problems, what would they be?
1.
2.
3.
Have you made the decision to change? To do what it takes to get well? <input type="checkbox"/> Yes <input type="checkbox"/> No

The definition of insanity is: "to keep doing the same thing and expecting different results." If you keep following the same course of treatment you have been following will your results really change? Have you ever wondered if you are on the right path to achieving optimal health? Sometimes it requires taking a new and improved road to reach your destination. Most people I ask tell me they've made the decision to change. But how many people have truly decided to change? Very few! Why? Because there is a big difference between deciding something and having "reasons".

What bothers you the most?		
How long has this bothered you?	Getting worse?	Constant
What aggravates?		
What relieves?		
What do you believe is wrong?		
What are your other health concerns?		
In your own words, describe your most persistent health concern with its symptoms, their duration, and response to previous treatment:		

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### PLEASE HELP US TO UNDERSTAND YOUR EXPECTATIONS AND GOALS FOR YOUR HEALTH

What prompted you to choose our clinic?
What are your health goals?
For you to consider your care here successful, what do you want to happen during the course of your treatment?
What do you feel is a reasonable time frame for resolution of your expectations?
Are you willing to read or watch online videos to aid in understanding your treatment and health improvement?

### PLEASE HELP US TO UNDERSTAND YOUR CURRENT DIETARY AND LIFESTYLE HABITS

Do you exercise?	Type and frequency:
Do you like your job?	
Do you feel stressed?	Explain:
What do you do to relax?	
Do you use alcohol?	Frequency:
Do you use tobacco products?	Type and frequency:
Typical food intake	
Breakfast:	
Lunch:	
Dinner:	
Snacks:	
How many glasses of water do you drink daily?	
How many sodas do you drink daily?	
How many cups of coffee do you drink daily?	

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Confidential Health History • 10-18

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**HEALTH PROVIDER INFORMATION**

Have you been treated by an alternative medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of services are you receiving (massage, herbs, homeopathic)?
Are you under treatment at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your treatment and results:

**SPECIALISTS RECOMMENDED BY YOUR FAMILY PHYSICIAN**

Specialist's diagnosis:
Specialist's recommendation:
Did you comply with the specialist's recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No

**HOSPITALIZATIONS**

Have you ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete the following:		
Reason	Doctor	Year
1.		
2.		
3.		
4.		

**SURGERIES**

Have you ever had any surgeries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete the following:	
1. Type:	When:
Results / Comments:	
2. Type:	When:
Results / Comments:	

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Confidential Health History - 10-18

**SURGERIES (continued)**

3. Type:	When:
Results / Comments:	
4. Type:	When:
Results / Comments:	

**FAMILY/BLOOD RELATIVES MEDICAL HISTORY**

Check items that apply for your blood relatives. Your blood relatives include your children, brothers, sisters, parents, and grandparents.

<b>Father</b>	Age:	Health:	<input type="checkbox"/> Deceased
<b>Mother</b>	Age:	Health:	<input type="checkbox"/> Deceased
<input type="checkbox"/> I don't know my family history.			

Yes	No	Illness	Relationship	Yes	No	Illness	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism		<input type="checkbox"/>	<input type="checkbox"/>	Peptic Ulcer	
<input type="checkbox"/>	<input type="checkbox"/>	Anemia Sickle Cell		<input type="checkbox"/>	<input type="checkbox"/>	Polycystic Kidney	
<input type="checkbox"/>	<input type="checkbox"/>	Anemia - Other		<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Trait		<input type="checkbox"/>	<input type="checkbox"/>	Stroke	
<input type="checkbox"/>	<input type="checkbox"/>	Cancer		<input type="checkbox"/>	<input type="checkbox"/>	Suicide	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Overactive	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy		<input type="checkbox"/>	<input type="checkbox"/>	Thyroid	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease		<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure		<input type="checkbox"/>	<input type="checkbox"/>	Ulcerative Colitis	
<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol		<input type="checkbox"/>	<input type="checkbox"/>	Other (state below)	
<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Obesity		<input type="checkbox"/>	<input type="checkbox"/>		

**DENTAL**

Dentist's Name:
Do you have silver fillings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any silver fillings removed or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? <input type="checkbox"/> Within last year <input type="checkbox"/> One to five years <input type="checkbox"/> Five to ten years <input type="checkbox"/> Over ten years
How did this affect your health? <input type="checkbox"/> Positively <input type="checkbox"/> Negatively <input type="checkbox"/> Not sure
Explain:

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**DENTAL (continued)**

Have you ever had gum/teeth infections (abscesses)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequency:		
Have you had a root canal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?	<input type="checkbox"/> Within last year	<input type="checkbox"/> One to five years
	<input type="checkbox"/> Five to ten years	<input type="checkbox"/> Over ten years

**ILLNESS AND MEDICAL PROBLEMS**

Check problems you have or have had diagnosed or treated by a physician or other healthcare provider.

Yes	No	Problem	Please Explain
<input type="checkbox"/>	<input type="checkbox"/>	Acne	
<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	<input type="checkbox"/>	Back Strain	
<input type="checkbox"/>	<input type="checkbox"/>	Bladder Infections	
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	
<input type="checkbox"/>	<input type="checkbox"/>	Concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Constipation	
<input type="checkbox"/>	<input type="checkbox"/>	Crohn's Disease	
<input type="checkbox"/>	<input type="checkbox"/>	Depression/Anxiety	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	
<input type="checkbox"/>	<input type="checkbox"/>	Ear Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Gas/Bloating	
<input type="checkbox"/>	<input type="checkbox"/>	Eye Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Fibrocystic Breast	
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	

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**ILLNESS AND MEDICAL PROBLEMS (continued)**

Check problems you have or have had diagnosed or treated by a physician or other healthcare provider.

Yes	No	Problem	Please Explain
<input type="checkbox"/>	<input type="checkbox"/>	Headaches	
<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids	
<input type="checkbox"/>	<input type="checkbox"/>	High/Low Blood Pressure	
<input type="checkbox"/>	<input type="checkbox"/>	Irritable Bowel (Ibs)	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Liver Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	
<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	
<input type="checkbox"/>	<input type="checkbox"/>	Nervous Stomach	
<input type="checkbox"/>	<input type="checkbox"/>	Obesity (more than 20# overweight)	
<input type="checkbox"/>	<input type="checkbox"/>	Pelvic Disorder	
<input type="checkbox"/>	<input type="checkbox"/>	Permanent Injury	
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	
<input type="checkbox"/>	<input type="checkbox"/>	Polyps in Colon	
<input type="checkbox"/>	<input type="checkbox"/>	Prostate Infection	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	Sinus Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid	
Other:			

**DISABILITY**

A disability is a medical problem that causes long term impairment of your ability to work or function.

Do you have a medical disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Specify Needs:	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Use Crutches <input type="checkbox"/> Require Special Housing <input type="checkbox"/> Sports Activity	
Do you have a loss or serious limited function of any of the following?		
	<input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Bowels <input type="checkbox"/> Kidneys <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other:	

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**MEDICATIONS**

A disability is a medical problem that causes long term impairment of your ability to work or function.

Do you take any medicines frequently or regularly? ☐ Yes ☐ No  
There will be room at the end of the form for details.

Yes	No	Medication	Yes	No	Medication	Yes	No	Medication
<input type="checkbox"/>	<input type="checkbox"/>	Antacid	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic Pill	<input type="checkbox"/>	<input type="checkbox"/>	Nitroglycerine
<input type="checkbox"/>	<input type="checkbox"/>	Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>	Diet Pill	<input type="checkbox"/>	<input type="checkbox"/>	Pain Medicine
<input type="checkbox"/>	<input type="checkbox"/>	Anti-Depressant	<input type="checkbox"/>	<input type="checkbox"/>	Digitals	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin
<input type="checkbox"/>	<input type="checkbox"/>	Anti-Histamine	<input type="checkbox"/>	<input type="checkbox"/>	Diuretic	<input type="checkbox"/>	<input type="checkbox"/>	Potassium Supplement
<input type="checkbox"/>	<input type="checkbox"/>	Allergy Shots	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or Seizure Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Heart Medicine
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Headache Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Pills
<input type="checkbox"/>	<input type="checkbox"/>	Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	Heart Rhythm Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Medicine
<input type="checkbox"/>	<input type="checkbox"/>	Asthma Medicine	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Sulfa
<input type="checkbox"/>	<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	Hormone Replacement Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Tetracycline
<input type="checkbox"/>	<input type="checkbox"/>	Blood Thinner	<input type="checkbox"/>	<input type="checkbox"/>	Insulin	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Hormone
<input type="checkbox"/>	<input type="checkbox"/>	Blood Vessel Dilator	<input type="checkbox"/>	<input type="checkbox"/>	Iron	<input type="checkbox"/>	<input type="checkbox"/>	Tranquilizers
<input type="checkbox"/>	<input type="checkbox"/>	Birth Control Pill	<input type="checkbox"/>	<input type="checkbox"/>	Laxatives	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin Supplements
<input type="checkbox"/>	<input type="checkbox"/>	Cortisone Steroid	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Relaxant	<input type="checkbox"/>	<input type="checkbox"/>	Other (list below)
<input type="checkbox"/>	<input type="checkbox"/>	Coronary Heart Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Nasal Spray			
<input type="checkbox"/>	<input type="checkbox"/>	Cough Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Nerve Medicine			

**ALLERGIES**

An allergy is a skin rash, hives, joint pain, joint swelling, or fever after exposure to some food, airborne substance, or other material.

Have you ever had an allergy test? ☐ Yes ☐ No If yes, when?

Do you have any allergies? ☐ Yes ☐ No

Food Allergies:

Drug Allergies:

Dust:

Grasses:

Molds:

Animals:

Bee Stings:

Pollen:

Other:

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**REVIEW OF SYSTEMS**

These items concern either existing conditions or symptoms that occurred within the past year. They represent the detail that health professionals seek in evaluating a person's current or potential health problems.

**Head**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Staggering or balance problems?
<input type="checkbox"/>	<input type="checkbox"/>	Lightheadedness on standing up?
<input type="checkbox"/>	<input type="checkbox"/>	Spinning sensation or dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells/blackout spells?
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions or seizures?
<input type="checkbox"/>	<input type="checkbox"/>	Muscular twitching?
<input type="checkbox"/>	<input type="checkbox"/>	Memory problem?
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with coordination?
<input type="checkbox"/>	<input type="checkbox"/>	Numbness or tingling in arms or legs?
<input type="checkbox"/>	<input type="checkbox"/>	Popping sensation when opening mouth?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches?
<input type="checkbox"/>	<input type="checkbox"/>	Head injury or concussion requiring hospitalization?

**Eyes**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Persistent pain in either eye?
<input type="checkbox"/>	<input type="checkbox"/>	Puffiness or dark circles under eyes?
<input type="checkbox"/>	<input type="checkbox"/>	Persistent watering or itching eyes?
<input type="checkbox"/>	<input type="checkbox"/>	Red, sore eyelids?
<input type="checkbox"/>	<input type="checkbox"/>	Double vision?
<input type="checkbox"/>	<input type="checkbox"/>	Problem of seeing halos around lights?
<input type="checkbox"/>	<input type="checkbox"/>	Blurry vision?
<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity of lights?
<input type="checkbox"/>	<input type="checkbox"/>	Partial or full loss of vision?
<input type="checkbox"/>	<input type="checkbox"/>	Cataract or cataract surgery?
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma?

Date of last eye examination:

**Ears, Nose and Throat**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Hearing difficulties or loss of hearing?
<input type="checkbox"/>	<input type="checkbox"/>	Buzzing or ringing in ears?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent earaches?
<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble with stuffy nose, headache?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent postnasal drip, tickle in throat?
<input type="checkbox"/>	<input type="checkbox"/>	Nosebleeds not due to injury?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent sore throats?
<input type="checkbox"/>	<input type="checkbox"/>	Persistent or frequent hoarseness?
<input type="checkbox"/>	<input type="checkbox"/>	Persistent sore tongue?
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding or sore gums?
<input type="checkbox"/>	<input type="checkbox"/>	Decreased sense of taste or smells?
<input type="checkbox"/>	<input type="checkbox"/>	Swollen glands in neck?

**Respiratory**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or persistent wheezing
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or persistent cough?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe shortness of breath?
If yes for shortness of breath, please describe:		
<input type="checkbox"/>	<input type="checkbox"/>	Present for years
<input type="checkbox"/>	<input type="checkbox"/>	Began recently
<input type="checkbox"/>	<input type="checkbox"/>	Worse with exercise
<input type="checkbox"/>	<input type="checkbox"/>	Present at rest
<input type="checkbox"/>	<input type="checkbox"/>	Relieved by resting
<input type="checkbox"/>	<input type="checkbox"/>	Occurs with chest pains
<input type="checkbox"/>	<input type="checkbox"/>	Occurs with wheezing
<input type="checkbox"/>	<input type="checkbox"/>	Occurs with coughing
<input type="checkbox"/>	<input type="checkbox"/>	Interferes with work or daily activities
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent bronchitis?
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia?
<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever coughed up blood?
<input type="checkbox"/>	<input type="checkbox"/>	Date of last chest x-ray
<input type="checkbox"/>	<input type="checkbox"/>	Positive or reactive T.B. test?

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**REVIEW OF SYSTEMS (continued)**

These items concern either existing conditions or symptoms that occurred within the past year. They represent the detail that health professionals seek in evaluating a person's current or potential health problems.

**Cardiovascular**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath when lying down?
<input type="checkbox"/>	<input type="checkbox"/>	Using more than one pillow to sleep?
<input type="checkbox"/>	<input type="checkbox"/>	Fluid retention with swelling of feet or legs?
<input type="checkbox"/>	<input type="checkbox"/>	Episodic pain, whiteness of hands or feet?
<input type="checkbox"/>	<input type="checkbox"/>	Calf pain when walking, relieved by rest?
<input type="checkbox"/>	<input type="checkbox"/>	Irregular heartbeat, skipped beats?
<input type="checkbox"/>	<input type="checkbox"/>	Bouts of heartbeat so fast you can't count?
<input type="checkbox"/>	<input type="checkbox"/>	Pain, pressure or tight feeling in chest which
<input type="checkbox"/>	<input type="checkbox"/>	forced you to stop walking?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe chest pain?
If yes for chest pain, please describe:		
<input type="checkbox"/>	<input type="checkbox"/>	Present at rest
<input type="checkbox"/>	<input type="checkbox"/>	Worse with exercise
<input type="checkbox"/>	<input type="checkbox"/>	Worse with deep breathing
<input type="checkbox"/>	<input type="checkbox"/>	Worse with nervousness
<input type="checkbox"/>	<input type="checkbox"/>	Relieved by resting
<input type="checkbox"/>	<input type="checkbox"/>	Relieved with nitroglycerin
<input type="checkbox"/>	<input type="checkbox"/>	Relieved with antacids
<input type="checkbox"/>	<input type="checkbox"/>	Dull ache, pressure
<input type="checkbox"/>	<input type="checkbox"/>	Sharp, knife-like
<input type="checkbox"/>	<input type="checkbox"/>	Behind breastbone
<input type="checkbox"/>	<input type="checkbox"/>	Radiates to arms
<input type="checkbox"/>	<input type="checkbox"/>	Chest is too sore to touch
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur?
Date of last visit with Cardiologist:		
Date of last electrocardiogram:		

**Urinary**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Loss of urine control?
<input type="checkbox"/>	<input type="checkbox"/>	Awaken from sleep to urinate frequently?
<input type="checkbox"/>	<input type="checkbox"/>	Urinate more than 10 times a day?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent pain or burning with urination?
<input type="checkbox"/>	<input type="checkbox"/>	Blood in urine?
<input type="checkbox"/>	<input type="checkbox"/>	Pain in flank accompanied by fever?
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain with urination?
<input type="checkbox"/>	<input type="checkbox"/>	Trouble getting urine started?
<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting problems?

**Digestive**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Frequent nausea or vomiting?
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting of bright red blood?
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting of "coffee grounds" material?
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty swallowing?
<input type="checkbox"/>	<input type="checkbox"/>	Hot burning fluid in throat or chest?
<input type="checkbox"/>	<input type="checkbox"/>	Black tarry stools?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent diarrhea or watery stools?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent constipation?
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained rectal bleeding?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe heartburn or indigestion?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe abdominal pain?
If yes for abdominal pain, please describe:		
<input type="checkbox"/>	<input type="checkbox"/>	Upper abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Dull ache
<input type="checkbox"/>	<input type="checkbox"/>	Lower abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Cramping
<input type="checkbox"/>	<input type="checkbox"/>	Right side
<input type="checkbox"/>	<input type="checkbox"/>	Sharp, knife-like
<input type="checkbox"/>	<input type="checkbox"/>	Left side
<input type="checkbox"/>	<input type="checkbox"/>	Burning
Abdominal pain accompanied by:		
<input type="checkbox"/>	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual periods

**Musculoskeletal**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe neck, back pain?
<input type="checkbox"/>	<input type="checkbox"/>	Muscle weakness or fatigue?
<input type="checkbox"/>	<input type="checkbox"/>	Pain or stiffness in joints
<input type="checkbox"/>	<input type="checkbox"/>	Muscle or tendon problems due to sports?
<input type="checkbox"/>	<input type="checkbox"/>	Persistent joint pain not due to injury?
If yes for joint pain NOT due to injury, please describe:		
<input type="checkbox"/>	<input type="checkbox"/>	Swelling
<input type="checkbox"/>	<input type="checkbox"/>	Redness
<input type="checkbox"/>	<input type="checkbox"/>	Hot feeling
<input type="checkbox"/>	<input type="checkbox"/>	Stiffness
<input type="checkbox"/>	<input type="checkbox"/>	Painful feet

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**REVIEW OF SYSTEMS (continued)**

These items concern either existing conditions or symptoms that occurred within the past year. They represent the detail that health professionals seek in evaluating a person's current or potential health problems.

**Neurological**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Numbness?
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions or seizures?
<input type="checkbox"/>	<input type="checkbox"/>	Trembling episodes?
<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Stroke?
<input type="checkbox"/>	<input type="checkbox"/>	Loss of feeling or sensation over any part of your body?

**Vascular**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Varicose veins?
<input type="checkbox"/>	<input type="checkbox"/>	Phlebitis?
<input type="checkbox"/>	<input type="checkbox"/>	Easy bruising?
<input type="checkbox"/>	<input type="checkbox"/>	Easy bleeding?
<input type="checkbox"/>	<input type="checkbox"/>	Ulcers on lower extremities?
<input type="checkbox"/>	<input type="checkbox"/>	Cold, numb, or tingling extremities?
<input type="checkbox"/>	<input type="checkbox"/>	Leg or calf cramps at night?
<input type="checkbox"/>	<input type="checkbox"/>	Coronary Artery Disease?

**Skin**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Itching or burning skin?
<input type="checkbox"/>	<input type="checkbox"/>	Discolored moles or warts?
<input type="checkbox"/>	<input type="checkbox"/>	Loss of large amounts of hair?
<input type="checkbox"/>	<input type="checkbox"/>	Skin lesions/skin cancers?
<input type="checkbox"/>	<input type="checkbox"/>	Dry skin or brittle nails?
<input type="checkbox"/>	<input type="checkbox"/>	Scaling of skin of lower extremities?
<input type="checkbox"/>	<input type="checkbox"/>	Discoloration of skin?
<input type="checkbox"/>	<input type="checkbox"/>	Skin or whites of eyes turning yellow?
<input type="checkbox"/>	<input type="checkbox"/>	Persistent rash or pimples?
<input type="checkbox"/>	<input type="checkbox"/>	Eczema, Psoriasis?

**Endocrine**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Weight gain or loss?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or constant thirst?
<input type="checkbox"/>	<input type="checkbox"/>	Poor wound healing?
<input type="checkbox"/>	<input type="checkbox"/>	Hypo (low) thyroidism?
<input type="checkbox"/>	<input type="checkbox"/>	Hyper (high) thyroidism?
<input type="checkbox"/>	<input type="checkbox"/>	Hot flashes?
<input type="checkbox"/>	<input type="checkbox"/>	Temperature intolerances?
<input type="checkbox"/>	<input type="checkbox"/>	Constant fatigue?
<input type="checkbox"/>	<input type="checkbox"/>	Congenital abnormalities?
<input type="checkbox"/>	<input type="checkbox"/>	Sweating episodes at night?

**Emotional**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Loneliness?
<input type="checkbox"/>	<input type="checkbox"/>	Depression?
<input type="checkbox"/>	<input type="checkbox"/>	Lack of concentration or memory?
<input type="checkbox"/>	<input type="checkbox"/>	Crying spells?
<input type="checkbox"/>	<input type="checkbox"/>	Considered suicide?
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping difficulties?
<input type="checkbox"/>	<input type="checkbox"/>	Excessive nervousness?
<input type="checkbox"/>	<input type="checkbox"/>	Still tired after full night's sleep?
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty relaxing?
<input type="checkbox"/>	<input type="checkbox"/>	Psychological/psychiatric counseling?

