

Help Thru The Natural Healing Arts Clinic

Please read all the disclaimer information.

The questionnaire information must be returned to the office filled out at least one week prior to your appointment. (This appointment may be by phone or in person arrangements may also be made to go through Skype.)

Copies of Blood test or any other documentation on your medical conditions is also very beneficial.

Please include a list of one week's consumption of food.

Thank you for choosing Help Thru The Natural Healing Arts Center

Colene Allen

**HEALTH CARE PROVIDER'S NOTICE AND DECLARATION
OF 9TH AMENDMENT RIGHTS**

Definitions: Health Care Provider shall be any one or more of the following:

Medical Doctor, Nutritionist, Nutritional Consultant, Herbalist, Chiropractor, Acupuncturist, Health Food Store clerk, Druggist, Nurse, Sales person of health products, Naturopath, Nutripath, Iridologist, Colon Therapist, Christian Scientist, Indian Medicine Man, Dietitian or Other (describe):

Description of Health Care Provider: Colene Allen, D.N. (Describe as M.D., N.D., D.N., D.C., M.S., M.A., C.N.C. etc)

Name of person or organization providing health care information and/or services: **Colene Allen, D.N.**

ARTICLE IX, U.S. CONSTITUTION

The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people."

I/We, the undersigned, hereby declare and retain the following natural and God-given rights, under the 9th Amendment to the Constitution of the United States of America as follows:

1. The right to obtain an education in health care from any institution or private school, including those whose views are different than those of orthodox and conventional medicine.
2. The right to practice alternative and nutritional therapies, regimens and modalities for the intended health benefits of any person(s), without being required to obtain a license from any governmental authority, and to do so in a manner consistent with my educational training and background. My educational training and background is –
3. The right to provide health care products, regimens, modalities and services to any person(s) for any health benefit or purpose providing:
 - a. I shall not provide any health care service that I am not qualified to provide based on my education and experience;
 - b. I shall make no false representation(s) about my education and training experience;
 - c. I shall make no intentionally exaggerated, false or misleading claims for the health products and services that I provide;
 - d. I shall inform any person(s) to whom I provide health care products and services when the protocol (treatment) recommended is experimental;
 - e. I shall avoid claiming that someone was "cured" of an illness unless the disease remains in remission for 5 years or longer;
 - f. All persons will be advised in a "Customer Request and Authorization Form" to seek a second evaluation from a medical doctor, unless they have already done so.
4. I retain the right to provide customer references upon request.
5. I retain the right to use testimonials.
6. I retain the right to provide information on the intended and newly intended health purposes and benefits of my products and services. The health and well-being of my clients shall be my sole concern. All clients will be given a copy of this Health Care Provider's Notice at the time of initial consultation.
7. All rights retained herein are declared retroactive to the date of my 18th birthday.

The enumeration, in this declaration, of these rights shall not be construed to deny or disparage others retained by me, or my right to amend this declaration at any time. These rights, which are asserted for reasonable and good cause, are declared to be retained by the people under the Ninth Amendment to the U.S. Constitution, all state and federal laws to the contrary notwithstanding. In any litigation brought by any party objecting to the rights declared herein, a jury, representing the people, shall have the right to modify, nullify or expand upon the Ninth Amendment right claim in this document .

Date: **11-12-98**

Dr. Colene Allen, LMT, DN

(Your Name as Health Care Provider)

Form No. B1.
(Notary Public)

STATE OF COLORADO
COUNTY OF FREMONT

**(original hangs in the office
of Colene Allen)**

Subscribed and sworn to me this 17th day
of November, 1998 by Sarah J McCreegfit
My Commission expires 9/25/99 Notary Public

CUSTOMER REQUEST AND AUTHORIZATION FORM

I request from _____ (Name of Health Care Provider), any one or more of the following: information on health products, nutritional consulting, diagnosis, evaluation, recommendations, assessments, tests and/or treatments(s), regiments(s) or modality(s) as regards health-related services which are more particularly described as follows:

I request these health-related services as a right to Freedom of Choice in Medicine and Health Care, retained by me under the Ninth Amendment to the U.S. Constitution. I also agree to go to a medical doctor for a second evaluation, if I have not already done so. If I am a guardian or parent of a minor, I agree to take my son or daughter or other person for whom I am responsible to a medical doctor for a second evaluation.