**General**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Pollen allergies?
<input type="checkbox"/>	<input type="checkbox"/>	Food allergies?
<input type="checkbox"/>	<input type="checkbox"/>	Drug allergies?
<input type="checkbox"/>	<input type="checkbox"/>	Reaction to drugs, serum or other medication?
<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds or flu-like symptoms?

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**REVIEW OF SYSTEMS (continued)**

These items concern either existing conditions or symptoms that occurred within the past year. They represent the detail that health professionals seek in evaluating a person's current or potential health problems.

**Men Only**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Enlarged or infected prostate?
<input type="checkbox"/>	<input type="checkbox"/>	Pus or drainage from penis?
<input type="checkbox"/>	<input type="checkbox"/>	Rupture or swelling in groin?
<input type="checkbox"/>	<input type="checkbox"/>	Nodule in testicle growing larger?
<input type="checkbox"/>	<input type="checkbox"/>	Problem with sexual function?
<input type="checkbox"/>	<input type="checkbox"/>	Pain or tenderness in groin?

**Women Only**

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Had a period?
		Date of last period: _____
		Age of onset of period: _____
<input type="checkbox"/>	<input type="checkbox"/>	Been pregnant? If answer is yes:
		# of pregnancies: _____
		# of live births: _____
		weights of live births: _____
		# of miscarriages: _____
		complications of pregnancies: _____
<input type="checkbox"/>	<input type="checkbox"/>	Been on birth control pills?
<input type="checkbox"/>	<input type="checkbox"/>	Had hard lumps or cysts in breasts?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have routine annual breast exams?
<input type="checkbox"/>	<input type="checkbox"/>	Excessive pain, bleeding with periods?
<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods?
<input type="checkbox"/>	<input type="checkbox"/>	Date of last pelvic and pap smear?
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding or spotting between periods?
<input type="checkbox"/>	<input type="checkbox"/>	Vaginal bleeding after menopause?
		Age at time of menopause: _____
<input type="checkbox"/>	<input type="checkbox"/>	Persistent vaginal itching or dryness?
<input type="checkbox"/>	<input type="checkbox"/>	Treatment for vaginal infection or discharge?
<input type="checkbox"/>	<input type="checkbox"/>	Problem with sexual dysfunction?

**Children Only**

The following questions pertain specifically to children. This information will help us to ascertain an overall picture of the child's medical problems.

Yes	No	In the Past Year, have you had
<input type="checkbox"/>	<input type="checkbox"/>	Chronic runny nose?
<input type="checkbox"/>	<input type="checkbox"/>	Chronic red, itchy eyes?
<input type="checkbox"/>	<input type="checkbox"/>	Drainage from eyes or ears?
<input type="checkbox"/>	<input type="checkbox"/>	Chronic sneezing spells?
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent episodes of areas of patchy, dry, scaly skin?
<input type="checkbox"/>	<input type="checkbox"/>	Whining episodes?
<input type="checkbox"/>	<input type="checkbox"/>	Sudden changes in temperament?
<input type="checkbox"/>	<input type="checkbox"/>	Spells of intense temper with fury?
<input type="checkbox"/>	<input type="checkbox"/>	Few friends?
<input type="checkbox"/>	<input type="checkbox"/>	Problems being shy/timid?
<input type="checkbox"/>	<input type="checkbox"/>	Crying spells without reason?
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty learning simple tasks?
<input type="checkbox"/>	<input type="checkbox"/>	Writing problems?
<input type="checkbox"/>	<input type="checkbox"/>	Reading problems?
<input type="checkbox"/>	<input type="checkbox"/>	Speaking problems or stuttering?
<input type="checkbox"/>	<input type="checkbox"/>	Problems in school?
<input type="checkbox"/>	<input type="checkbox"/>	Disciplinary problems?
<input type="checkbox"/>	<input type="checkbox"/>	Problems gaining weight?
<input type="checkbox"/>	<input type="checkbox"/>	Bowel movements painful or difficult, constipation and/or laxatives used?
<input type="checkbox"/>	<input type="checkbox"/>	Periods of fatigue/lethargy?
<input type="checkbox"/>	<input type="checkbox"/>	Night sweats?
<input type="checkbox"/>	<input type="checkbox"/>	Problems with bedwetting?
<input type="checkbox"/>	<input type="checkbox"/>	Problems with bowel or urine incontinence?
<input type="checkbox"/>	<input type="checkbox"/>	Problems with frequent diarrhea or constipation?
<input type="checkbox"/>	<input type="checkbox"/>	Episodes of hyperactivity?
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping problems/nightmares?
<input type="checkbox"/>	<input type="checkbox"/>	Problems with sluggishness in the morning?

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Confidential Health History • 10-18

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**BALANCING BODY CHEMISTRY HEALTH ASSESSMENT**

Balancing Body Chemistry



Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient's Health Professional: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**PART I**

Circle any of the following medications you are taking:

- |                          |                                       |                       |                            |
|--------------------------|---------------------------------------|-----------------------|----------------------------|
| • Antacids (Tums, etc.)  | • Cholesterol Medication              | • Hormones            | • Relaxants/Sleeping Pills |
| • Antibiotics/Antifungal | • Corticosteroids/Anti-inflammatories | • Laxatives           | • Recreational Drugs       |
| • Antidepressants        | • Diuretics                           | • Lithium             | • Sedatives                |
| • Antidiabetic/Insulin   | • Heart Medications                   | • Oral Contraceptives | • Stimulants               |
| • Aspirin/Tylenol        | • High Blood Pressure Medications     | • Radiation           | • User Medications         |
| • Chemotherapy           |                                       |                       | • Other _____              |

Circle if you eat, drink, or use:

- |                        |                                      |                         |                       |
|------------------------|--------------------------------------|-------------------------|-----------------------|
| • Alcohol (beer, wine) | • Distilled Water                    | • Luncheon Meats        | • Non-Herbal Teas     |
| • Candy                | • Fluorinated/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 have any of the following:

- |                      |   |
|----------------------|---|
| • Gluten Sensitivity | • Chinese food or salad bars make you ill?          |
| • Celiac's Disease   | • Do you get hives or headaches from drinking wine? |

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 with the past year. If you do not understand a symptom, put a 7 before the symptom's number.

**KEY:** 0 = Never (Occurs once a month or less) 1 = Mild (Occurs several times monthly) 2 = Moderate (Occurs 3 or 4 times monthly) 3 = Severe (Occurs 5 or 6 times monthly)

**PART II**

**IMPORTANT**  
 Dear Patient, please list your five major health concerns in order of importance:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**MEDICATIONS CURRENTLY TAKING**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PART III****CATEGORY I****Section A: HYDROZYME**

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. Difficult 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: BETA-TCP / BETA PLUS**

8. Lower bowel gas and/or bloating several hours after eating 0 1 2 3
9. Flat burp 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 gassy 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 0 1 2 3
23. Gallbladder removed YES NO
24. Appetite reduced 0 1 2 3

**Section C: NUTRICLEAR PLUS / ADP**

25. Coated tongue or "fuzzy" debris on tongue 0 1 2 3
26. Pass large amounts of foul smelling gas 0 1 2 3
27. Intable bowl or mucous colitis 0 1 2 3
28. Constipation, diarrhea alternating or stools alternate from soft to watery 0 1 2 3
29. Bowel movements painful or difficult, constipation and/or laxatives used 0 1 2 3
30. Burning or itching anus 0 1 2 3
31. Number of bowel movements per day \_\_\_\_\_

**CATEGORY II SCENTAREST**

32. Head congestion/sinus fullness 0 1 2 3
33. Creaming, nightmare-like bad dreams 0 1 2 3
34. Milk products and/or wheat products cause distress 0 1 2 3
35. Eyes and nose watery 0 1 2 3
36. Eyes swollen and puffy 0 1 2 3
37. Pulse speeds after meals and/or heart pounds after retiring 0 1 2 3

**CATEGORY III****Section A: BIO-GLYOZYME FORTE**

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

**Section B: BIO-3B-G**

47. Muscle soreness after moderate exercise 0 1 2 3
48. Vulnerability to insect bites (especially fleas and mosquitoes) 0 1 2 3
49. Loss of muscle tone or "heaviness" in arms or legs 0 1 2 3
50. Enlarged heart and/or heart failure 0 1 2 3
51. Worrier, feel insecure and/or highly emotional 0 1 2 3
52. Pulse slows below 65 or irregular pulse YES NO

**CATEGORY IV****Section A: CYTOZYME-PT/HT**

53. Sex drive increased 0 1 2 3
54. "Spitting" type headaches 0 1 2 3
55. Memory fading 0 1 2 3
56. Tolerance for sugar reduced 0 1 2 3

**Section B: CYTOZYME-PT/HT**

57. Sex drive reduced or absent 0 1 2 3
58. Abnormal thirst 0 1 2 3
59. Weight gain around hips or waist 0 1 2 3
60. Tendency to ulcers or colitis without symptoms 0 1 2 3
61. Increased ability to eat sugar 0 1 2 3
62. Menstrual disorders (women) 0 1 2 3
63. Lack of menstruation (young girls) 0 1 2 3

**Section C: LI-ZYME FORTE / CYTOZYME-THY / BIO-MULSION FORTE**

64. Difficulty gaining weight, even if large appetite 0 1 2 3
65. Heart palpitations 0 1 2 3
66. Nervous, emotional, and/or can't work under pressure 0 1 2 3
67. Insomnia 0 1 2 3
68. Inward trembling 0 1 2 3
69. Night sweats 0 1 2 3
70. Fast pulse at rest 0 1 2 3
71. Intolerant to high temperatures 0 1 2 3
72. Easily flushed 0 1 2 3

**Section D: GTA / MEDASTIM / IODIZYME-HP**

73. Difficulty losing weight 0 1 2 3
74. Reduced initiative and/or mental sluggishness 0 1 2 3
75. Easily fatigued, sleepy during the day 0 1 2 3
76. Sensitive to cold, poor circulation (cold hands and feet) 0 1 2 3
77. Dry or scaly skin 0 1 2 3
78. "Ringing" in ears/noises in head 0 1 2 3
79. Hearing impaired 0 1 2 3
80. Constipation 0 1 2 3
81. Excessive falling hair and/or coarse hair 0 1 2 3
82. Headaches when awaken/wake off during the day 0 1 2 3

**Section E: ADHS**

83. Blood pressure increased 0 1 2 3
84. Headaches 0 1 2 3
85. Hot flashes 0 1 2 3
86. Hair growth on face or body (question to females) 0 1 2 3
87. Masculine tendencies (question to females) 0 1 2 3

**Section F: CYTOZYME-AD OR ADBS-PLUS**

88. Blood pressure low 0 1 2 3
89. Crave salt 0 1 2 3
90. Chronic fatigue/get drowsy 0 1 2 3
91. Attention yawning 0 1 2 3
92. Weakness/dizziness 0 1 2 3
93. Weakness after colds/slow recovery 0 1 2 3
94. Circulation poor 0 1 2 3
95. Muscular and nervous exhaustion 0 1 2 3
96. Subject to colds, asthma, bronchitis (respiratory disorders) 0 1 2 3

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[illegible][illegible]

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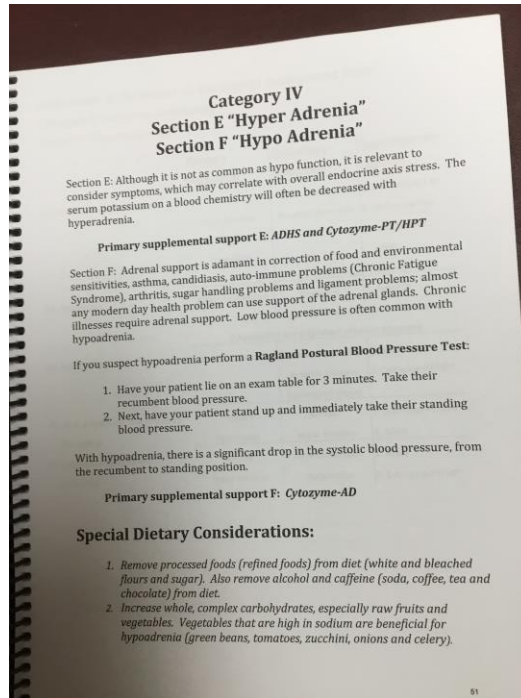
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902 East Second St, Suite 323  
 Winona, MN 55987  
 507-452-6640 Office  
 507-452-6640 Fax  
 www.cnmn.com

[SUBMIT FORM](#)

### Female Interim Symptoms Questionnaire

Name:	Date:
Last Visit:	Last Questionnaire Score:

In general, how do you feel? ☐ Better ☐ Worse ☐ About the same

What's better, please explain:

What are you hoping to see improve, please explain:

### PLEASE RATE THE FOLLOWING

Rating Scale:

- 0 – Never or almost never have the symptom  
 1 – Occasionally experience it, symptoms are not severe  
 2 – Occasionally experience it, symptoms are severe  
 3 – Frequently experience it, symptoms are not severe  
 4 – Frequently experience it, symptoms are severe

HEAD	Dizziness	Total:
	Headaches	
	Lightheadedness	
	Sinus pressure	
EYES	Bags or dark circles under your eyes	Total:
	Blurred or tunnel vision	
	Itchy or watery	
	Red, swollen or "sticky"	
EARS	Deafness or temporary loss of hearing	Total:
	Ear aches or infections	
	Itchy or draining	
	Ringing or humming sounds	
NOSE	Excessive mucus	Total:
	Loss of smell	
	Nosebleeds	
	Sneezing attacks	
	Stiffness	

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Female Interim Symptoms Questionnaire • 11-18

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MOUTH/THROAT	Burning sensation of tongue or lips	Total:
	Canker sores	
	Gag easily	
	Chronic cough	
	Need to clear throat	
	Sore throat, hoarseness or loss of voice	
HEART	Blood pressure problems	Total:
	Chest pain	
	Irregular or skipping heartbeats	
	Rapid or pounding heartbeat	
	Swelling in legs or pain while walking	
DIGESTIVE TRACT	Belching	Total:
	Bloated	
	Constipation	
	Diarrhea	
	Heartburn	
	Nausea or vomiting	
ENDOCRINE	Excessive sweating	Total:
	Excessive thirst	
	Excessive urination	
	Intolerance to hot or cold	
MUSCULOSKELETAL	Aches and pains in joints	Total:
	Aches and pains in muscles	
	Arthritic pain	
	Neck or back pain	
RESPIRATORY	Asthma or bronchitis	Total:
	Chest congestion	
	Coughing	
	Difficulty breathing	
	Shortness of breath	
SKIN/HAIR/NAILS	Acne	Total:
	Cracked or chipping nails	
	Dryness, hives or rashes	
	Hair loss	
FEMALE	Burning on urination	Total:
	Discharge or itching from or around genitalia	
	Frequent or urgent urination	
	Irregular menstrual cycle	
	Loss of libido (desire for sex)	
	Hot flashes	
	Pain or cramping during menstrual flow	
	Painful or tender breasts	

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Female Interim Symptoms Questionnaire • 11-18

ENERGY LEVELS	Apathy/lethargy	Total:
	Fatigue or sluggishness	
	Hyperactive	
	Inability to sleep	
	Restlessness	
BRAIN/EMOTIONS	Anger, aggressiveness, or irritability	Total:
	Anxiety, fear, anxiousness or nervousness	
	Brain fog	
	Confusion or poor comprehension	
	Depression	
	Difficulty in concentrating or making decisions	
OTHER	Mood swings	Total:
GRAND TOTAL:		

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Female Interim Symptoms Questionnaire • 11-18



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SUBMIT FORM

### Male Interim Symptoms Questionnaire

Name:	Date:
Last Visit:	Last Questionnaire Score:

In general, how do you feel? ☐ Better ☐ Worse ☐ About the same

What's better, please explain:

What are you hoping to see improve, please explain:

#### PLEASE RATE THE FOLLOWING

Rating Scale:

- 0 – Never or almost never have the symptom  
1 – Occasionally experience it, symptoms are not severe  
2 – Occasionally experience it, symptoms are severe  
3 – Frequently experience it, symptoms are not severe  
4 – Frequently experience it, symptoms are severe

HEAD	Dizziness	Total:
	Headaches	
	Lightheadedness	
	Sinus pressure	
EYES	Bags or dark circles under your eyes	Total:
	Blurred or tunnel vision	
	Itchy or watery	
	Red, swollen or "sticky"	
EARS	Deafness or temporary loss of hearing	Total:
	Ear aches or infections	
	Itchy or draining	
	ringing or humming sounds	
NOSE	Excessive mucus	Total:
	Loss of smell	
	Nosebleeds	
	Sneezing attacks	
	Stiffness	

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Male Interim Symptoms Questionnaire • 11-18

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MOUTH/THROAT	Burning sensation of tongue or lips	Total:
	Canker sores	
	Gap easily	
	Chronic cough	
	Need to clear throat	
	Sore throat, hoarseness or loss of voice	
HEART	Blood pressure problems	Total:
	Chest pain	
	Irregular or skipping heartbeats	
	Rapid or pounding heartbeat	
	Swelling in legs or pain while walking	
DIGESTIVE TRACT	Belching	Total:
	Bloated	
	Constipation	
	Diarrhea	
	Heartburn	
	Nausea or vomiting	
ENDOCRINE	Excessive sweating	Total:
	Excessive thirst	
	Excessive urination	
	Intolerance to hot or cold	
MUSCULOSKELETAL	Aches and pains in joints	Total:
	Aches and pains in muscles	
	Arthritic pain	
	Neck or back pain	
RESPIRATORY	Asthma or bronchitis	Total:
	Chest congestion	
	Coughing	
	Difficulty breathing	
SKIN/HAIR/NAILS	Shortness of breath	Total:
	Acne	
	Cracked or chipping nails	
	Dryness, hives or rashes	
GENITO-URINARY	Hair loss	Total:
	Bloody or difficult ejaculation	
	Burning on urination	
	Discharge or itching from or around genitalia	
	Frequent or urgent urination	
	Inability to achieve an erection	
	Inability to maintain an erection	
	Loss of libido (desire for sex)	
	Loss of stream strength	

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Male Interim Symptoms Questionnaire • 11-18

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ENERGY LEVELS	Apathy/lethargy	Total:
	Fatigue or sluggishness	
	Hyperactive	
	Inability to sleep	
	Restlessness	
BRAIN/EMOTIONS	Anger, aggressiveness, or irritability	Total:
	Anxiety, fear, anxiousness or nervousness	
	Brain fog	
	Confusion or poor comprehension	
	Depression	
	Difficulty in concentrating or making decisions	
OTHER		Total:
GRAND TOTAL:		

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Male Interim Symptoms Questionnaire • 11-18

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## The importance of a 'Functional' history

- ❑ Help direct investigation/examination
- ❑ Help direct testing
  - In office testing
  - Laboratory testing
    - In-house
    - Out-of-house
- ❑ Often can be the basis of nutritional recommendations

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## ‘Functional’ or Systemic Histories

- ▶ Computerized
- ▶ General health history
- ▶ General functional history
- ▶ Specific histories
  - Thyroid
  - Candida
  - Heavy metal
  - Detoxification/Cleansing

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## ‘Functional’ Histories - Thyroid

- ▶ Elevated cholesterol
- ▶ Cold hands or feet
- ▶ Depression
- ▶ Fatigue or lethargy
- ▶ Reduced initiative
- ▶ Poor memory
- ▶ Hair changes
- ▶ Menstrual problems/infertility
- ▶ Etc.

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## ‘Functional’ Histories - Candida

- ▶ Have you taken antibiotics or tetracyclines (Sumycin®, Panmycin®, Minocin®, Vibramycin®, etc.) for acne or any other condition for two weeks or longer?
- ▶ Have you taken a “broad spectrum” antibiotic for more than one month or more than 4 times in a one-year period?
- ▶ Have you taken a “broad spectrum” antibiotic - even for one course?
- ▶ Have you been bothered with persistent prostatitis, vaginitis, or other problems with your reproductive organs?
- ▶ Women - Have you been pregnant:
  - two or more times?
  - one time?
- ▶ Women - Have you taken birth control pills:
  - More than 2 years?
  - More than

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## ‘Functional’ Histories - Heavy Metals

- ▶ Do you experience recurrent yeast/fungal infections (vagina, jock itch, oral or GI)?
- ▶ Have you had or do you have problems with constipation or diarrhea?
- ▶ Do you experience more than one urinary tract infection per year or experience regular kidney problems?
- ▶ Do you feel you have bad breath or notice a white/coated tongue?
- ▶ Do you have 10 or more “silver” dental fillings?
- ▶ Do you notice a “metallic” taste in your mouth?
- ▶ Etc.

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## ‘Functional’ Histories - Detoxification/Cleansing

- ▶ Nausea or vomiting
- ▶ Diarrhea
- ▶ Constipation
- ▶ Itchy ears
- ▶ Ringing in ears
- ▶ Mood swings
- ▶ Anxiety/ fear
- ▶ Watery, itchy eyes
- ▶ Dark circles under eyes
- ▶ Irregular heartbeats
- ▶ Confusion
- ▶ Poor concentration
- ▶ Canker sores

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### Follow-up Consult Interim Form

I am looking forward to our conversation tomorrow, in order to REALLY make our time valuable I would like you to think about the following before then. You will be asked to complete this short synopsis before we begin our conversation tomorrow. In order that I might provide the best advice, it is imperative that I understand your current concerns, current health status and future health goals.

- 1) Please list your current health problems/concerns, and how significant is it (occasional, daily, weekly monthly, or rarely?)

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_  
e) \_\_\_\_\_  
f) \_\_\_\_\_  
g) \_\_\_\_\_  
h) \_\_\_\_\_

- 2) What has gotten worse since our last conversation?

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_  
e) \_\_\_\_\_  
f) \_\_\_\_\_  
g) \_\_\_\_\_  
h) \_\_\_\_\_

- 3) What has gotten better?

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_  
e) \_\_\_\_\_  
f) \_\_\_\_\_  
g) \_\_\_\_\_  
h) \_\_\_\_\_

- 4) What would you REALLY like me to understand about your current health condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5) Where would you like to be in a month, two months and do you think you are being realistic? (you didn't get ill overnight)

- 6) Do you understand that we are not treating a specific disease, rather we are attempting to balance metabolic, biochemical and physiological imbalances? \_\_\_\_\_

- 7) Do you understand that we are not offering a cure or promise of prevention of future disease? \_\_\_\_\_

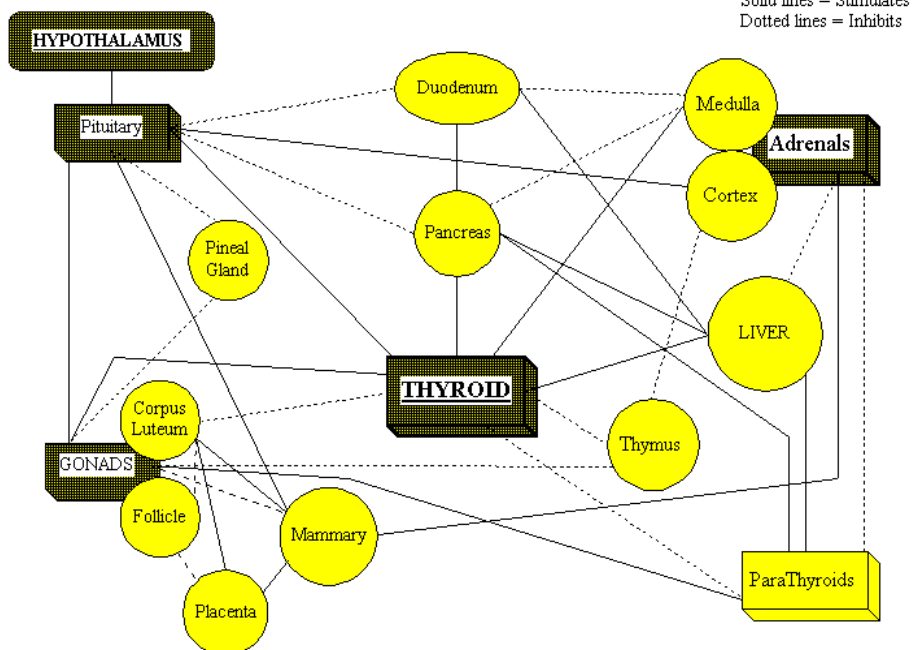
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# Coding Telemedicine

Code	Description
99441	Physician /Qualified Health Professional telephone evaluation 5-10 min
99442	Physician /Qualified Health Professional telephone evaluation 11-20 min
99443	Physician/Qualified Health Professional telephone evaluation 21-30 min
99421	Physician/Qualified Health Professional online digital evaluation 5-10 min
99422	Physician/Qualified Health Professional online digital evaluation 11-20 min
99423	Physician/Qualified Health Professional online digital evaluation 21-30 min

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## Relationship of the Endocrine Organs



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# The Walking Wounded

The "Walking Wounded" are the unfortunate individuals who have reached a stage between Health and Disease.

Traditional Medicine has to wait for disease to develop.

Natural medicine doctors look for the earliest signs and symptoms of changes in functional and metabolic processes to promote health and prevent diseases from developing.



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## Surgeon General's Report

“You, the individual, can do more for your health and well being than any doctor, any hospital, or any exotic medical device any day.”

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## Concepts we want all of our patients/clients to understand:

- Health and disease are mutually exclusive; they cannot exist at the same time in the same person. Healthy people are not sick.
- Health occurs when the body is functioning optimally
- Disease is progressive; from fatigue and lethargy in the “walking wounded” to full-blown pathology in the cancer patient.
- We do not treat disease; we treat people who have a disease.

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## Concepts we want all of our patients/clients to understand:

- We correct the functional, metabolic and biochemical processes of an individual not the symptoms they express.
- The body must function properly chemically, structurally, electrically and mentally for optimal health.
- Health is determined by your willingness to take responsibility.
- Today's health is determined by yesterday's decisions – We will help you make decisions today for a healthier tomorrow.

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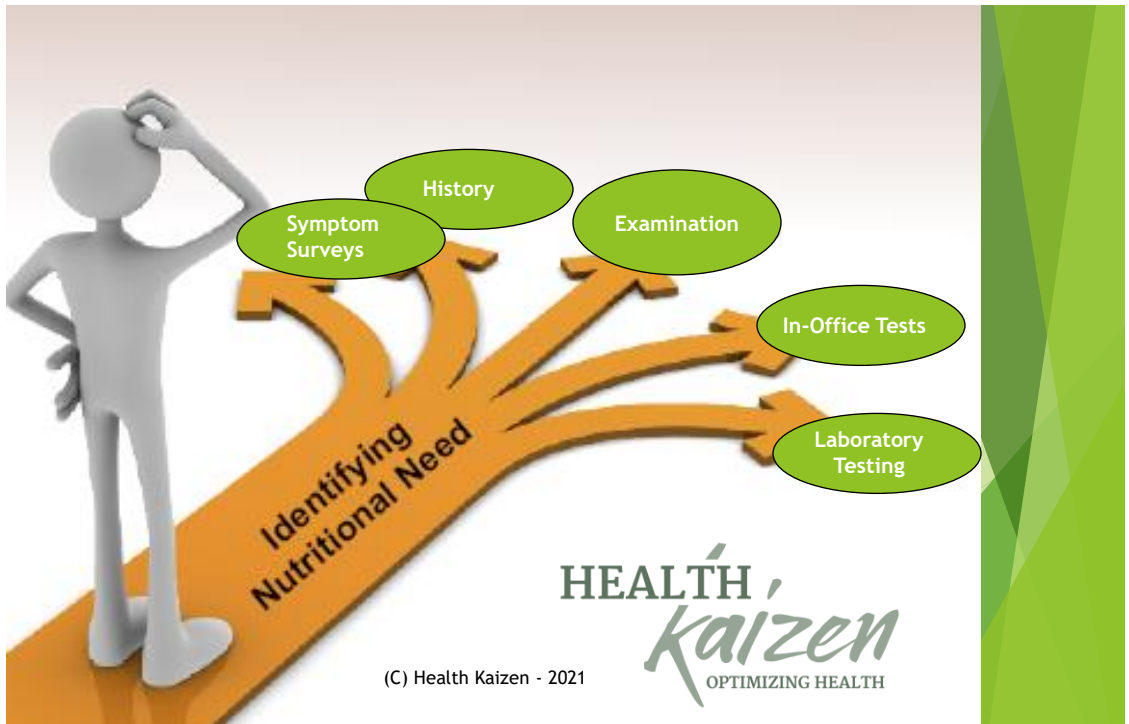
77

## Concepts we want all of our patients/clients to understand:

- Helping people discover abundant health is possible with enough biochemical information and time for healing.
- If a drug will make a healthy person sick – how can it make a sick person healthy?
- Our goal is to recognize patterns of internal chemistry, toxicity and nutritional deficiencies which if corrected now will lead to optimum health and an improved quality of life. If they are left uncorrected they may become full-blown diseases later, perhaps requiring dangerous drugs or surgery to prolong life and diminishing quality of life designed to a mere survival mode.

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## EXAMINATION FOR H.O.P.E.™

Patient Name: _____ Date: _____																												
Age: _____ D.O.B.: _____ M/F																												
<b>Observation</b> General: alert, well-appearing, NAD, coherent and active. _____  <b>HEENT:</b> Ocular/pinna nontender, TM good landmarks/color, PERRLA, EOM full, AC clear. No sinus tenderness, nares patent, no obstruction. Pharynx clear no erythema, exudates, tonsillar enlargement. Teeth, tongue, uvula, and mucosal intact and w/o lesions. _____  <b>Chest:</b> No respiratory distress, wheezes, rhonchi, or rales. BS – bilateral. _____  <b>Cardio:</b> Regular rhythm, no murmurs, S3, S4, click or rub. PMI not displaced. Pulses 2+ and symmetrical. No bruits. _____  <b>Abdomen:</b> Soft, no tenderness, guarding, masses or organomegaly. Bowel sounds active. No flank or CVAT. _____  <b>Ext:</b> No cyanosis, clubbing, edema or deformities. Poles full and equal. _____  <b>Neuro:</b> Alert, oriented, CN II – XII grossly intact. SME intact. DTR's 2+ and symmetrical. No focal findings. F-N, H-S. Gait intact. _____  <b>Skin:</b> No rashes, erythema, petechia, or other lesions. Nails w/o deformity, cyanosis or clubbing. _____	<b>Digestion</b> <b>Stomach:</b> _____ HCl point _____ Chapman Reflex  <b>Small Intestine</b> _____ Palpation 2–3" around umbilicus _____ Chapman Reflex  <b>Large Intestine</b> _____ Palpate large intestine _____ Chapman Reflex  <b>Gall Bladder</b> _____ Murphy's Sign _____ Chapman Reflex  <b>Pancreas</b> _____ Enzyme Point  <b>Tissue Calcium</b> _____ < 190 mm Hg  <b>Essential Fatty Acids</b> _____ Orul pH _____ Repeated muscle Challenge (20X)  <b>Sugar Handling</b> <b>Adrenals:</b> _____ Postural hypotension _____ Snigine _____ Standing _____ Paradoxical Pupillary Reflex _____ Posterior ilium/short leg _____ Iliacal ligament tenderness  <b>Pancreas:</b> _____ Palpable tenderness _____ Chapman Reflex _____ Right thorax pad tenderness _____ T6-T7 tenderness, right of spine  <b>Liver:</b> _____ Murphy's Sign _____ 3rd rib right sternal tenderness _____ Chapman Reflex  <b>Hydration</b> _____ Vascular hydration sign	<b>Endocrine</b> <b>Thyroid:</b> _____ Costal margin palpable tender _____ Pretibial edema _____ Chapman Reflex  <b>Uterus/Prostate:</b> _____ Medial heel tender _____ Chapman Reflex – ITB _____ Chapman Reflex – Pubic bone  <b>Ovaries/Testicles:</b> _____ Inside arch _____ Chapman Reflex  <b>Cardiovascular</b> _____ BP (L) / _____ BP(R) _____ Pulse _____ Left thorax pad tenderness _____ Chapman Reflex  <b>Immune &amp; Allergy</b> _____ Histamine point  <b>Kidneys</b> _____ T11 – 12 _____ Chapman Reflex  <b>Vertebral Indicators</b> <table style="width: 100%; font-size: small;"> <tr> <td>C1 – Food sensitivity</td> <td>T7 – Spleen / Immune</td> </tr> <tr> <td>C2 – Sinus</td> <td>T8 – Liver</td> </tr> <tr> <td>C3 – Diaphragm</td> <td>T9 – Adrenals</td> </tr> <tr> <td>C4 – Thyroid</td> <td>T10 – SI</td> </tr> <tr> <td>C5 – Sugar handling</td> <td>T11/T12 – Kidneys</td> </tr> <tr> <td>C6 – Gastric</td> <td>L1 – IGV</td> </tr> <tr> <td>C7 – Hepatic</td> <td>L2 – Cecum</td> </tr> <tr> <td>T1 – Heart</td> <td>L3 – Endocrine</td> </tr> <tr> <td>T2 – Myocardium</td> <td>L4 – Colon</td> </tr> <tr> <td>T3 – Lungs</td> <td>L5 – Genital</td> </tr> <tr> <td>T4 – Gall bladder</td> <td>PI Ilium – Adrenal</td> </tr> <tr> <td>T5 – Stomach</td> <td>AS Ilium – Thy E deficiency</td> </tr> <tr> <td>T6 – Pancreas</td> <td></td> </tr> </table>	C1 – Food sensitivity	T7 – Spleen / Immune	C2 – Sinus	T8 – Liver	C3 – Diaphragm	T9 – Adrenals	C4 – Thyroid	T10 – SI	C5 – Sugar handling	T11/T12 – Kidneys	C6 – Gastric	L1 – IGV	C7 – Hepatic	L2 – Cecum	T1 – Heart	L3 – Endocrine	T2 – Myocardium	L4 – Colon	T3 – Lungs	L5 – Genital	T4 – Gall bladder	PI Ilium – Adrenal	T5 – Stomach	AS Ilium – Thy E deficiency	T6 – Pancreas	
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T6 – Pancreas																												

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Ht 6'4", Wt. 180 lbs, BP left- / / , right- / / , Temp. 98.6°

**General:** alert, well-appearing, NAD, appropriate demeanor, coherent and active.

**HEENT:** Canal/pinna nontender, TM good landmarks/color, PERRLA, EOM full, AC clear. No sinus tenderness, nares patent, no obstruction. Pharynx clear no erythema, exudates, tonsillar enlargement. Teeth, tongue, uvula, and mucosal intact and w/o lesions.

**Chest:** No respiratory distress, wheezes, stridor, rhonci, or rales. Percussion found to be normal.

**Cardio:** Regular rhythm; no murmurs, S3 or S4 sounds, clicks or rubs. PMI not displaced. Pulses 2+ and symmetrical. No bruits.

**Abdomen:** Soft, no tenderness, guarding, masses or organomegaly. Bowel sounds active and normal. No flank or CVA abnormalities.

**Extremities:** No cyanosis, clubbing, edema or deformities. Pulses full and equal; upper and lower extremity.

**Neurological:** Alert, oriented, CN II – XII grossly intact. SME intact, DTR's 2+ and symmetrical. No focal findings, F-N, H-S. Gait intact.

**Skin:** No rashes, erythema, petechia, or other lesions. Nails w/o deformity, cyanosis or clubbing.

PERRLA – pupils equal, round, react to light and accommodation.

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## Physical Examination:

Height: Weight: Temperature:

Pulse: Blood pressure: (sitting), (sitting up quickly)

General: the patient is a healthy appearing 35-year-old male in no apparent acute distress. Alert and oriented.

Eyes: PERRLA, EOMI

ENT: Oropharynx clear without lesions or exudate.

Lymph: No mass or lymphadenopathy.

Vessels: No carotid or subclavian bruit or other audible abnormalities.

Heart: Regular rate and rhythm without murmurs or gallops.

Lungs: clear to auscultation bilaterally.

Abdomen: Benign with normal active bowel sounds.

Musculoskeletal:

Extremities: Normal

Neuro: Cranial nerves 2-12 intact.

Deep tendon reflexes are normal and symmetric throughout.

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## EXAMINATION FOR H.O.P.E.™

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F \_\_\_\_\_

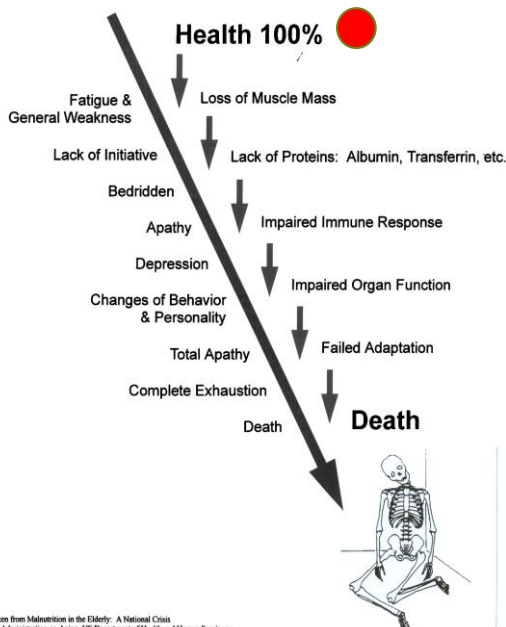
<b>Observation</b> <b>General:</b> alert, well-appearing, NAD, coherent and active. _____ <b>HEENT:</b> Can't/pain nontender, TM good, lachrymation, PERLA, EOM full, AC clear. No sinus tenderness, nares patent, no obstruction. Pharynx clear no erythema, exudates, tonsillar enlargement. Teeth, tongue, uvula, and mucosal intact and w/o lesions. _____ <b>Chest:</b> No respiratory distress, wheezes, rhonchi, or rales. BS - bilateral. _____ <b>Cardio:</b> Regular rhythm, no murmurs, S3, S4, click or rub. PMI not displaced. Pulses 2+ and symmetrical. No bruits. _____ <b>Abdomen:</b> Soft, no tenderness, guarding, masses or organomegaly. Bowel sounds active. No flank or CVAT. _____ <b>Ext:</b> No cyanosis, clubbing, edema or deformities. Pulses full and equal. _____ <b>Neuro:</b> Alert, oriented, CN II - XII grossly intact. SME intact, DTR's 2+ and symmetrical. No focal findings, F-N, H-S, Gut intact. _____ <b>Skin:</b> No rashes, erythema, petechia, or other lesions. Nails w/o deformity, cyanosis or clubbing. _____	<b>Digestion</b> <b>Stomach:</b> _____ ITC point _____ Chapman Reflex <b>Small Intestine</b> _____ Palpation 2-3" around umbilicus _____ Chapman Reflex <b>Large Intestine</b> _____ Palpate large intestine _____ Chapman Reflex <b>Gall Bladder</b> _____ Murphy's Sign _____ Chapman Reflex <b>Pancreas</b> _____ Epigastrium Point <b>Tissue Calcium</b> _____ < 190 mm Hg <b>Essential Fatty Acids</b> _____ Oral pH _____ Reported muscle Challenge (20X) <b>Sugar Handling</b> <b>Adrenals</b> _____ Postural hypotension _____ Squine _____ Standing _____ Paradoxical Pupillary Reflex _____ Posterior ilium/short leg _____ Inguinal ligament tenderness <b>Pancreas:</b> _____ Palpable tenderness _____ Chapman Reflex _____ Right thoracic pad tenderness _____ T6/T7 tenderness, right of spine <b>Liver:</b> _____ Murphy's Sign _____ 5th rib right sternal tenderness _____ Chapman Reflex <b>Hydration</b> _____ Vascular hydration sign	<b>Endocrine</b> <b>Thyroid:</b> _____ Costal margins palpable tender _____ Prethelial edema _____ Chapman Reflex <b>Uterus/Prostate:</b> _____ Medial heel tender _____ Chapman Reflex - ITB _____ Chapman Reflex - Pubic bone <b>Ovaries/Testicles:</b> _____ Inside arch _____ Chapman Reflex <b>Cardiovascular</b> _____ BP (L) _____ BP (R) _____ Pulse _____ Left thoracic pad tenderness _____ Chapman Reflex <b>Immune &amp; Allergy</b> _____ Histamine point <b>Kidneys</b> _____ T11 - 12 _____ Chapman Reflex <b>Vertebral Indicators</b> C1 - Food sensitivity C2 - Sinus C3 - Diaphragm C4 - Thyroid C5 - Sugar C6 - Gastric C7 - Hepatic T1 - Heart T2 - Myocardium T3 - Lungs T4 - Gall Bladder T5 - Stomach T6 - Pancreas T7 - Spleen / Immune T8 - Liver T9 - Adrenals T10 - St T11/12 - Kidneys L1 - IGV L2 - Cecum L3 - Endocrine L4 - Colon L5 - Genital PI Ilium - Adrenal AS Ilium - Vit E deficiency
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## The Progressive Effects of Malnutrition



Adapted from Malnutrition in the Elderly: A National Crisis  
 © Administration on Aging, US Department of Health and Human Services

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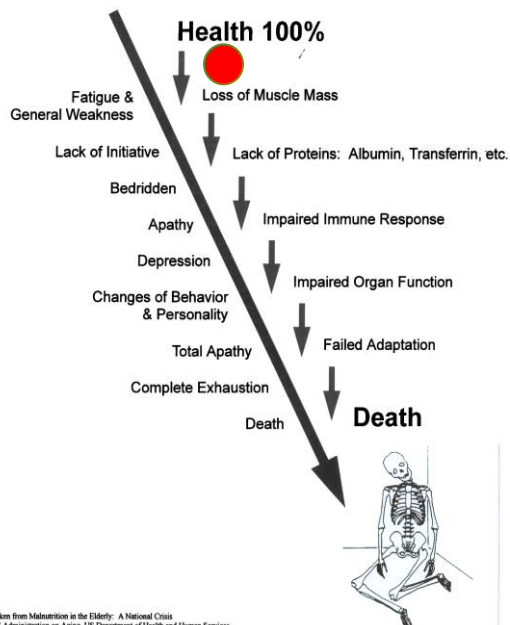
## Progression of a Nutrient Deficiency

**Biochemical**

- Inadequate supply of vitamins, minerals, enzymes, phytochemicals, cofactors, etc.
- pH
- Stealth infections
- Presence of toxins
- Stress
- ????????????