NOTICE AND DECLARATION OF 9TH AMENDMENT RIGHTS

Article IX, U. S. CONSTITUTION

“The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people”

I, THE UNDERSIGNED, HEREBY Declare the following natural and God-given rights, as retained by the people, under the 9th Amendment to the Constitution of the United States of America as follow:

1. I retain the right to seek nutritional advice, counsel, information, recommendations, assessments, evaluations, tests and/or treatment(s), regiments(s) or modalities from the nutritionist (s) or doctor of my choice for any health reason or purpose.
2. I retain the right to select or reject any individual(s) as my personal nutritionist(s), whether that individual be a Medical Doctor, Herbalist, Chiropractor, Health Food Store Clerk, Druggist, Nurse, Sales person of health products, Naturopath, Nutripath, Indologist, Colon therapist, Priest, Pastor, Preacher, Indian Medicine Man, Relative, Friend, Dietitian or anyone from the general citizenry who has, or has not, any known formal training or claimed knowledge, education, insights, or qualifications, to be my nutritionist. I also retain the right to use the services of nutritionists, doctors, health care practitioners and dietitians who are not licensed by the State.
3. I retain the right to Freedom of Choice of Medicine and Health Care in the most liberal construction, including the right to choose my own diet, obtain, purchase and use any treatment, therapy, regimen, modality, drug, food, medicine of health product for any health condition I have or may have as evaluated by myself, the doctor, nutritionist or therapist of my choice.

The enumeration in this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

CONSTRUCTIVE NOTICE

Notice is hereby given to any person or persons who receive a copy of this Declaration and who, acting under color of any law, intentionally interfere with the free exercise of the rights retained by me under the 9th amendment to the U S Constitution, as enumerated in this document, that they may be in violation of Title 42, U.S.C. 1983 et seq. And Title 18, section 241.

In signing this declaration, I acknowledge receiving a copy of it for my records along with a copy of the “Health Care Providers Notice and Declaration”

Date: _____ Signed _____ (Print Name) _____
Address _____ Phone _____

A copy of this Declaration will be kept on file at the Health Care Providers office or place of business.

Form No A1. (Long Version)

CLIENT AGREEMENT WITH THE REGISTERED HOLISTIC HEALTH PRACTITIONER

I fully understand that the **Registered Holistic Health Practitioner, Colene Allen, Reg. N0. RHC-1073 issued through The Nutritional Science Association, Associate of Total Person Institute,** is not a medical doctor and is not a psychologist. I also understand that diagnosis or treatment for any disease or health condition is beyond the scope of any Registered Holistic Health Practitioner. If I have any disease, health problem, or health condition, I am now being advised to seek qualified medical advice from a licensed physician.

I am here as a client, on this or any subsequent visit, solely on my own behalf and not as an agent for federal, state, or local agencies on a mission of entrapment or for any investigative purposes.

I understand that the above named practitioner teaches clients how to build their own health through training in the effective use of life-style modification, pollution avoidance, clean air, pure water, proper foods, rest, exercise, meditation, goal orientation, positive mental attitudes, stress reduction techniques, and adjustments both physical and spiritual or social and economic factors affecting over-all health.

I realize that services provided may or may not include examination of saliva, hair samples, urine, usual dietary practices, etc., for energy/stamina evaluations. Any evaluation test is not medical in nature and such tests are not procedures used for diagnosis or treatment of any health condition or disease. I know that such evaluation testing is not approved by any branch of the medical profession and is not approved by the Food and Drug Administration.

The use of exercises, finger pressure, thumb pressure, massage, or movements demonstrated on the body of the client are examples which can be performed by the client in the privacy of his/her own home. Demonstrations for muscle tone or circulation of vital life force energy (as defined by acupuncturists) for greater fitness levels are NOT to be construed as treatment for any disease or health conditions.

Recommendations, suggestions, and references to meals, menus, or nutritional supplements are for body building, increased stamina and energy, and general health maintenance and do NOT involve any diagnosing, prognosticating, or prescribing for the treatment of any disease or health condition.

I understand that the holistic practitioner named above is dedicated to educating clients to help themselves to better health with emphasis on education and self-care. The body-mind-spirit philosophy of holism is not universally accepted nor recognized and agencies considered as health authorities may not agree with holistic approaches where clients must shoulder responsibilities for their own health. Educating clients in holistic health may be considered an inexact science with many variables. Results from Life-style changes are neither constant nor predictable.

I have read and understand what is written above. My signature below signifies that I agree to retain the above named Registered Holistic Health Practitioner to educate me through lecture, testing evaluation, and demonstrations, in methods available for me to help myself to improvement of my overall general health.