**Symptoms – None (yet)**

## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

### Functional

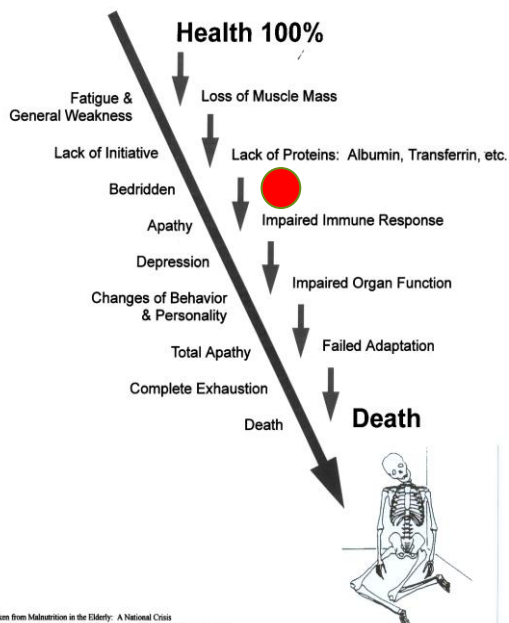
Limitation of physiological processes in the cells and organ systems

Symptoms – Still not discernable

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## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

### Metabolic

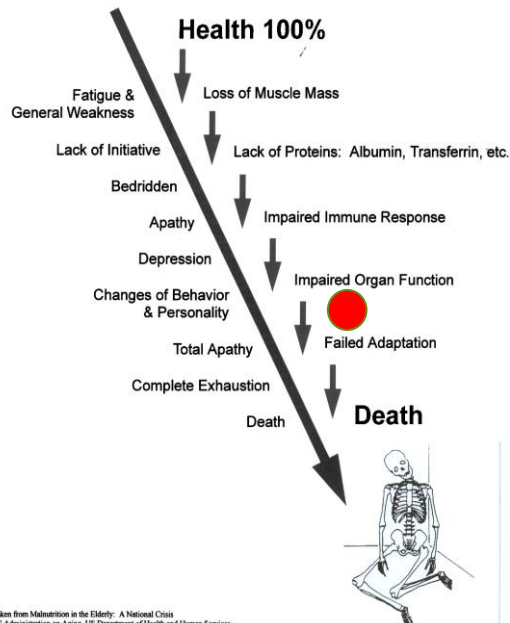
#### Symptoms:

- Early signs of not feeling good: indigestion, constipation/diarrhea, insomnia, malaise
- “Just don’t feel like my old self”

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## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

### Clinical

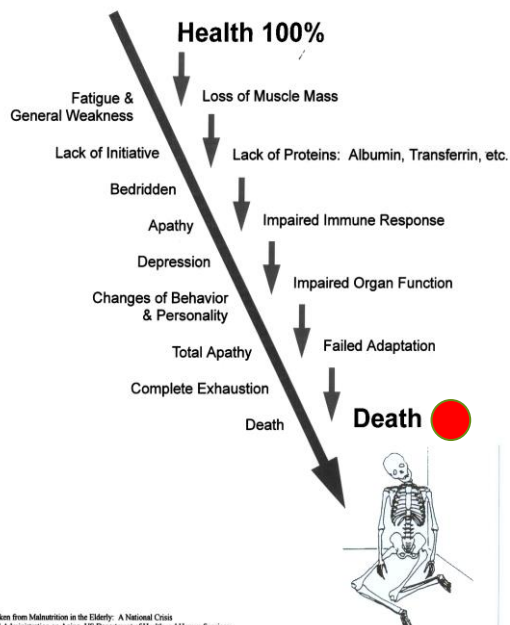
#### Symptoms:

- Fatigue, loss or gain of weight, hair loss, decrease in libido, dry skin
- “Something is just not right!”

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## The Progressive Effects of Malnutrition



## Progression of a Nutrient Deficiency

### Pathological

#### Symptoms:

- “What’s wrong with me?”
- Specific disease processes such as an Autoimmune Disease, diabetes, cardiovascular or other organ disease and possibly cancer and eventually - **Death**

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“The best way to learn the secrets of nature is not by inventing instruments, but by improving the investigator himself.”

-Max Heindel



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### EXAMINATION FOR H.O.P.E.™

Patient Name: _____		Date: _____
Age: _____	D.O.B. _____	M/F _____

<b>Observation</b> General; alert, well-appearing, NAD, coherent and active.  HEENT: Canals/pinna nontender, TM good landmarks/color, PEERLA, EOM full, AC clear. No sinus tenderness, nares patent, no obstruction. Pharynx clear no erythema, exudates, tonsillar enlargement. Teeth, tongue, uvula, and mucosal intact and w/o lesions.  Chest: No respiratory distress, wheezes, rhonchi, or rales. BS = bilateral.  Cardio: Regular rhythm, no murmurs, S3, S4, click or rub. PMI not displaced. Pulses 2+ and symmetrical. No bruits.  Abdomen: Soft, no tenderness, guarding, masses or organomegaly. Bowel sounds active. No flank or CVAT.  Ext: No cyanosis, clubbing, edema or deformities. Pulses full and equal.  Neuro: Alert, oriented, CN II - XII grossly intact. SME intact, DTR's 2+ and symmetrical. No focal findings, F-N, H-S. Gait intact.  Skin: No rashes, erythema, petechia, or other lesions. Nails w/o deformity, cyanosis or clubbing.	<b>Digestion</b> <b>Stomach:</b> — ECL point — Chapman Reflex  <b>Small Intestine</b> — Polyston 2-3" around umbilicus — Chapman Reflex  <b>Large Intestine</b> — Palpate large intestine — Chapman Reflex  <b>Gall Bladder</b> — Murphy's Sign — Chapman Reflex  <b>Pancreas</b> — Enzyme Point  <b>Tissue Calcium</b> — < 190 mm Hg  <b>Essential Fatty Acids</b> — Oral pH — Repeated muscle Challenge (200)  <b>Sugar Handling</b> <b>Adrenals:</b> — Postural hypotension — Sugar — Standing — Pseudoaxillary Reflex — Posterior ilium/short leg — Inguinal ligament tenderness  <b>Pancreas:</b> — Palpable tenderness — Chapman Reflex — Right thear pad tenderness — T6/T7 tenderness, right of spine  <b>Liver:</b> — Murphy's Sign — 3" nb right sternal tenderness — Chapman Reflex  <b>Hydration</b> — Vascular hydration sign	<b>Endocrine</b> <b>Thyroid:</b> — Costal margins palpable tender — Prethelial edema — Chapman Reflex  <b>Uterus/Prostate:</b> — Medial heel tender — Chapman Reflex - ITB — Chapman Reflex - Pubic bone  <b>Ovaries/Testicles:</b> — Inside arch — Chapman Reflex  <b>Cardiovascular</b> — / — BP (L) / — BP (R) — Pulse — Left thear pad tenderness — Chapman Reflex  <b>Immune &amp; Allergy</b> — Histamine point  <b>Kidneys</b> — T11 - 12 — Chapman Reflex  <b>Vertebral Indicators</b> C1 - Food sensitivity      T7 - Spleen / Immune C2 - Sinus            T8 - Liver C3 - Diaphragm      T9 - Adrenals C4 - Thyroid          T10 - SI C5 - Sugar handling      T11/12 - Kidneys C6 - Gastric            L1 - IGV C7 - Hepatic            L2 - Cecum T1 - Heart              L3 - Endocrine T2 - Myocardium      L4 - Colon T3 - Lungs              L5 - Genital T4 - Gall bladder      PI Ilium - Adrenal T5 - Stomach            AS Ilium - Pir E deficiency T6 - Pancreas
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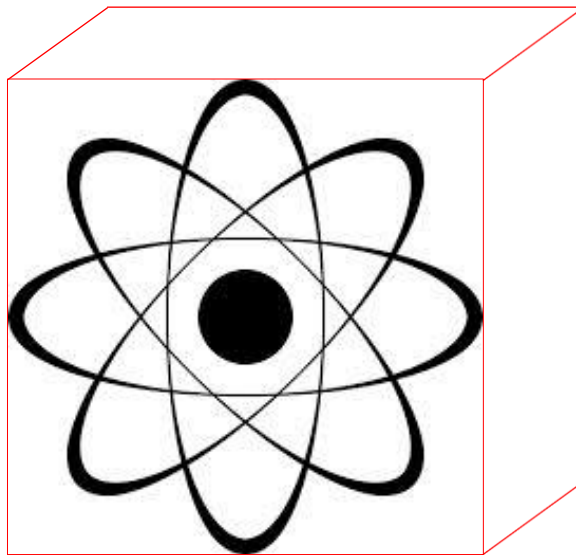
..."This morning, I saw a young patient who has been seeing me for a little over a month. Today, this was her sixth appointment. She has improved leaps and bounds. Two weeks ago, I gave her a DesBio product called "Pathoguard" which is antimicrobial and antiparasitic. Today, she was feeling much better. Her only main remaining complaint was neck tension/discomfort.

Because of what you taught me with the hands-on assessment, I was able to quickly verify that she has a stomach/HCl/digestive enzyme issue.

First, right C6 was very tender and had fibrosis build-up. Second, her HCl point was very tender. Third, her Chapman's stomach point was also very tender. Finally, both her UB20 (Spleen Shu) and UB21 (Stomach Shu) were also very tender too."

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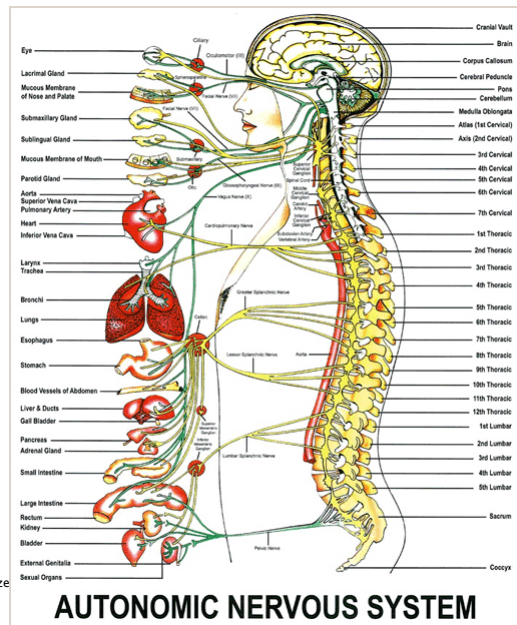
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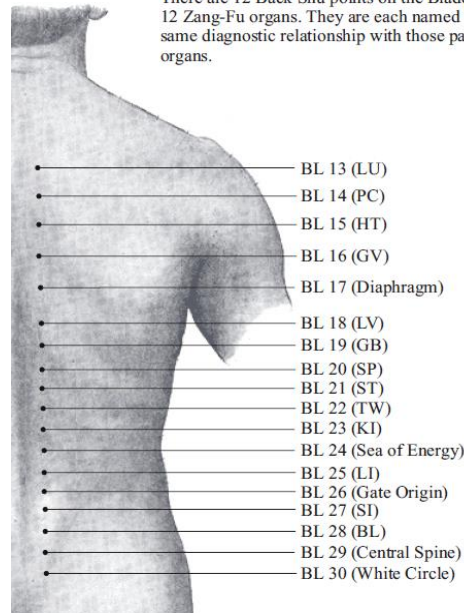
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### Associated (Back-Shu)

There are 12 Back Shu points on the Bladder 12 Zang-Fu organs. They are each named for same diagnostic relationship with those parts of organs.



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Format: Abstract

Med Hypotheses. 1977 Jan-Feb;3(1):9-12.

### Biological significance of piezoelectricity in relation to acupuncture, Hatha Yoga, osteopathic medicine and action of air ions.

Lipinski B.

#### Abstract

Piezoelectric properties of biological macromolecules such as proteins, nucleic acids and mucopolysaccharides are reviewed in this paper. It is indicated that the structural elements of the human body composed of these piezoelectric substances are capable of transducing a mechanical energy into an electric current. Such a transduction may be brought about by movements of an acupuncture needle, osteopathic manipulations; Hatha Yoga postures or action of negatively charged air ions. It is postulated that electric current induced by stimulation of the specific sites on the surface of human body flows towards the internal organs along the semiconductive channels of biologic macromolecules. Electric current induced either by the piezoelectric transduction or directly applied from an external source may in turn stimulate individual cells in the target organ. Involvement of electrical phenomena in regulatory mechanisms on cellular and molecular levels is discussed.

PMID: 577004

[Indexed for MEDLINE]

Full text links



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## Chapman Reflexes

- ▶ Chapman was an osteopath who palpated patients in the hospital with a 'confirmed' medical diagnosis: gastritis, nephritis, etc.
- ▶ Over a period of time through extensive self-study he mapped out tender points (reflexes) associated with the 'confirmed' diagnosis



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Unitec New Zealand

*School of Health Science Dissertations and  
Theses*

*coda*

*Year 2008*

Comparative analysis of the  
topographical locations of acupuncture  
points and Chapman's reflex points

Ok Bae Kim  
Unitec New Zealand,

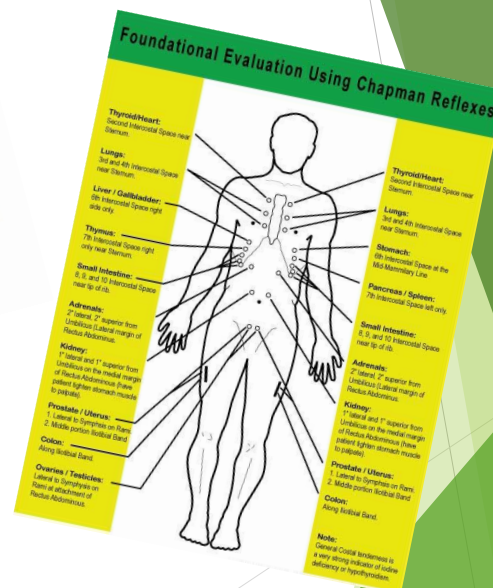
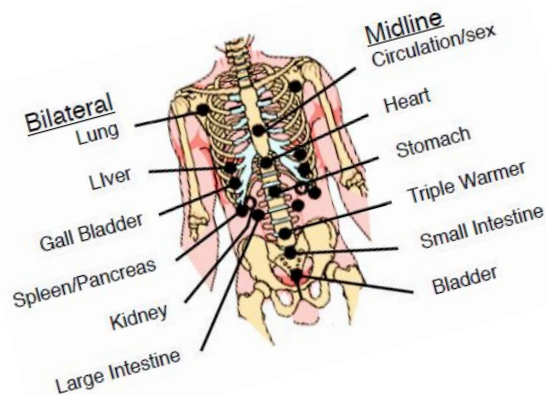
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**Results:** Literature-based analysis showed that of the APs identified as anatomically near by one of the CRPs, 71.1% of the anterior points and 93.1% of the posterior points were related pathologically to CRP points. SME revealed that: The topographical congruency of the pathologically related points was in the range of 20.6% (anterior points) - 44.2% (posterior points). Mean distance between AP and CRP of the posterior points ( $16.5 \pm 1.9$  mm) was smaller than the anterior points ( $27.8 \pm 6.0$  mm) for pathologically related points. Nearest neighbour analysis revealed that the distribution pattern of the two point systems on the surface of human body was between random and regular for both anterior and posterior points. Intraclass correlation coefficient suggested that the distance of APs from the anatomical landmark was not a predictor of the distance from the APs to the CRPs.

**Conclusion:** This study has provided clinical evidence of a close relationship between the AP and CRP system on a single subject. This study is the first to map these two point systems on a human body. The data recorded forms the basis for subsequent study of these two point systems.

(C) Gregory V

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## Chapman Reflexes

- ▶ He observed that the patients made a faster recovery when he gently stimulated these points
- ▶ He hypothesized that these points improved lymphatic drainage from the diseased organ
- ▶ Dr. George Goodheart revived the reflexes and found that they responded to neurolingual testing.

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## Chapman Reflexes may:

- Release contraction in muscles and joints
- Promote balance in the endocrine systems and various organs
- Stimulate specific lymph vessels to increase or decrease their function
- Help with thyroid conditions
- Decrease hormonal imbalances

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## Can we prove the existence of Chapman's Reflexes?

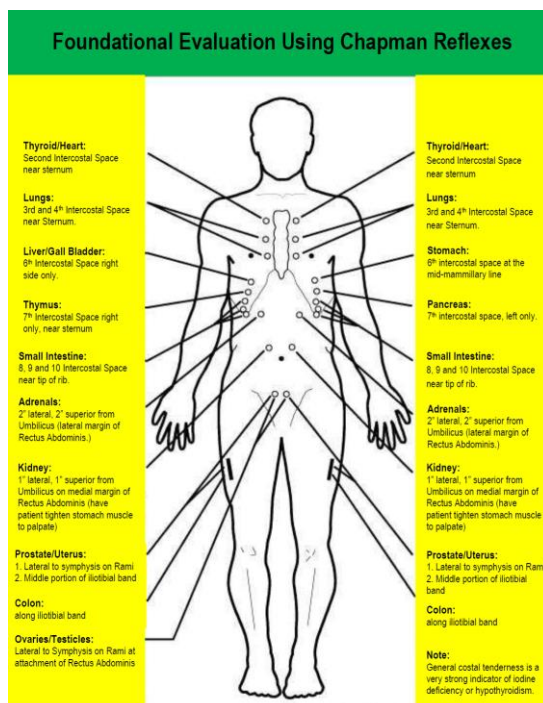
There is no solid scientific basis for the Chapman's Reflex or how they work physiologically. There are, however, some indications that Chapman was correct:

"While its cellular structure has yet to be described, the anatomic location of a Chapman's reflex is predictable and consistent. These anatomical sites are typically viserosomatic representation in our on somatic structures. This suggests that the sympathetic nervous systems may play an important role in the generation and maintenance of the reflexes. It further suggests that treatment of the reflexes may alter sympathetic influences on any related viscus."

David Patiquin, "Chapman's Reflexes, in Foundations for Osteopathic Medicine," [Ward, Robert, (Executive Editor)], William & Wilkins, Baltimore, MD, 1997, page 941.

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## EXAMINATION FOR H.O.P.E.™

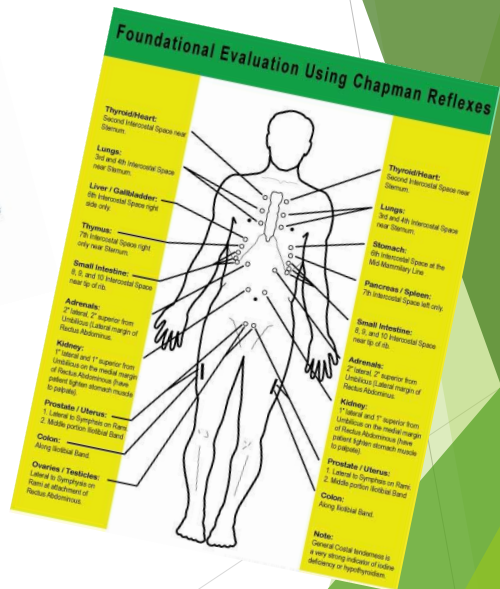
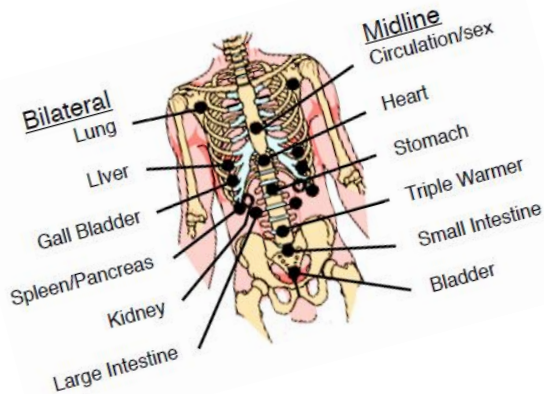
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F \_\_\_\_\_

Observation	Digestion	Endocrine
General: alert, well-appearing, NAD, coherent and active.	<b>Stomach:</b> HCl point _____ Chapman Reflex _____	<b>Thyroid:</b> Costal margins palpable tender _____ Perithyroid edema _____ Chapman Reflex _____
<b>HEENT:</b> Canal/pinna nontender, TM good landmarks/color, PEERLA, EOM full, AC clear. No sinus tenderness, nares patent, no obstruction. Pharynx clear no erythema, exudates, tonsillar enlargement. Teeth, tongue, uvula, and mucosal intact and w/o lesions.	<b>Small Intestine</b> Palpation 2-3" around umbilicus _____ Chapman Reflex _____	<b>Uterus/Prostate:</b> Medial heel tender _____ Chapman Reflex - ITB _____ Chapman Reflex - Pubic bone _____
	<b>Large Intestine</b> Palpate large intestine _____ Chapman Reflex _____	<b>Ovaries/Testicles:</b> Inside arch _____ Chapman Reflex _____
	<b>Gall Bladder</b> Murphy's Sign _____ Chapman Reflex _____	
	<b>Pancreas</b> Enzyme Point _____	<b>Cardiovascular</b> BP (L) _____ BP(R) _____ Pulse _____ Left thoracic pad tenderness _____ Chapman Reflex _____
	<b>Tissue Calcium</b> Oral pH _____ Repeated muscle Challenge (20X) _____	<b>Immune &amp; Allergy</b> Histamine point _____
	<b>Essential Fatty Acids</b> Oral pH _____ Repeated muscle Challenge (20X) _____	<b>Kidneys</b> T11 - 12 _____ Chapman Reflex _____
	<b>Sugar Handling</b> <b>Adrenals:</b> Postural hypotension _____ Supine _____ Standing _____ Paradoxical Pupillary Reflex _____ Posterior Ilium/short leg _____ Inguinal ligament tenderness _____	<b>Vertebral Indicators</b> C1 - Food sensitivity T7 - Spleen / Immune C2 - Sinus T8 - Liver C3 - Dyslipidemia T9 - Adrenals C4 - Thyroid T10 - SI C5 - Sugar T11/12 - Kidneys C6 - Gastric L1 - ICV C7 - Hepatic L2 - Cecum T1 - Heart L3 - Endocrine T2 - Myocardium L4 - Colon T3 - Lungs L5 - Genital T4 - Gall bladder PI Ilium - Adrenal T5 - Stomach AS Ilium - Vit E deficiency T6 - Pancreas
	<b>Hydration</b> Vascular hydration sign _____	
<b>Chest:</b> No respiratory distress, wheezes, rhonci, or rales. BS = bilateral.		
<b>Cardio:</b> Regular rhythm, no murmurs, S3, S4, click or rub. PMI not displaced. Pulses 2+ and symmetrical. No bruits.		
<b>Abdomen:</b> Soft, no tenderness, guarding, masses or organomegaly. Bowel sounds active. No flank or CVAT.		
<b>Ext:</b> No cyanosis, clubbing, edema or deformities. Pulses full and equal.		
<b>Neuro:</b> Alert, oriented, CN II - XII grossly intact. SME intact, DTR's 2+ and symmetrical. No focal findings, F-N, H-S. Gait intact.		
<b>Skin:</b> No rashes, erythema, petechia, or other lesions. Nails w/o deformity, cyanosis or clubbing.		

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# Nutrient Testing ~ Neurolingual Challenge

Substance of nutrient testing is a powerful tool for assessing the compatibility or usefulness of a particular nutrient for a particular patient.

Chapman reflexes respond accurately to a neurolingual challenge. This is because of the extensive network of gustatory and olfactory nerves 'hard-wired' into the CNS.



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## EXAMINATION FOR H.O.P.E.™

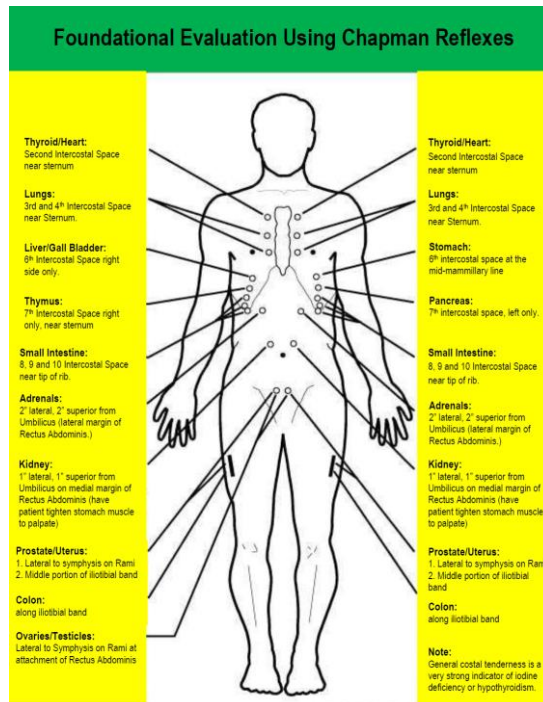
Patient Name: _____ Date: _____		
Age: _____ D.O.B. _____ M/F _____		
<b>Observation</b> General: alert, well-appearing, NAD, coherent and active _____ HEENT: Caudy/pupa nontender, TM good, insinuate color, PEERLA, EOM full, AC clear. No sinus tenderness, no erythema, no obstruction. Pharynx clear no erythema, exudates, tonsillar enlargement. Teeth, tongue, uvula, and mucosal intact and w/o lesions. Chest: No respiratory distress, wheezes, rhonchi, or rales. BS = bilateral. Cardio: Regular rhythm, no murmurs, S3, S4, click or rub. PMI not displaced. Pulses 2+ and symmetrical. No bruits. Abdomen: Soft, no tenderness, guarding, masses or organomegaly. Bowel sounds active. No flink or CVAT. Ext: No cyanosis, clubbing, edema or deformities. Pulses full and equal. Neuro: Alert, oriented, CN II - XII grossly intact. SME intact, DTR's 2+ and symmetrical. No focal findings, F-N, H-S, Gut intact. Skin: No rashes, erythema, petechia, or other lesions. Nails w/o deformity, cyanosis or clubbing.	<b>Digestion</b> <b>Stomach:</b> _____ HCl point _____ Chapman Reflex <b>Small Intestine</b> _____ Palpation 2-3" around umbilicus _____ Chapman Reflex <b>Large Intestine</b> _____ Palpate large intestine _____ Chapman Reflex <b>Gall Bladder</b> _____ Murphy's Sign _____ Chapman Reflex <b>Pancreas</b> _____ Enzyme Point <b>Tissue Calcium</b> _____ < 190 mm Hg <b>Essential Fatty Acids</b> _____ Oral pH _____ Repeated muscle Challenge (20X) <b>Sugar Handling</b> <b>Adrenals:</b> _____ Postural hypotension _____ Supine _____ Standing _____ Paradoxical Pupillary Reflex _____ Posterior Ilium short leg _____ Inguinal ligament tenderness <b>Pancreas:</b> _____ Palpable tenderness _____ Chapman Reflex _____ Right thorax pad tenderness _____ T6/T7 tenderness, right of spine <b>Liver:</b> _____ Murphy's Sign _____ 3rd rib right sternal tenderness _____ Chapman Reflex <b>Hydration</b> _____ Vascular hydration sign	<b>Endocrine</b> <b>Thyroid:</b> _____ Costal margins palpable tender _____ Prethoracic edema _____ Chapman Reflex <b>Uterus/Prostate:</b> _____ Medial heel tender _____ Chapman Reflex - ITB _____ Chapman Reflex - Pubic bone <b>Ovaries/Testes:</b> _____ Inside arch _____ Chapman Reflex <b>Cardiovascular</b> _____ BP (L) _____ / _____ BP (R) _____ Pulse _____ Left thorax pad tenderness _____ Chapman Reflex <b>Immune &amp; Allergy</b> _____ Histamine point <b>Kidneys</b> _____ T11 - 12 _____ Chapman Reflex <b>Vertebral Indicators</b> C1 - Food sensitivity C2 - Sinus C3 - Diaphragm C4 - Thyroid C5 - Sugar handling C6 - Gastric C7 - Hepatic T1 - Heart T2 - Myocardium T3 - Lungs T4 - Gall bladder T5 - Stomach T6 - Pancreas T7 - Spleen / Immune T8 - Liver T9 - Adrenals T10 - SI T11/12 - Kidneys L1 - IVC L2 - Cecum L3 - Endocrine L4 - Colon L5 - Genital P1 Ilium - Adrenal AS Ilium - Pit E deficiency

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## Commonly encountered chronic conditions with an altered gut microbiome

- Acne
- Allergies
- Arthritis
- Autoimmune disease
- Cancer
- Candida albicans
- Chronic fatigue syndrome
- Chronic infection
- Chronic pain syndrome
- Dermatological conditions
- Fibromyalgia pain syndrome
- Headaches
- Hepatitis
- Jaundice
- Kidney disease
- Multiple Joint Pain Syndrome
- Pancreatitis
- Psoriasis
- Septicemia
- ???????

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## Digestion

### The Main Concepts -

- ▶ Think from the North to the South
- ▶ The Primary organs of digestion
  - Stomach
  - Small intestine
  - Large intestine
  - Gallbladder
  - Pancreas
- ▶ Make sure the digestive track is 'healthy' before proceeding with ANY condition, unless there is a "Fire" to put out!!



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## BASIC PLUMBING

The digestive tract can be thought of as a long tube from one end to the other. Food goes in one end; waste exits the other. The tube is divided into sections we know:

Mouth  
Throat  
Esophagus  
Stomach  
Small intestine  
Large intestine

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# Evaluation of Digestion

## Stomach

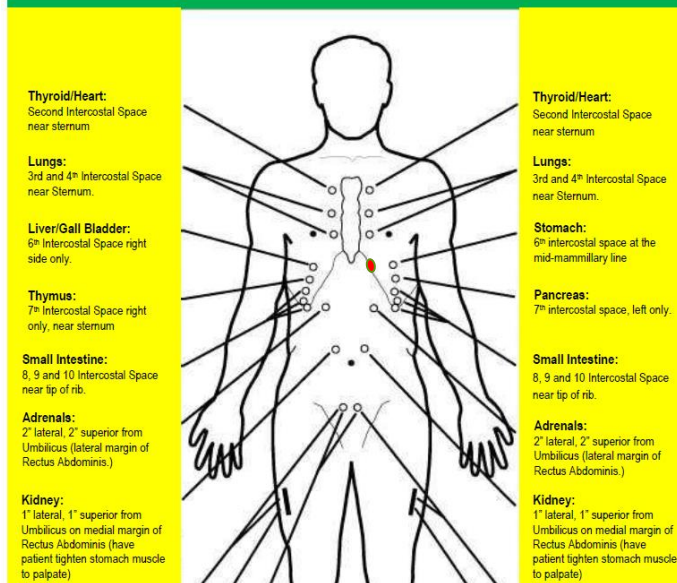
- HCl point (Left)
- Chapman reflex (6<sup>th</sup> intercostal space, midmamillary line to the left of the sternum)
- HCl Complete (Zorex), Hydrozyme, Betaine Plus HP, HCl Plus, HCl Ease, BioHPF, GI-Resolve, Gastrazyme, Chlorocaps, Bromelain Plus CLA, Gammanol Forte w/FRAC



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## Foundational Evaluation Using Chapman Reflexes



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## Decreased stomach acid (Hypochlorhydria)

- Carbohydrate excess
- Sympathetic dominance
- Stress
- Nutritional deficiencies
  - ✓ B1 Thiamine
  - ✓ Zinc

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## Evaluation of Digestion, con't.

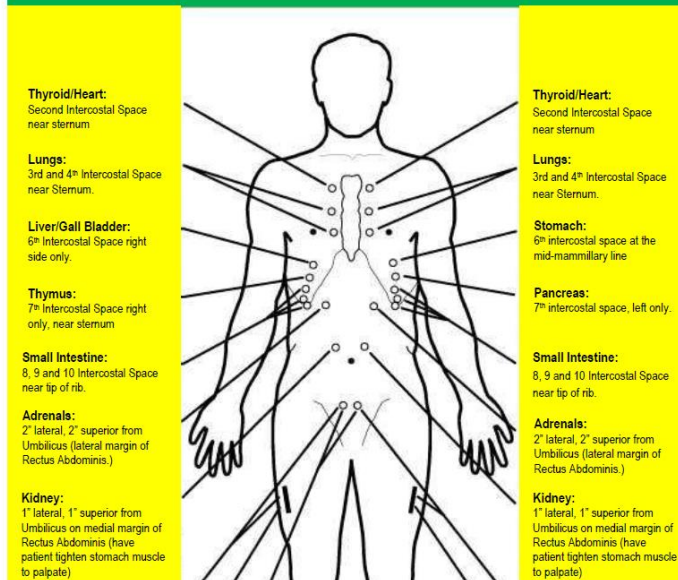
### Small intestine

- Palpate 2 to 3" around umbilicus - checking for 'resistance' and tenderness
- Chapman reflex ( 8, 9, & 10<sup>th</sup> intercostal space along edge of anterior ribs)
- Organic Oregano Oil (Zorex), ADP, Caprin, Dysbiocide, IPS, Gastrazyme, Para Comp, Olive Leaf

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## Foundational Evaluation Using Chapman Reflexes



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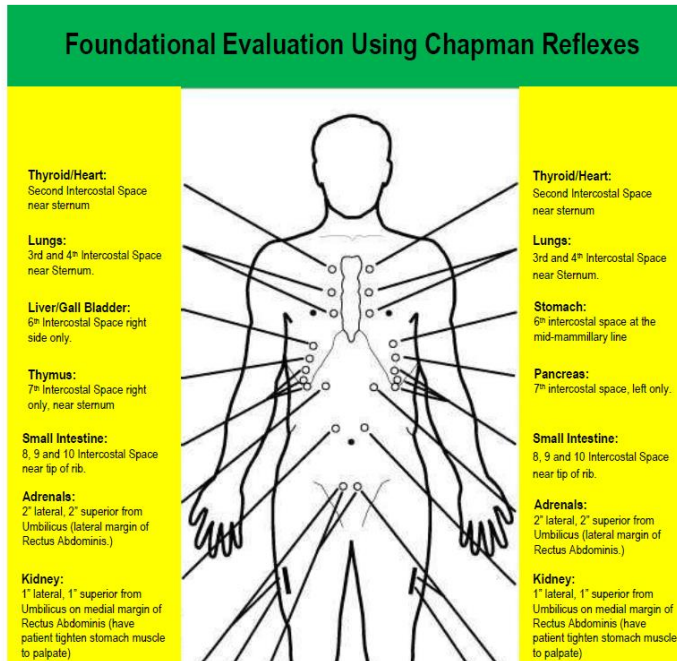
## Evaluation of Digestion, con't.

### Large intestine

- Palpate large intestine
- Chapman reflex - along ITB
- Organic Oregano Oil (Zorex), ADP, Caprin, Chlorocaps, ColonPlus, Bio-dophilus-FOS, Para Comp (Zorex), Olive Leaf (Zorex),



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## Evaluation of Digestion, con't.

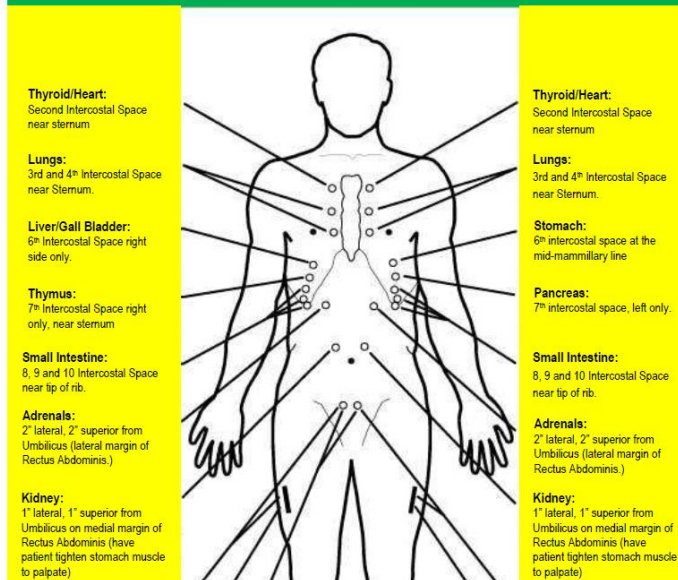
### Gall bladder

- Murphy's sign
- Right thumb web (nodules and/or tender)
- Chapman reflex - 6<sup>th</sup> intercostal space — right only
- Exaggerated gag reflex
- GB Complete (Zorex), Beta TCP, Beta Plus, Cytozyme LV, Livotrit Plus, MCS 2, Phoshatidylcholine, Super Phosphozyme



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## Foundational Evaluation Using Chapman Reflexes



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## Evaluation of Digestion, con't.

### Pancreas:

- ☒ Palpable tenderness (umbilicus - rib ½ to 2/3)
- ☒ Chapman Reflex - 7<sup>th</sup> intercostal space - left only
- ☐ Enzyme point (Right)
- ☐ Right thenar pad tenderness (web is gall bladder)
- ☐ T6/T7 tenderness, right of spine



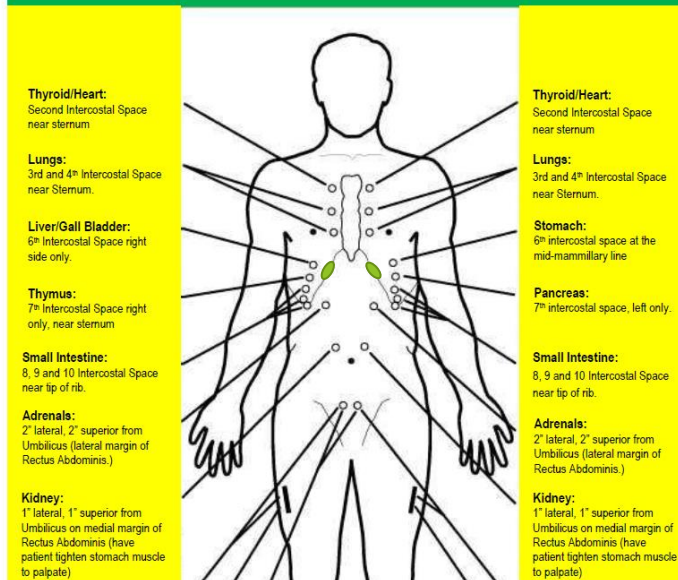
- **Supplements:** 8X Pancreatin (Zorex), Cytozyme PAN, Bio-6-Plus, Bromelain Plus CLA, Intenzyme Forte

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## Foundational Evaluation Using Chapman Reflexes



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## Healthy Gut

- 90 - 95% of the serotonin in the body is manufactured in the gut!!!!
- Over 70 percent of the human body's immune cells are found in the gut's mucosal lining.
- A healthy gut means better immunity, and a healthy gut is a gut in which good bacteria outnumber bad.
- And they're all hitchhikers that rushed in from outside, mounting an invasion that began the instant our placentas broke. "We're all bacteria-free until then," says Emory University School of Medicine associate professor Andrew Gewirtz

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## The Good Old Days

- ▶ Chlorine found in tap water kills good bugs along with bad.
- ▶ Phosphoric acid, a key soft-drink ingredient. What happens in your gut when you're constantly sloshing down a known bactericide?"
- ▶ Sugar
- ▶ Antibiotics

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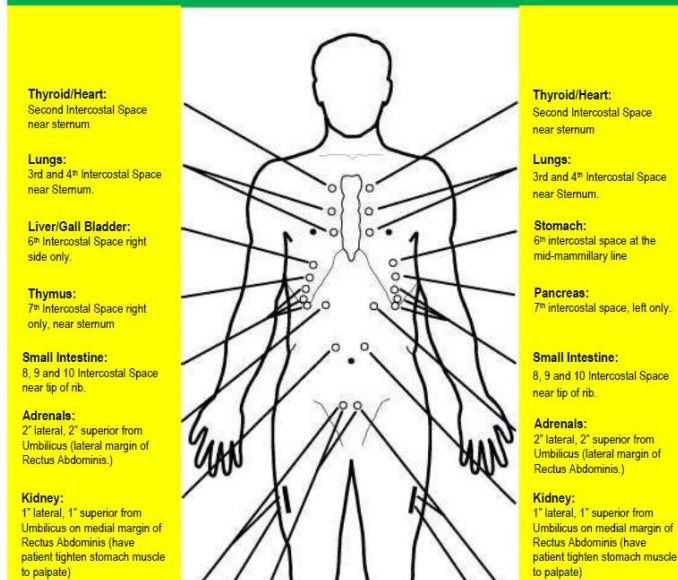
## Digestion

- ▶ Stomach
  - HCl point
  - Chapman reflex (6<sup>th</sup> intercostal space from midmamillary line to sternum left)
- Small intestine
  - Palpate 2 to 3" around umbilicus
  - Chapman reflex ( 8, 9, & 10<sup>th</sup> intercostal space near tip tip)
- ▶ Large intestine
  - Palpate large intestine
  - Chapman reflex along ITB

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## Foundational Evaluation Using Chapman Reflexes



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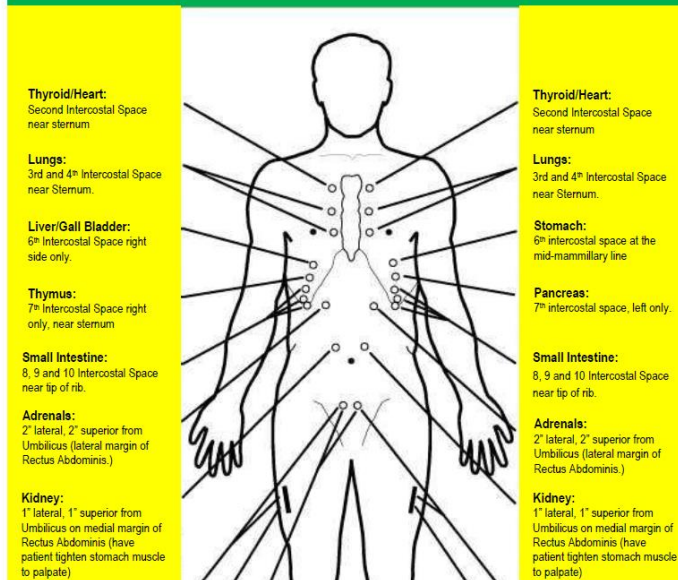
## Digestion

- ▶ Liver/Gall bladder
  - Murphy's sign
  - Chapman reflex (6<sup>th</sup> intercostal space) - right only
  - Right thumb web
- ▶ Pancreas/Spleen
  - Enzyme point
  - Chapman reflex (7<sup>th</sup> intercostal space) - left only
  - Right thenar pad

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## Foundational Evaluation Using Chapman Reflexes



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## Blood tests to Assess HCL

- Serum Globulin Optimal 2.4- 2.7 Numbers below 2.4 or above 2.7 with the subjective symptoms such as loss of taste for meat, gas, bloating, bad breath, etc. should be strongly consider for HCL replacement.
- Serum Gastrin under 45... Hypochlorhydria
  - ▶ Above 100-150 - possible gastric ulcer
  - ▶ Over 150 - possible peptic ulcer
  - ▶ Over 200 - Zollinger- Ellison syndrome.. Levels can go up to 3000 pg/mL, if levels are extremely high consider stomach cancer

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## Blood tests to Assess HCL cont.