Date _____

Client Signature _____

File No. _____

Address _____

Phone _____ Home _____ Work _____

E-mail _____

Date of Birth _____

WAIVER

IN ATTENDING THE SEMINARS, CLASSES OR CONSULTATIONS CONDUCTED BY COLENE ALLEN, OR HELP THRU THE NATURAL HEALING ARTS, I UNDERSTAND THAT I AM NOT HAVING ANY DISEASE DIAGNOSED OR TREATED.

I AM ATTENDING OR CONSULTING ONLY TO FIND OUT GENERAL HEALTH INFORMATION THAT IS GENERALLY BENEFICIAL FOR ANY ONE TO FOLLOW TO MAINTAIN OR GAIN THEIR HEALTH. I AM NOT RECEIVING A TREATMENT OR DIAGNOSIS FOR A DISEASE.

SIGNED: _____

DATE: _____

**I, Colene Allen, take no patients, and have no individual cases.
I have no medical practice, and do not teach or
prescribe medicine.
I TEACH THE WAY TO HEALTH.**

**Colene Allen
Help thru the Natural Healing Arts**

SYMPTOM SURVEY FORM



Client _____ Clinician _____ Date _____

Birth Date ____ / ____ / ____ Approx Weight _____ Vegetarian: Yes .. No ..

INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.

* Fill in the circle marked 1 for MILD symptoms (occurred once or twice last 6 months). ●○○

* Fill in the circle marked 2 for MODERATE symptoms (occurred once or twice last month). ○●○

* Fill in the circle marked 3 for SEVERE symptoms (chronic, occurred once or twice last week). ○○●

Leave circles BLANK if they don't apply to you! ○○○

GROUP 1 - Sympathetic Dominance

- | 1 2 3 | 1 2 3 | 1 2 3 |
|--------------------------------|---|--------------------------------|
| 1 ○○○○ Acid foods upset | 8 ○○○○ Gag easily | 15 ○○○○ Appetite reduced |
| 2 ○○○○ Get chilled often | 9 ○○○○ Unable to relax; startles easily | 16 ○○○○ Cold sweats often |
| 3 ○○○○ "Lump" in throat | 10 ○○○○ Extremities cold, clammy | 17 ○○○○ Fever easily raised |
| 4 ○○○○ Dry mouth-eyes-nose | 11 ○○○○ Strong light irritates | 18 ○○○○ Neuralgia-like pains |
| 5 ○○○○ Pulse speeds after meal | 12 ○○○○ Urine amount reduced | 19 ○○○○ Staring, blinks little |
| 6 ○○○○ Keyed up - fail to calm | 13 ○○○○ Heart pounds after retiring | 20 ○○○○ Sour stomach often |
| 7 ○○○○ Cut heals slowly | 14 ○○○○ "Nervous" stomach | |

GROUP 2 - Parasympathetic Dominance

- | 1 2 3 | 1 2 3 | 1 2 3 |
|--|--|--|
| 21 ○○○○ Joint stiffness on arising | 29 ○○○○ Digestion rapid | 37 ○○○○ "Slow starter" |
| 22 ○○○○ Muscle-leg-toe cramps at night | 30 ○○○○ Vomiting frequent | 38 ○○○○ Get "chilled" infrequently |
| 23 ○○○○ "Butterfly" stomach, cramps | 31 ○○○○ Hoarseness frequent | 39 ○○○○ Perspire easily |
| 24 ○○○○ Eyes or nose watery | 32 ○○○○ Breathing irregular | 40 ○○○○ Circulation poor, sensitive to cold |
| 25 ○○○○ Eyes blink often | 33 ○○○○ Pulse slow; feels "irregular" | 41 ○○○○ Subject to colds, asthma, bronchitis |
| 26 ○○○○ Eyelids swollen, puffy | 34 ○○○○ Gagging reflex slow | |
| 27 ○○○○ Indigestion soon after meals | 35 ○○○○ Difficulty swallowing | |
| 28 ○○○○ Always seems hungry; feels "lightheaded" often | 36 ○○○○ Constipation, diarrhea alternating | |

GROUP 3 - Sugar Handling

- | 1 2 3 | 1 2 3 | 1 2 3 |
|--|--|---|
| 42 ○○○○ Eat when nervous | 49 ○○○○ Heart palpitates if meals missed or delayed | 53 ○○○○ Crave candy or coffee in afternoons |
| 43 ○○○○ Excessive appetite | 50 ○○○○ Afternoon headaches | 54 ○○○○ Moods of depression - "blues" or melancholy |
| 44 ○○○○ Hungry between meals | 51 ○○○○ Overeating sweets upsets | 55 ○○○○ Abnormal craving for sweets or snacks |
| 45 ○○○○ Irritable before meals | 52 ○○○○ Awaken after few hours sleep - hard to get back to sleep | |
| 46 ○○○○ Get "shaky" if hungry | | |
| 47 ○○○○ Fatigue, eating relieves | | |
| 48 ○○○○ "Lightheaded" if meals delayed | | |