- ▶ Serum Phosphorous below 3.0
- ▶ MCV over 90
- ▶ MCH sometimes over 31.9
- ▶ BUN increased over 15
- ▶ Serum Calcium <94, Iron<50 or Magnesium<2.0 normal to decreased
- ▶ CO2 decreased under 26
- ▶ Alkaline Phosphatase decreased under 60

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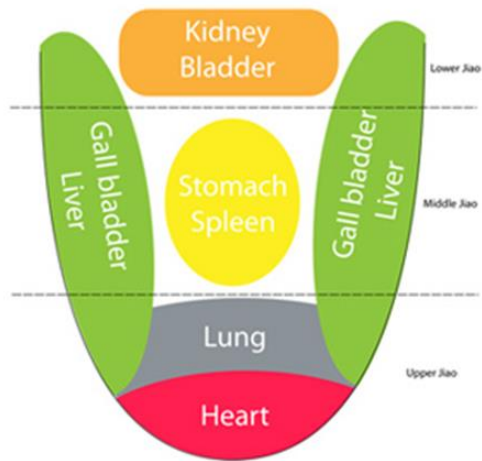
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## Blood tests to Assess HCL cont.

- ▶ Chloride decreased under 100
- ▶ Anion Gap increased over 12 (need thiamine to make HCL)
- ▶ Anion Gap is calculated by adding Sodium and Potassium and then subtracting the total of Chloride and CO2.

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Do you have the guts to be healthy????  
The Scoop on Poop!



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## Color Indications

- ▶ Black - upper GI bleeding, meat consumption, iron supplementation
- ▶ Brown- normal
- ▶ Green - undigested bile, Crohn's disease, antibiotics, leafy greens
- ▶ Red - Lower GI bleeding or red foods
- ▶ White - antacids (aluminum hydroxide), liver disease, pancreatic disorders
- ▶ Yellow - gall bladder problems, giardia

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## Other Observations

- ▶ Little lumps - stays too long, water is reabsorbed and lack of dietary fiber, thyroid
- ▶ Too Liquid - doesn't stay long enough, water is not absorbed, too much fiber, a cleanse or infection
- ▶ Pencil thin a mass may cause constriction, colon CA or polyps

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## REVIEW

## Open Access

## Influences of diet and the gut microbiome on epigenetic modulation in cancer and other diseases

Bidisha Paul<sup>1</sup>, Stephen Barnes<sup>1,6</sup>, Wendy Demark-Wahnefried<sup>16,7,8</sup>, Casey Morrow<sup>4,5</sup>, Carolina Salvador<sup>5,7</sup>, Christine Skibola<sup>1,9</sup> and Trygve O. Tollefsbo<sup>10,11,12</sup>

## Abstract

Epigenetic modulation of gene activity occurs in response to non-genetic factors such as body weight status, physical activity, dietary factors, and environmental toxins. In addition, each of these factors is thought to affect and be affected by the gut microbiome. A primary mechanism that links these various factors together in mediating control of gene expression is the production of metabolites that serve as critical cofactors and allosteric regulators of epigenetic processes. Here, we review the involvement of the gut microbiota and its interactions with dietary factors, many of which have known cellular bioactivity, focusing on particular epigenetic processes affected and the influence they have on human health and disease, particularly cancer and response to treatment. Advances in DNA sequencing have expanded the capacity for studying the microbiome. Combining this with rapidly improving techniques to measure the metabolome provides opportunities to understand complex relationships that may underlie the development and progression of cancer as well as treatment-related sequelae. Given broad reaching and fundamental biology, both at the cellular and organismal levels, we propose that interactive research programs, which utilize a wide range of mutually informative experimental model systems—each one optimally suited for answering particular questions—provide the best path forward for breaking ground on new knowledge and ultimately understanding the epigenetic significance of the gut microbiome and its response to dietary factors in cancer prevention and therapy.

**Keywords:** Epigenetics, Epigenome, Methylation, Acetylation, Histone proteins, Gut microbiome

## Background

There is intense ongoing research activity to elucidate the relationship between the human microbiome and various diseases including cancer. "Microbiome" is a collective term used for the genes from colonizing organisms including fungi, viruses, and bacteria, the latter of which are by far the most populous. The microbiome are ubiquitous and distinct populations reside in the oral cavity, stomach, upper and lower intestine, urinary tract, genitalia, etc. It is increasingly believed to play a dynamic role in the health of

individuals. The gut is inhabited by the largest variety of bacteria, which contribute to the metabolism of different classes of food materials. An overwhelming 100 trillion commensal bacteria live within the human gastrointestinal tract, constantly exposing the surface of the intestinal mucosa to the stimulatory effects of this resident microbiota [96]. Humans are thought to have evolved a symbiotic relationship with the microbiota of the gut; however, the molecular mechanisms remain poorly understood. DNA-based analysis has significantly facilitated the identification of bacteria comprising the microbiome, but understanding function remains more challenging. For example, indigenous microbiota produce low molecular weight (LMW) substances that potentially interact with the tissue cellular environment to modulate signaling pathways and regulate gene expression. Recently, these LMW

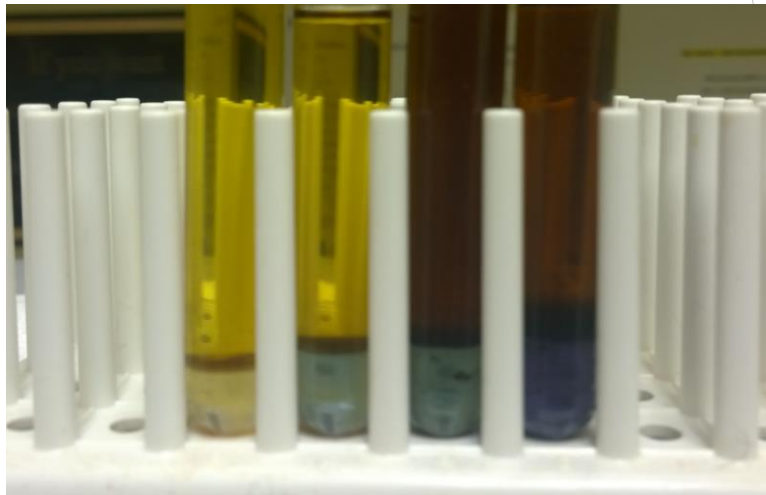
\* Correspondence: trygve.tollefsbo@uab.edu

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Full list of author information is available at the end of the article



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## Lowenburg's or Tissue Calcium Test

- ▶ Lowenburg - developed it as a test for PVD - peripheral vascular disease
- ▶ If you suspect PVD do not use this test!
- ▶ Very strong indicator of need for calcium; patient complaining of muscle cramping

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## Tissue Calcium Test - Procedure

- ▶ With patient sitting place blood pressure cuff around largest part of their calf
- ▶ Instruct patient to let you know when 'Onset' of cramp begins
- ▶ Slowly inflate cuff and note point at which patient remarks
- ▶ Wait 30 seconds or more and repeat
- ▶ Challenge with different calcium forms
  - ▶ Also think EFAs and Mg



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## Tissue Calcium Test -

- ❖ C/Cal/Mag Powder
- ❖ Ca/Mg-Zyme Caps
- ❖ Mg-Zyme
- ❖ Ca/Mg Plus
- ❖ Optimal EFAs
- ❖ Mixed EFAs
- ❖ Osteo B II
- ❖ Oorganik 15



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## Essential Fatty Acids

- ▶ Essential - cannot live without
- ▶ Essential for:
  - ▶ Every cell membrane in the body
  - ▶ Musculoskeletal function
  - ▶ Hormones
  - ▶ Thyroid
  - ▶ Cardiovascular
  - ▶ Brain
  - ▶ Eye

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## Essential Fatty Acids

- ▶ Check oral pH - Normal 7.2 to 7.4
- ▶ Simulates an aerobic condition utilizing a repeated muscle challenge
- ▶ Products:
  - ▶ SunFlax (Zorex), Optimal EFAs, Biomega-3-liquid, Flax Seed Oil, EFA-Sirt Supreme, Black Currant Seed Oil

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## How important is healthy blood sugar regulation?

Obtaining and maintaining proper blood sugar metabolism is essential for health!!!! Protracted unhealthy blood sugar has significant effects upon: Blood vessels, eyes, nerves, kidneys and pancreas. It also affects energy levels, blood pressure, cholesterol, triglycerides, overall cardiovascular health, body shape to name a few.

It is estimated that his many as 86 million Americans age 20 years or older may be “prediabetic” sometimes referred to as “insulin resistance.” If this condition goes unrecognized and no lifestyle or dietary changes are made, it is quite likely that they will move on to the next stage of diabetes.

No doubt obesity, excess sweets and refined or processed foods, and lack of exercise are major contributors to poor blood sugar metabolism.

Recognizing this “pre-diabetic state” his vitally important to the long-term health of your patients!

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# SUGAR HANDLING

- Adrenals
- Pancreas
- Liver

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## Health Policy Brief

March 2016

### Prediabetes in California: Nearly Half of California Adults on Path to Diabetes

Susan H. Babey, Joelle Wolstein, Allison L. Diamant, Harold Goldstein

*More than 13 million California adults—nearly half of the state's adult population—are estimated to have prediabetes.<sup>1</sup>*

**SUMMARY:** In California, more than 13 million adults (46 percent of all adults in the state) are estimated to have prediabetes or undiagnosed diabetes. An additional 2.5 million adults have diagnosed diabetes. Altogether, 15.5 million adults (55 percent of all California adults) have prediabetes or diabetes. Although rates of prediabetes increase with age, rates are also high among young adults, with one-third of those ages

18-39 having prediabetes. In addition, rates of prediabetes are disproportionately high among young adults of color, with more than one-third of Latino, Pacific Islander, American Indian, African-American, and multiracial Californians ages 18-39 estimated to have prediabetes. Policy efforts should focus on reducing the burden of prediabetes and diabetes through support for prevention and treatment.

**D**iabetes, particularly type 2 diabetes, is a significant and growing health problem that affects both adults and children and can cause a number of serious complications, including blindness, kidney disease, cardiovascular disease, amputation, and premature death. Nationally, the prevalence of diabetes among adults has nearly tripled over the past 30 years.<sup>1</sup> In 2014, 29.1 million people in the U.S., or 9.3 percent of the population, had diabetes (including 8.1 million with undiagnosed diabetes).<sup>1</sup> In California, the prevalence of diabetes among adults increased by 35 percent between 2001 and 2012.<sup>2</sup>

Prediabetes, also referred to as impaired glucose tolerance or impaired fasting glucose, is a condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. People with prediabetes have a much higher risk of developing type 2 diabetes, as well as an increased risk for cardiovascular disease. Results from the Diabetes Prevention Program (DPP) clinical trial indicated that

among those with prediabetes, increased physical activity, improvements in diet, and weight loss can prevent or delay the onset of diabetes significantly more than placebo or medication.<sup>3</sup> Results also indicated that medication, while effective, is not as effective as lifestyle changes.

Nationally, more than one in three adults is estimated to have prediabetes, and 90 percent of these individuals are not aware that they have the condition.<sup>4</sup> Between 1999 and 2010, the prevalence of prediabetes among adults in the U.S. increased from 29 percent to 36 percent.<sup>5</sup> Moreover, between 1999 and 2008, the prevalence of diabetes and prediabetes among adolescents in the U.S. rose dramatically, from 9 percent to 23 percent.<sup>6</sup> Without intervention efforts, up to 30 percent of people with prediabetes will develop type 2 diabetes within five years, and up to 70 percent will develop diabetes within their lifetime.<sup>7</sup> There are very effective interventions available, including lifestyle modification programs recognized by the CDC's National Diabetes Prevention



This policy brief was developed in partnership with the California Center for Public Health Advocacy with funding from the California Health Care Foundation and The California Endowment.

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## SUGAR HANDLING

### Adrenals:

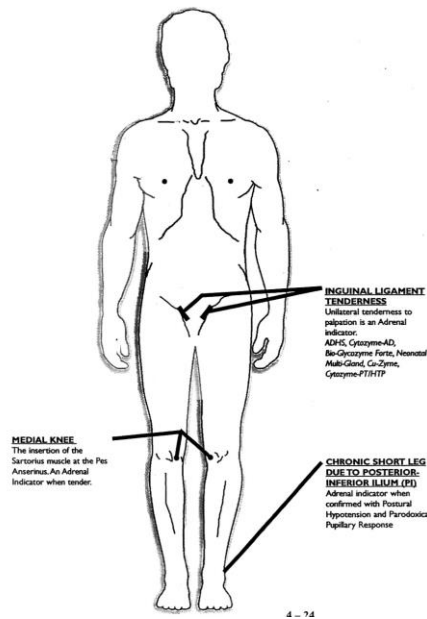
- \_\_\_\_\_ Postural hypotension
- Supine \_\_\_\_\_ Standing \_\_\_\_\_
- \_\_\_\_\_ Paradoxical Pupillary Reflex (at least 10 seconds)
- \_\_\_  $\checkmark$  \_ Posterior Illium/short leg
- \_\_\_  $\checkmark$  \_ Inguinal ligament tenderness

Supplements: ADHS, ADB5, Cytozyme AD, CGF (Zorex)  
 Bio-Glycozyme Forte, GlucoBalance, Bio-3B-G

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## Functional Evaluation of Sugar Handling Problems (Adrenal, Liver, Pancreas)



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## Identifying Adrenal Dysfunction Evaluating Chronic Short Leg

### *Due to posterior inferior ilium*

When structural or genetic weakness have been ruled out this test can be confirmed with the Postural Hypotension and Paradoxical Pupillary Response tests. Record the approximate difference in leg length in inches on the Adrenal Stress evaluation form.

After neurolingual testing each nutrient it is important to have the patient stand and walk a few steps or manually lift the patients pelvic area to reset the muscles and allow the change in leg length to occur. When the correct nutrient or group of nutrients is tested sublingually the leg length will return to normal for the patient.

Important: This test WILL change using neurolingual testing, you can use it both to Identify adrenal stress levels and also to test nutrients that may be appropriate for the patient.

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## Identifying Adrenal Dysfunction

### Evaluating Inguinal Ligament Tenderness

This test can be evaluated by physician and patient or both. The physician will feel a taunt or tightness unilaterally upon palpation, almost like a rubber band, in the inguinal area. See enclosed chart for specific testing area.

There may be pain associated with the palpation depending upon the severity of the condition. The greater the experienced pain or tautness the greater the adrenal stress. Ask the patient to rate the tenderness on a scale of 1-10.

In this scale 1 = NO TENDERNESS, 10 = EXTREME TENDERNESS.

Record the patient response on the adrenal stress evaluation form.

Important: This test WILL change using neurolingual testing, you can use it both to identify adrenal stress levels and also to test nutrients that may be appropriate for the patient.

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## Identifying Adrenal Dysfunction

### Evaluating Medial Knee Tenderness

Apply pressure at the insertion of the sartorius muscle at the pes anserinus. See chart for location. The indication may be unilateral or bilateral. Ask the patient to rate the tenderness on a scale of 1 to 10 (10 being extreme tenderness) and record the patient's response.

#### Important

This test WILL change using neurolingual testing, you can use it both to identify adrenal stress levels and also to test nutrients that may be appropriate for the patient.

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### **Facts on skin tags:**

- ☐ Skin tags are benign tumors of the skin.
- ☐ Some people are more susceptible to skin tags than others.
- ☐ Skin tags commonly occur in creases or folds of the skin.
- ☐ Obesity and diabetes may increase the risk of skin tags developing.
- ☐ Skin tags are typically removed for aesthetic and cosmetic reasons.
- ☐ Methods of skin tag removal include excision and cryotherapy.
- ☐ There are some over-the-counter solutions available for skin tags.
- ☐ There is no evidence to suggest that removing a skin tag causes more to develop.

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## Associated with Skin Tags:

- Aging
- Human Papillomavirus Infection
- Diabetes
- Obesity
- Friction
- Pregnancy
- Hyperinsulinemia
- Sex steroid imbalance
- Polycystic Ovary Syndrome
- Birt-Hogg-Dube syndrome
  - ✓ Although this condition doesn't cause skin tags in adults, children are particularly prone to their development in this state. The disease itself is pretty rare, but in most of the cases where it is the cause, the parents mistake the skin tags for child warts and don't take the issue seriously.
  - ✓ This illness reduces the immunity of the lungs and skin, increasing the chance of tumors and various types of cancer. A particular signature of the disease includes the appearance of skin tags on the child's neck, face and upper chest

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## Acanthosis Nigricans



Acanthosis nigricans skin patches occur when epidermal skin cells begin to reproduce rapidly. This abnormal skin cell growth is most commonly triggered by high levels of insulin in the blood. In rare cases, the increase in skin cells may be caused by medications, cancer, or other medical conditions

Other potential conditions:

- stomach cancer, or gastric adenocarcinoma
- adrenal gland disorders, such as Addison's disease
- disorders of the pituitary gland
- low levels of thyroid hormones
- high doses of niacin

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## How to assess “Pre-Diabetic” blood sugar dysregulation?

Obvious ways include:

- Serum Glucose (85 – 100)
- Hemoglobin A1C (<5.4)
- Insulin (<10) ???
- Urine strips
- Triglycerides (70 – 100)
- Physical findings:
  - ❖ Body type – “Apple-shaped”
  - ❖ **Skin tags**
  - ❖ **Acanthosis Nigricans**

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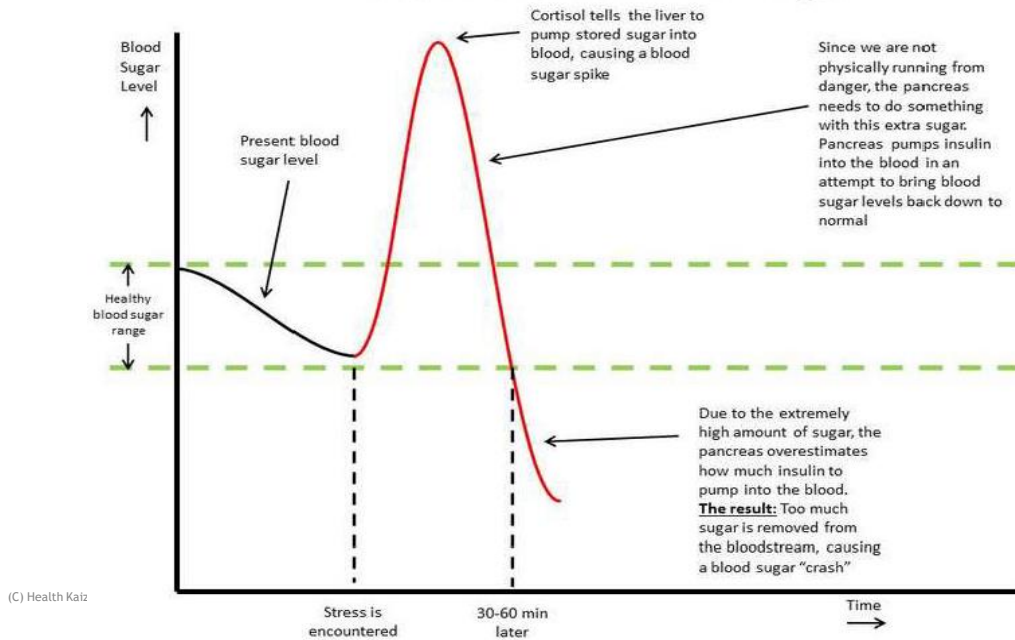
## Changes, Purposes, and Long-term Consequences of During Stress

Physiological Change	Purpose	Consequence
Higher BP, HR, and respiration rate	Provide more oxygenated blood to muscles	Hypertension, heart disease, stroke, kidney disease
Peripheral blood vessels constrict	Prevent bleeding if injured	Cold, clammy feeling, possible skin problems
Pupils dilate	See better in dark	?
Blood supply to digestive system & other organs reduced	Conserve blood for use elsewhere	Digestive upset, Diarrhea, constipation
Kidney function reduced	Conserve fluid to maintain blood volume if injured	Kidney damage, hypertension
Endorphins produced in brain	Block pain if injured	High risk behaviors may be addictive in some people
Immune response suppressed	Immune response after an injury interferes with ability to continue to resist	Lowered resistance to colds, cancer.

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## Stress and Blood Sugar



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## SUGAR HANDLING

### Pancreas:

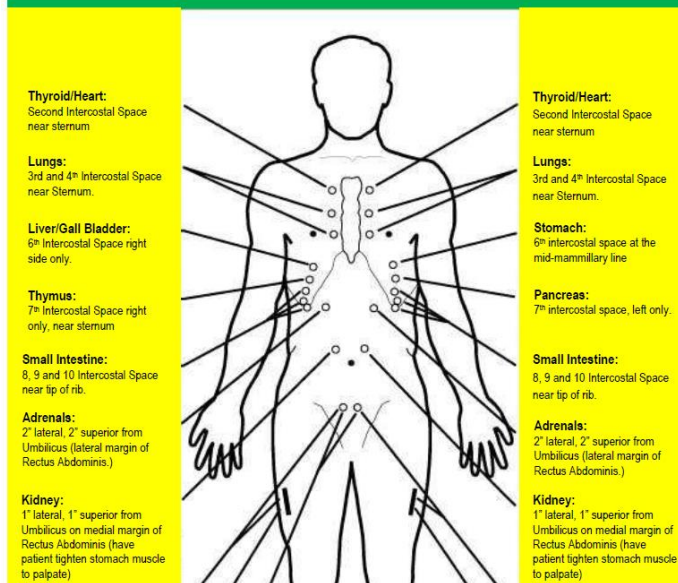
- ☒ Palpable tenderness (umbilicus - rib ½ to 2/3)
- ☒ Chapman Reflex - 7<sup>th</sup> intercostal space - left only
- ☐ Right thenar pad tenderness
- ☐ T6/T7 tenderness, right of spine

Supplements: CGF (Zorex), Cytozyme PAN, Bio-Glycozyme Forte, GlucoBalance, Bio-3B-G, Cr-Zyme

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### Foundational Evaluation Using Chapman Reflexes



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## SUGAR HANDLING

### Liver:

\_\_\_\_\_ Murphy's Sign

\_\_\_ √ \_\_\_ 3<sup>rd</sup> rib right sternal tenderness

\_\_\_ √ \_\_\_ Chapman Reflex - 6<sup>th</sup> intercostal space - right only

**Supplements:** Cytozyme LV, Livotrit Plus MCS 2, Beta TCP, Beta Plus, Phosphatidylcholine, Super Phosphoryme

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### Foundational Evaluation Using Chapman Reflexes

#### Thyroid/Heart:

Second Intercostal Space  
near sternum

#### Lungs:

3rd and 4<sup>th</sup> Intercostal Space  
near Sternum.

#### Liver/Gall Bladder:

6<sup>th</sup> Intercostal Space right  
side only.

#### Thymus:

7<sup>th</sup> Intercostal Space right  
only, near sternum

#### Small Intestine:

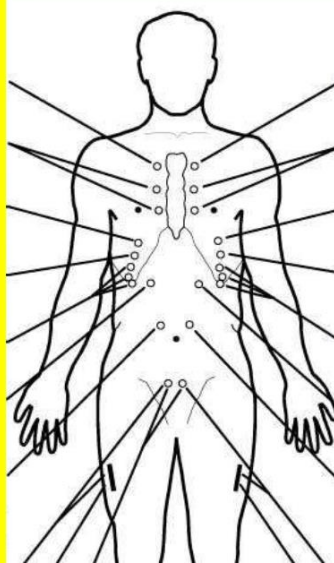
8, 9 and 10 Intercostal Space  
near tip of rib.

#### Adrenals:

2" lateral, 2" superior from  
Umbilicus (lateral margin of  
Rectus Abdominis.)

#### Kidney:

1" lateral, 1" superior from  
Umbilicus on medial margin of  
Rectus Abdominis (have  
patient tighten stomach muscle  
to palpate)



#### Thyroid/Heart:

Second Intercostal Space  
near sternum

#### Lungs:

3rd and 4<sup>th</sup> Intercostal Space  
near Sternum.

#### Stomach:

6<sup>th</sup> intercostal space at the  
mid-mammillary line

#### Pancreas:

7<sup>th</sup> intercostal space, left only.

#### Small Intestine:

8, 9 and 10 Intercostal Space  
near tip of rib.

#### Adrenals:

2" lateral, 2" superior from  
Umbilicus (lateral margin of  
Rectus Abdominis.)

#### Kidney:

1" lateral, 1" superior from  
Umbilicus on medial margin of  
Rectus Abdominis (have  
patient tighten stomach muscle  
to palpate)

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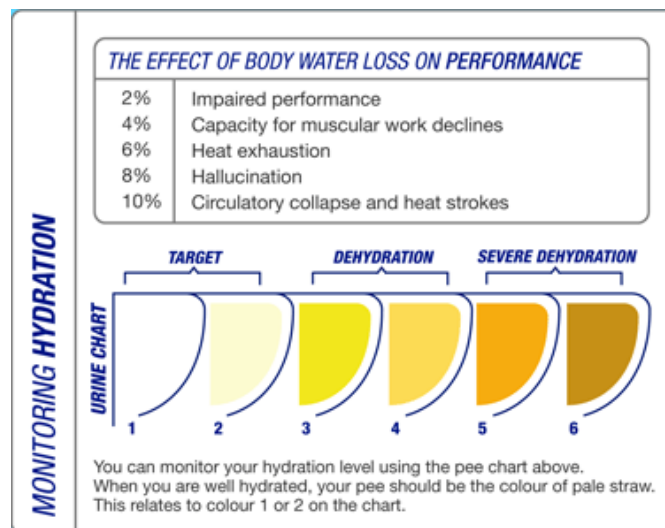
## Hydration

- ▶ The body is approximately 65 to 70% water
- ▶ Hydration Test
  - With hands at their side, have the patient stand for 30 seconds or more. Have patient raise straight arm to horizontal and observe the veins on the back of their hand:
    - ✓ Adequate or good - veins visible and palpable for 15 seconds or longer
    - ✓ Fair - veins are visible but not palpable at 15 seconds
    - ✓ Poor - veins not visible or palpable
  - Repeat with other arm



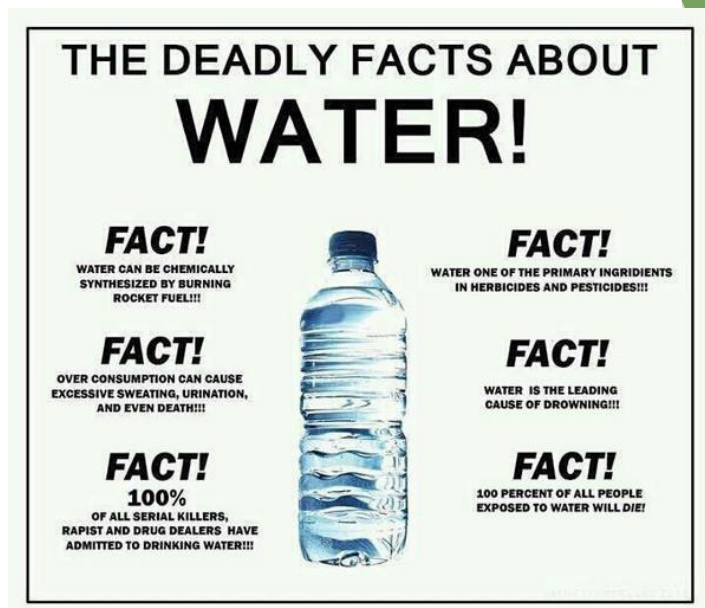
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## Thyroid Disorders

- Hyperthyroidism
- Hypothyroidism
- Autoimmune Disorders
  - Grave's Disease
  - Hashimoto's
- Poor conversion of T4 to T3

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## Thyroid Hormones

- Have an effect on every cell in the body
- A patient cannot obtain 'Optimal Health' without a properly functioning thyroid
- It is estimated that hypothyroid may be one of the most commonly missed diagnosis
- It is estimated that 40% of the population may be hypothyroid

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## Thyroid Dysfunction

### *Negative influences on thyroid function:*

- ❖ Iodine deficiency????
- ❖ Fatty acid or protein deficiency
- ❖ Hydrogenated oils
- ❖ Estrogen
- ❖ Tap Water - halogens - (fluoride, chlorine, bromide)
- ❖ Dieting
- ❖ Stress
- ❖ Candidiasis
- ❖ High carbohydrate diets

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## Conditions Associated With Hypothyroidism

- Acne
- Arthritis
- Arteriosclerosis
- Constipation
- Cold extremities
- Eczema
- Fatigue in the A.M.
- Hypertension
- Headaches
- Hypercholesterolemia
- Hypertension
- infertility
- Menstrual Disorders
- Ovarian Cysts
- PMS
- Poor memory
- Psoriasis
- Recurrent infections

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## Findings Associated With Hyperthyroidism

- Difficulty gaining weight
- Easily flushed
- Fast pulse (at rest)
- Heart palpitations
- Insomnia
- Inward trembling
- Intolerant to higher temperatures
- Nervous - emotionally, unable to work under pressure
- Night sweats

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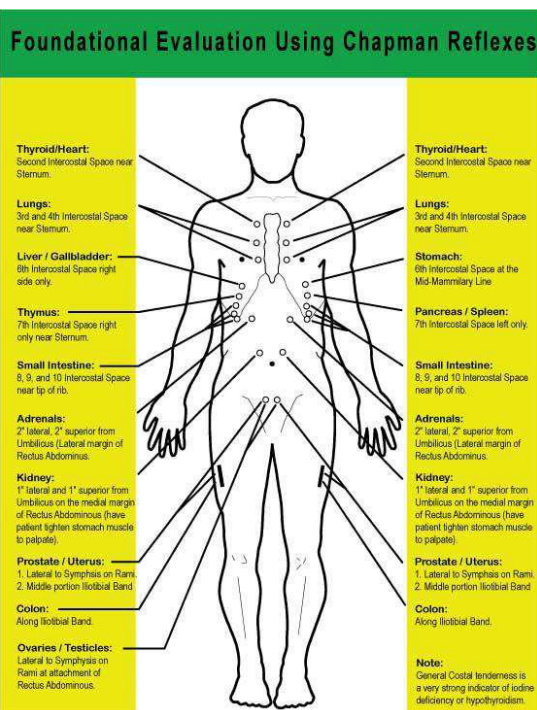
## Classic signs of Hyperthyroidism:

### ➤ Adults

- ❖ Insomnia
- ❖ Hand tremors
- ❖ Nervousness
- ❖ Feeling excessively hot in cool to normal temperatures
- ❖ Frequent bowel movements
- ❖ Losing weight despite normal to increased appetite
- ❖ Excessive sweating
- ❖ Menstrual period becomes scant, or stops altogether
- ❖ Joint pains
- ❖ Difficulty concentrating
- ❖ Eyes seem to be enlarging

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## Thyroid:

- ☒ ☐ Costal margins palpable tender
- ☐ Pretibial edema
- ☐ Periorbital edema
- ☒ ☐ Chapman Reflex ( right & left 2<sup>nd</sup> intercostal near sternum)

Supplements - Thyrostim, Meda-Stim, GTA, GTA Forte, GTA Forte II, Flax seed oil caps, L-Tyrosine, Li-Zyme, Black currant seed oil

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## Axillary Temperature Test

1. Use an ordinary oral thermometer that has been shaken down below 95° F and place on bed stand before going to bed.
2. On waking, place thermometer in armpit for a full 10 minutes. It is important to lay as still as possible. Do not get up and go to the bathroom first.
3. After 10 minutes note temperature.
4. Menstruating females must perform the test on the second, third and forth days of menstruation.

**Normal Range: 97.6 to 98.2**  
**Averages below 97.6 indicate hypoactive thyroid.**  
**Averages above indicate hyperactive thyroid.**

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# Iodine Patch Test

- Apply a 2% brown colored iodine tincture in a 2” patch on either the lower abdomen or anterior thigh.
- If the patient’s iodine level is sufficient the patch should be visible in 22 to 24 hours.
- The quicker the patch fades, the greater the deficiency

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## Iodism - Iodine sensitivity

- Headache
- Hypertension
- Jittery
- Nervousness
- Skin irritation
- Tachycardia
- Thinning of mucous secretions ( nose, watery eyes)

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# T4 to T3 Inhibition

## Nutritional Deficiencies

- Iodine
- Iron
- Selenium
- Zinc
- Vit. A
- Vit. B2
- Vit. B6
- Vit. B12

## Medications

- Beta Blockers
- Birth control pills
- Estrogen
- Lithium

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Characteristics	Adrenal Fatigue	Hypothyroidism
<b>Body Measurements</b>		
Weight	Early: gain weight; severe - cannot gain weight	Generalized weight gain
Body Temp	97.8 or lower	Low 90s to 98.6
Temp regulation	fluctuating and exaggerated	Steady
<b>Physical Looks</b>		
Eyebrows	Full	sparse outer 1/3
Hair	Thin, sparse on extremities	Coarse and sparse
Hair loss	Sometimes	Common
Nails	Thin, brittle	Normal to thick
Peri-orbital Tissue	Sunken	Puffy
Skin	Thin	Normal
Skin tone	Dry	Only or moist
<b>Internal feeling</b>		
Ligaments Flexibility	Good	Poor
Fluid retention	No	Yes
Pain	Headache, muscular, migraines	Joints, muscles
Reactivity	Heightened and hyper-reactive	Hypo-reactive
<b>Concomitant condition</b>		
History of Infections	Common	Occasional
Chronic Fatigue	Yes	Yes
Orthostatic Hypotension	Frequent	No
Blood Sugar	Tendency toward hypoglycemia	Normal to hyperglycemia
Heart Palpitation	Frequent	No
GI function	Irritable or hyperactive	Constipation and hypoactive
<b>Personality Traits</b>		
Personality Type	Type A	Type A or B
Obsessive Compulsive	Frequent	Mixed
<b>Habits</b>		
Sleep Pattern	Wake up 2-4 am	Sleepy
Temperature Tolerance	Intolerance to Cold	Intolerance to Heat
Food Craving	Craving for sweet and salty	Craving for Fats

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# Uterus/Prostate

## Uterus/Prostate:

- \_\_\_\_\_ Medial heel tender
- \_✓\_ Chapman Reflex - ITB
- \_✓\_ Chapman Reflex - Pubic bone

Female -Cytozyme-F, Equi-Fem, Flax seed oil, PMT, Black currant seed oil

Male - Cytozyme M, Cytozyme Orchic, Aqueous Zinc, b-Vital, Flax seed oil, Iodiozyme HP, Liquid Iodine, Palmetto-Plus

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# Ovaries/Testes

## Ovaries/Testicles:

- \_\_\_\_\_ Inside arch
- \_✓\_ Chapman Reflex - Pubic bone

Female -Cytozyme-F, Cytozyme-O, Equi-Fem, Iodiozyme HP, PMT

Male - Cytozyme -M, Cytozyme Orchic, b-Vital, Aqueous Zinc, Flax seed oil, Iodiozyme HP, Liquid Iodine, Palmetto-Plus

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# Cardiovascular



## Cardiovascular

\_\_\_\_/\_\_\_\_ BP (L) \_\_\_\_/\_\_\_\_ BP(R) ✓

\_\_\_\_ Pulse

\_\_\_\_ Left thenar pad tenderness

\_✓\_ Chapman Reflex (right & left 2<sup>nd</sup> intercostal near sternum)

Supplements: Circu Plus (Zorex), Bio-Cardiozyme Forte, VascloSirt, BioCardio-Pack, Bio-3B-G, Bio-GGG-B, CoQ10, Taurine

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## Large Meta-Analysis Links Higher Levels of Cardiorespiratory Fitness to Lower Risk of Death and Cardiovascular Disease

May 20, 2009 (Ibaraki, Japan) — A higher level of cardiorespiratory fitness is associated with a lower risk of all-cause mortality, coronary heart disease (CHD) and cardiovascular disease (CVD) events, according to a meta-analysis of 33 trials comprising more than 187 000 healthy men and women published in the May 20, 2009 issue of the *Journal of the American Medical Association* [1].

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## Association between diagonal earlobe crease and coronary artery disease *Associação entre dobradura lobular diagonal e doença arterial coronária*

Hélio Amante Miot<sup>1</sup>  
Leticia de Chiara Card  
Luciane Donida B. Mi

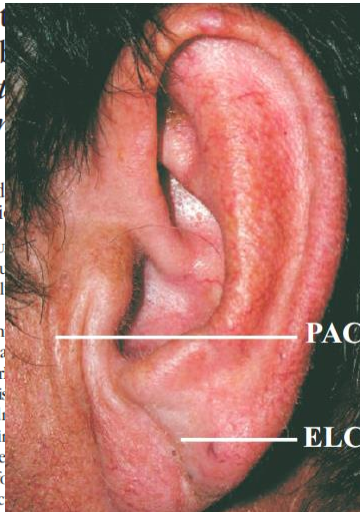
**Abstract:** BACKGROUND - Earlobe creases represent easily visible signs of aging. OBJECTIVES - To evaluate the association between earlobe creases and coronary artery disease.

**METHODS** - A case-control study was conducted with 100 patients with a history of myocardial infarction and 100 healthy controls.

**RESULTS** - One hundred patients with a history of myocardial infarction and 100 healthy controls. The prevalence of earlobe creases was 3.1 (1.2-8.3) and for preauricular crease and preauricular crease was 3.1 (1.2-8.3) and for preauricular crease was 3.1 (1.2-8.3).

**CONCLUSIONS** - The study detected a positive association between bilateral diagonal earlobe crease and bilateral preauricular crease with coronary artery disease. The simultaneous finding of both folds had high predictivity for coronary artery disease.

**Keywords:** Coronary arteriosclerosis; Ear, external; Male; Risk factors



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1\*  
as pregas

hwafaty de Siqueira<sup>3</sup>  
Pandini Filho<sup>6</sup>

artery disease and  
technique.  
without coronary

formed. We includ-  
ssessed as to pres-  
ults were adjusted  
noking.

**FIGURE 1:**  
Diagonal ear-  
lobe crease  
(ELC) and  
preauricular  
crease (PAC)

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While earlobe creases do not prove heart disease, the Mayo Clinic announced that out of 121 patients, the earlobe crease plus symptoms of heart attack (i.e., chest pain) meant a heart attack about 90% of the time. Similar symptoms, but without the earlobe crease, terminated in a noncoronary diagnosis 90% of the time

(Pearson et al. 1982).

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## Ear lobe crease: a marker of coronary artery disease?

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### Abstract

The ear lobe crease (ELC) has been defined as a deep wrinkle that extends backwards from the tragus to the auricle. It has been proposed that ELC is a predictor of coronary artery disease (CAD). In this review, we consider the possible association between ELC and CAD. Our aim is to systematically address all the relevant evidence in this field. **There are many studies that support an association between ELC and CAD. However, other studies did not find such an association. A recent meta-analysis supports the hypothesis that ELC could be a marker of CAD.** However, several limitations raise doubts as to whether we should accept this link.

**Key words:** ear lobe crease, coronary artery disease, Frank's sign.

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## Images in Cardiovascular Medicine

### Bilateral Earlobe Creases and Coronary Artery Disease

Arman Qamar, MD; Kimon L.H. Ioannides, BS; Sumeet A. Khetarpal, MS; Daniel Kiss, MD

A 73-year-old man with a history of hypertension and a family history of coronary artery disease (CAD) was seen in an outpatient clinic for stable angina. Physical examination showed bilateral earlobe creases, known as Frank's sign (Figure 1), and no other relevant cardiac findings.

ECG showed normal sinus rhythm with no signs of ischemia. He was evaluated with a nuclear stress test, which revealed moderate reversible perfusion defects localized to the lateral wall. He underwent an elective coronary arteriography, which showed 80% stenosis of the left main coronary artery, 90% stenosis of the distal right coronary artery, and 90% stenosis of the proximal left circumflex coronary artery (Figure 2). Left ventriculogram showed an ejection fraction of 60% with mild inferoapical and moderate inferobasal hypokinesis. The patient underwent 3-vessel coronary artery bypass graft surgery and has since done well.

Diagonal earlobe crease (DELCL), also known as Frank's sign, was first associated with CAD by Sanders T. Frank in 1973.<sup>1</sup> Since its first description, others have shown it to be associated with the presence, as well as the extent and severity, of CAD, independent of traditional CAD risk factors, such as serum lipids, diabetes mellitus, and smoking status.<sup>2,3</sup> DELCL is also associated with higher risk of major adverse cardiac events in patients with known CAD.<sup>4</sup> Recent studies have suggested that DELCL may also be a marker of generalized atherosclerotic disease. DELCL is associated with carotid-intima media thickness, a marker of subclinical atherosclerosis in subjects free of clinical cardiovascular disease,<sup>5</sup> and was reported recently to be associated with ischemic stroke.<sup>6</sup> The etiologic basis of DELCL in atherosclerotic disease is not

fully understood. DELCL may occur because of age-related or microvascular disease-associated weakening of elastic fibers in the ear lobes, reflecting a similar pathology in weakened coronary arteries.<sup>7</sup>

Our patient demonstrated bilateral ear lobe creases in the setting of severe CAD. **Broader recognition among clinicians of this easily detectable sign may facilitate early diagnoses in patients at high risk for CAD.**

### Disclosures

None.

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*Br Heart J* 1989;**61**:361-4

## Diagonal earlobe creases and fatal cardiovascular disease: a necropsy study

N KIRKHAM, T MURRELLS,\* D H MELCHER, E A MORRISON

*From the Department of Pathology, Royal Sussex County Hospital, Brighton and the \*Epidemiology and Public Health Research Unit, Robens Institute, University of Surrey, Guildford*

**SUMMARY** The association between diagonal earlobe creases and fatal cardiovascular disease was investigated in a consecutive series of 303 coroner's necropsies. Those studied all died outside hospital in the Brighton Health District. Data were analysed on the cause of death and on the type of earlobe, the presence or absence of diagonal creases, age, sex, height, and any previous history of cardiovascular disease or diabetes mellitus. The age of nine men and six women was not known. Cardiovascular causes of death included ischaemic and hypertensive disease, calcific valvar stenosis, ruptured dissecting aneurysm of the thoracic aorta, and ruptured atheromatous aneurysm of the abdominal aorta. The mean (SD) age at death was 72 (15) and the male to female ratio was 1.3:1. Diagonal creases were present in 123 (72%) of 171 men and 88 (67%) of 132 women. A previous history of cardiovascular disease was present in 90 (30%) of the total of 303 and 74 (35%) of the 211 with diagonal creases. A cardiovascular cause of death was present in 154 (73%) of 211 with and 41 (45%) of 92 without diagonal creases and was associated with an increased risk of a cardiovascular cause of death of 1.55 in men and 1.74 in non-diabetic women.

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## Allergy & Sensitivities

### Immune & Allergy

\_\_\_\_\_ Histamine point (1/2 way between ziphoid and nipple)

**Supplements:** AHF (Antihistamine Formula - Zorex), HistoPlex, HistoPlex AB, Mo-Zyme, Bio-Immunozyne Forte, Cytozyme THY, Dismuzyme, BioFCTS, Bio C Plus 1000, Bio-Cyanidins, Bio-D-Mulsion (Forte), ScentArest

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# Allergy & Sensitivities

## Additional Indicators and Tests:

- Sanchez Cuenca
  - \_\_\_\_ Sitting pulse    \_\_\_\_ Standing pulse
  - ( positive if difference is >6)
- Coca Pulse Test
- Toe touch
- \_\_\_\_√ \_\_\_\_ Internal foot rotation

### 480 Chapter 8: Immunodiagnostic Studies

#### Background

*Immunoglobulin* is a general term for *antibody*. Five classes of immunoglobulins—IgG, IgA, IgM, IgD, and IgE—have been isolated in humans. Each of the immunoglobulins bears a structural similarity to the other antibody molecules. The basic functions of immunoglobulins are to neutralize toxic substances (antigens) entering the body, to allow for phagocytosis, and to kill microbial organisms.

A brief description of three major immunoglobulins and their properties follows:

#### IgG

1. Major immunoglobulin of blood; 4 subclasses
2. Accounts for 85% of total human immunoglobulin
3. Occurs as a secondary response after IgM
4. Possesses antibody activity against viruses, some bacteria, fungi, and toxins
5. The only immunoglobulin that crosses the placenta

#### IgA

1. Main immunoglobulin; exists in 2 forms, serum and secretory; in secretory forms in most secretions such as colostrum, saliva, tears, and secretions of gastrointestinal tract and bronchial tract
2. Mostly present in secretory of IgA with lesser levels in serum IgA<sub>2</sub>
3. Accounts for 10% to 15% of total human immunoglobulin
4. Protects the mucous membranes in the respiratory and GI tract as first line defense against invasion by microorganisms at point of entrance
5. Does not cross the placenta and is therefore absent in infants
6. Persons with IgA deficiency are predisposed to autoimmune diseases and can develop antibody to IgA with possible anaphylaxis occurring if transferred

#### IgM

1. Constitutes 5% to 10% of total human immunoglobulin
2. First antibody to appear after antigens enter the body
3. Possesses antibody activity against gram-negative organisms and rheumatoid factors
4. Forms the natural antibodies such as the ABO blood group
5. Is a powerful activator of complement
6. Does not pass across the placenta and is therefore usually absent in the newborn, but it is observed approximately 5 days after birth

#### Explanation of Test

This test measures the levels of three classes of immunoglobulins (IgG, IgA, and IgM) in the blood. It is difficult to identify these immunoglobulins by conventional electrophoresis, and this test constitutes a special method of differentiation.

### Immunoelectrophoresis; Quantitative AGM Test 481

#### Procedure

1. A venous blood sample of 10 ml. is usually obtained.
2. Check with the individual laboratory requiring the sample. Quantities needed may vary from laboratory to laboratory.

#### Clinical Implications

##### A. IgG

1. Increases in
  - (a) Chronic granulomatous infections
  - (b) Infections of all types
  - (c) Hyperimmunization
  - (d) Liver disease
  - (e) Malnutrition (severe)
  - (f) Dysproteinemia
  - (g) Disease associated with hypersensitivity granulomas, dermatologic disorders, and IgG myeloma
  - (h) Rheumatoid arthritis
2. Decreases in
  - (a) Agammaglobulinemia
  - (b) Lymphoid aplasia
  - (c) Selective IgG, IgA deficiency
  - (d) IgA myeloma
  - (e) Bence Jones proteinemia
  - (f) Chronic lymphoblastic leukemia

##### B. IgD

1. Biologic functions of these antibodies are still relatively unknown.
2. Only small amounts are present in the blood but more than IgE
3. Increases in
  - (a) Chronic infections
  - (b) Connective tissue disorders
  - (c) Certain liver diseases
  - (d) IgD myeloma
4. Decreases in many hereditary and acquired deficiency syndromes

##### C. IgE

1. Possesses antibody activity for hypersensitivity reactions and presence may be a protection against parasitic worms
2. Increases in
  - (a) Atopic skin diseases such as eczema
  - (b) Hay fever
  - (c) Asthma
  - (d) Anaphylactic shock
  - (e) E-myeloma
3. Only very small amounts are present in the blood



### The Coca Pulse Test

<sup>3</sup>Arthur F. Coca, M. D., developed the Coca Pulse Test for allergy detection and elimination over 40 years ago. This is a simple, yet extremely effective way to identify foods or substances to which a person may be allergic, intolerant or sensitive. Quite simply, stress will cause the pulse to increase. Although the Coca Pulse Test is simple, it requires the complete cooperation of the person. Foods to which you are intolerant are stressful and will reveal themselves by speeding up your pulse. Laboratory tests which are less accurate than this method could easily cost over a thousand dollars. Through this test, Dr. Coca was able to eliminate a large number of symptoms and conditions simply by identifying and eliminating, from the diet, foods to which the person was intolerant.

As health recovery proceeds, some foods to which a person has sensitivity may be reintroduced in moderation using the pulse to monitor their acceptability. Understanding and using the test as a tool can help you throughout your life to be free from the ill effects of eating foods that are not right for you. Dr. Coca wrote a book called *The Pulse Test*. This is an inexpensive paperback and can be purchased at Center For Natural Medicine, P.A.

#### Pulse Test - Part I

##### Procedure:

For three days, you will be taking your pulse 17 times per day. Once **before** you get out of bed, before each meal, immediately after the meal, three times after each meal at 30 minute intervals, and finally, just before bed. All pulses should be taken sitting, except the important one upon waking. For best accuracy, avoid snacks between meals but if you eat a snack write it down.

It is extremely important that you take a full one-minute pulse. Do NOT take a 15 second pulse and multiply by four, as it is not accurate enough for this test. Accuracy is important! Do not smoke during the three-day test. Smoking will change the test results. This test may not be valid if you are taking a drug that controls your heart rate, such as a calcium-channel blocker or a beta-blocker.

Record all items that you eat at every meal and continue the record for three days.

#### Interpretation of Pulse Test

You can characterize your pulse by determining the following:

1. The daily low pulse rate. Normally, this will be the rate when you wake up unless you are allergic to something you are sleeping on or to dust.
2. Note the lowest and highest pulse on a given day. The maximum normal range difference is 16 beats. If your range is higher than this, you are allergic to something.
3. The pulse rate average.
4. The pulse rate range or pulse differential, that is, the difference between the daily low rate and high rate.
5. The slight variations in the daily maximal rate (not greater than two beats).

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### The Rules:

#### Rule 1:

If your pulse-count taken standing is greater than that taken sitting, this is a positive indication of food or environmental sensitivity. If you normally are sensitive to people with strong perfumes, cigarette smoke, or the soap aisle in the grocery store, then you are likely sensitive to chemicals and will have to be careful to note your interaction with them as you record your pulse.

#### Rule 2:

If at least 17 pulse-counts are being made each day, and if your daily maximal pulse-rate is constant (within one or two beats) for three days in succession, this indicates that all "food sensitivities" have been avoided on those days.

#### Rule 3:

If your daily maximal pulse-rate varies more than two beats; for example, Monday 72, Tuesday 78, Wednesday 76, Thursday 71, you are certainly "sensitive", provided there is no infection.

#### Rule 4:

If the ingestion of a frequently eaten food causes no acceleration of your pulse (at least six beats above your estimated normal maximum), that food can be tentatively considered "non-sensitive" for you.

#### Rule 5:

Your pulse-reaction to an inhaled allergen (particularly "dust mites") is more likely to be of short duration than that to a major food allergen.

#### Rule 6:

Pulse-rates that are not more than six beats above the estimated normal daily maximum should not be blamed on recently eaten food but on an inhalant or a recurrent reaction.

#### Rule 7:

If your minimum pulse-rate does not regularly occur "before rising," after the night's rest, but at some other time in the day, this usually indicates sensitivity to dust, dust mites or something in the sleeping environment, i.e., perfume, mattress, pillow.

#### Rule 8:

Women are often allergic to their own ovarian hormones which are most active immediately prior to, or during menstruation or at the middle of the cycle when ovulation occurs. Marked pulse increases during this time suggest a hormone sensitivity.

"I know automobile owners who, if told they were pouring a corrosive chemical into their car engines when they used a specific type of gasoline, would spend days testing the truth of my statement. But these same people if told that they are pouring what are to them poisons into their own engines, would not take one hour to test the truth of my statement." Dr. Coca

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**The Pulse Test - Part Two  
(Neuro-Lingual Test)**

- \* Establish your baseline pulse by counting your pulse for a full minute before trying a particular food.
- \* Put a food in your mouth (on your tongue). Do not swallow it. However, you do need to taste it for approximately one minute. The taste will send a signal to your brain, which will send a signal through the sympathetic nervous system to the rest of your body. Test only one food at a time. Testing individual ingredients is more valuable information than foods containing multiple ingredients. Testing an egg, for example, is more valuable information than testing an omelet, and a banana is better than banana bread.
- \* Retake your pulse (the food remains in your mouth). A change of four or more is considered a sensitive reaction. The greater the degree of allergenicity, the higher the pulse will be. Write down the pulse result on the testing list you were given.
- \* Discard the tested ingredient (do not swallow). Rinse your mouth out with some purified water (spit the water out). Wait two minutes, then you can retest your pulse to see if it has returned to its baseline. If it hasn't wait a couple of minutes more and retest, continue to retest until you have returned to your normal pulse. Once returned to your normal pulse, you can test the next food, repeating the procedure as frequently as you like, as long as you always return to your normal pulse before testing the next food.

*Note: This test may not be valid if you are taking a drug that controls your heart rate, such as a calcium-channel blocker or a beta-blocker.*

Food	Pulse: Before/After	Difference	Food	Pulse: Before/After	Difference
	/			/	
	/			/	
	/			/	
	/			/	
	/			/	
	/			/	
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	/			/	

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**Sniff Tests**

Use to test your sensitivity to fumes (including tobacco smoke, cleaning solvents, perfumes, etc.)

Normal pulse range: \_\_\_\_\_  
Normal resting pulse rate: \_\_\_\_\_  
Pulse before testing: \_\_\_\_\_

Exposure to possible offending fumes:

Suspected substance	Immediate	3 minutes	6 minutes	9 minutes	12minutes	15minutes

If pulse does not rise within 15 minutes it is a substance that you can be reasonably sure you are not sensitive to. This not mean that it may not be toxic in other ways to you.

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# Kidneys

## Kidneys:

\_\_\_ T11 - 12

\_\_\_  $\sqrt$  \_\_\_ Chapman Reflex (1" lateral and superior to umbilicus with abdominal muscles tightened)

**Supplements:** Cytozyme KD, Renal Plus, Nephra-Zyme, Argizyme

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### EXAMINATION FOR H.O.P.E.™

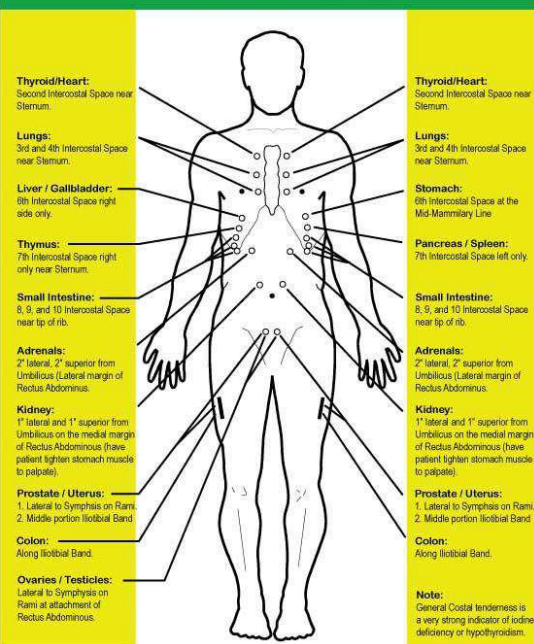
Patient Name: _____ Date: _____		
Age: _____ D.O.B. _____ M/F _____		
<b>Observation</b> General: alert, well-appearing, NAD, coherent and active.  HEENT: Canals/pans nontender, TM good landmarks/color, PEERLA, EOM full, AC clear. No sinus tenderness, nares patent, no obstruction. Pharynx clear no erythema, exudates, tonsillar enlargement. Teeth, tongue, uvula, and mucosal intact and w/o lesions.  Chest: No respiratory distress, wheezes, rhonchi, or rales. BS = bilateral.  Cardio: Regular rhythm, no murmurs, S3, S4, click or rub. PMI not displaced. Pulses 2+ and symmetrical. No bruits.  Abdomen: Soft, no tenderness, guarding, masses or organomegaly. Bowel sounds active. No flank or CVA/T.  Ext: No cyanosis, clubbing, edema or deformities. Pulses full and equal.  Neuro: Alert, oriented, CN II - XII grossly intact. SME intact, DTR's 2+ and symmetrical. No focal findings, F-N, H-S. Gait intact.  Skin: No rashes, erythema, petechia, or other lesions. Nails w/o deformity, cyanosis or clubbing.	<b>Digestion</b> <b>Stomach:</b> ___ HCl point ___ Chapman Reflex  <b>Small Intestine</b> ___ Palpation 2-3" around umbilicus ___ Chapman Reflex  <b>Large Intestine</b> ___ Palpate large intestine ___ Chapman Reflex  <b>Gall Bladder</b> ___ Murphy's Sign ___ Chapman Reflex  <b>Pancreas</b> ___ Enzyme Point  <b>Tissue Calcium</b> ___ < 190 nm Hg  <b>Essential Fatty Acids</b> ___ Oral pH ___ Repeated muscle Challenge (20X)  <b>Sugar Handling</b> <b>Adrenals:</b> ___ Postural hypotension Supine    Standing ___ Paradoxical Pupillary Reflex ___ Posterior Ilium/short leg ___ Ligament tenderness  <b>Pancreas:</b> ___ Palpable tenderness ___ Chapman Reflex ___ Right thorax pad tenderness ___ T6/T7 tenderness, right of spine  <b>Liver:</b> ___ Murphy's Sign ___ 3rd rib right sternal tenderness ___ Chapman Reflex  <b>Hydration</b> ___ Vascular hydration sign	<b>Endocrine</b> <b>Thyroid:</b> ___ Costal margins palpable tender ___ Prethelial edema ___ Chapman Reflex  <b>Uterus/Prostate:</b> ___ Medial heel tender ___ Chapman Reflex - ITB ___ Chapman Reflex - Pubic bone  <b>Ovaries/Testicles:</b> ___ Inside arch ___ Chapman Reflex  <b>Cardiovascular</b> ___ BP (L) ___ / ___ BP(R) ___ Pulse ___ Left thorax pad tenderness ___ Chapman Reflex  <b>Immune &amp; Allergy</b> ___ Histamine point  <b>Kidneys</b> ___ T11 - 12 ___ Chapman Reflex  <b>Vertebral Indicators</b> C1 - Food    T7 - Spleen / anxiety    Immune C2 - Sinus    T8 - Liver C3 - Diaphragm    T9 - Adrenals C4 - Thyroid    T10 - St C5 - Sugar    T11/12 - handling    Kidneys C6 - Gastric    L1 - IGV C7 - Hygiene    L2 - Cecum T1 - Heart    L3 - Endocrine T2 - Myocardium    L4 - Colon T3 - Lungs    L5 - Genital T4 - Gall bladder    P1 Ilium + T5 - Stomach    Adrenal T6 - Pancreas    AS Ilium - P1 E deficiency

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## Foundational Evaluation Using Chapman Reflexes



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Send Urine Out by this date:

### Instructions for Urine Test Kit

Label the small tube with your name, date of birth and date with a permanent marker. Complete the information below archiving letting Dr. Peterson know how you are doing.

Collect your first Urine in the morning, collecting at midstream into a clean jar/container (paper or foam cup work best to pour urine).

Pour the Urine into the smaller tube to fill 5mls of Urine-no less. Place cap on tube tightly. Wrap absorbent cloth around small tube and place into larger tube and seal cap tightly.

Place large tube with specimen into the plastic Specimen pouch, zippered side and seal well.

Place into Mailer and mail immediately. If you cannot get to the post office right away, refrigerate the Mailer until the package can be mailed.

As soon as your specimen is tested we will call you to set up a phone consultation with Dr. Peterson to review your results.

Note: Exempt human specimens are mailable as First-Class Mail, Priority Mail, Express Mail, or Package Services mail.

### Health Disclaimer:

The Center for Natural Medicine does not make any guarantees, warranties or representations about the results that you will achieve through functional testing. These tests are not diagnostic of any specific disease or disease process, rather they provide a functional assessment. They are intended for informational and not intended nor suited to be a replacement or substitute for professional medical treatment or medical advice relative to a specific medical question or condition. The Konisburg Adrenal Stress Assessment, Indican, and Urinary Sulfate levels are functional tests utilized by Dr. Peterson to aid in a quick, reproducible and reliable functional assessment of limited portions of your health status. The urine Multi-Stick is a standard urine analysis offered in most medical facilities.

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

DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please let me know - how you doing?

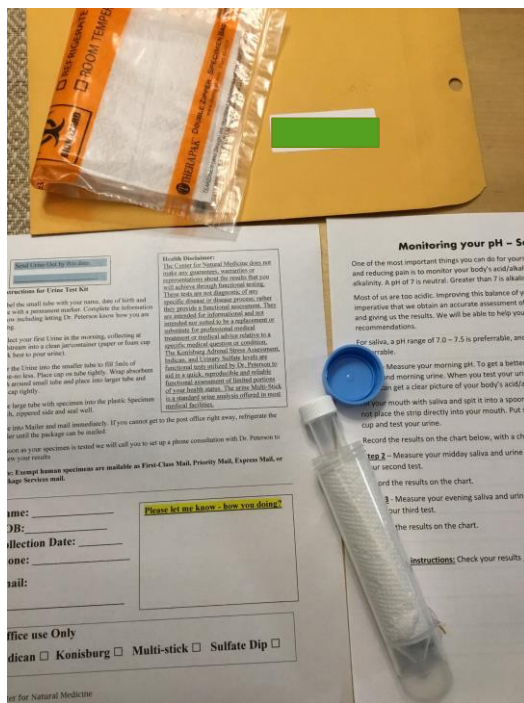
### Office use Only

Indican ☐ Konisburg ☐ Multi-stick ☐ Sulfate Dip ☐

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