GROUP 4 - Cardio-Vascular

- | 1 2 3 | 1 2 3 | 1 2 3 |
|---|--|--|
| 56 ○○○○ Hands and feet go to sleep easily, numbness | 63 ○○○○ Get "drowsy" often | 68 ○○○○ Bruise easily, "black and blue" spots |
| 57 ○○○○ Sigh frequently, "air hunger" | 64 ○○○○ Swollen ankles, worse at night | 69 ○○○○ Tendency to anemia |
| 58 ○○○○ Aware of "breathing heavily" | 65 ○○○○ Muscle cramps, worse during exercise; get "charley horses" | 70 ○○○○ "Nose bleeds" frequent |
| 59 ○○○○ High altitude discomfort | 66 ○○○○ Shortness of breath on exertion | 71 ○○○○ Noises in head, or "ringing in ears" |
| 60 ○○○○ Opens windows in closed rooms | 67 ○○○○ Dull pain in chest or radiating into left arm, worse on exertion | 72 ○○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 ○○○○ Susceptible to colds and fevers | | |
| 62 ○○○○ Afternoon "yawner" | | |

SYMPTOM SURVEY FORM - PAGE 2

GROUP 5 - Biliary / Liver

- | | | |
|--|---|---|
| <p>1 2 3</p> <p>73 ○○○ Dizziness</p> <p>74 ○○○ Dry skin</p> <p>75 ○○○ Burning feet</p> <p>76 ○○○ Blurred vision</p> <p>77 ○○○ Itching skin and feet</p> <p>78 ○○○ Excessive falling hair</p> <p>79 ○○○ Frequent skin rashes</p> <p>80 ○○○ Bitter, metallic taste in mouth in mornings</p> <p>81 ○○○ Bowel movements painful or difficult</p> <p>82 ○○○ Worrier, feels insecure</p> | <p>1 2 3</p> <p>83 ○○○ Feeling queasy; headache over eyes</p> <p>84 ○○○ Greasy foods upset</p> <p>85 ○○○ Stools light colored</p> <p>86 ○○○ Skin peels on foot soles</p> <p>87 ○○○ Pain between shoulder blades</p> <p>88 ○○○ Use laxatives</p> <p>89 ○○○ Stools alternate from soft to watery</p> <p>90 ○○○ History of gallbladder attacks or gallstones</p> | <p>1 2 3</p> <p>91 ○○○ Sneezing attacks</p> <p>92 ○○○ Dreaming, nightmare type bad dreams</p> <p>93 ○○○ Bad breath (halitosis)</p> <p>94 ○○○ Milk products cause distress</p> <p>95 ○○○ Sensitive to hot weather</p> <p>96 ○○○ Burning or itching anus</p> <p>97 ○○○ Crave sweets</p> |
|--|---|---|

GROUP 6 - Digestive

- | | | |
|---|--|---|
| <p>1 2 3</p> <p>98 ○○○ Loss of taste for meat</p> <p>99 ○○○ Lower bowel gas several hours after eating</p> <p>100 ○○○ Burning stomach sensations, eating relieves</p> | <p>1 2 3</p> <p>101 ○○○ Coated tongue</p> <p>102 ○○○ Pass large amounts of foul-smelling gas</p> <p>103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.</p> | <p>1 2 3</p> <p>104 ○○○ Mucous colitis or "irritable bowel"</p> <p>105 ○○○ Gas shortly after eating</p> <p>106 ○○○ Stomach "bloating" after</p> |
|---|--|---|

GROUP 7 - Endocrine

- | | | |
|--|---|---|
| <p>(A) - Hyperthyroid</p> <p>1 2 3</p> <p>107 ○○○ Insomnia</p> <p>108 ○○○ Nervousness</p> <p>109 ○○○ Can't gain weight</p> <p>110 ○○○ Intolerance to heat</p> <p>111 ○○○ Highly emotional</p> <p>112 ○○○ Flush easily</p> <p>113 ○○○ Night sweats</p> <p>114 ○○○ Thin, moist skin</p> <p>115 ○○○ Inward trembling</p> <p>116 ○○○ Heart palpitates</p> <p>117 ○○○ Increased appetite without weight gain</p> <p>118 ○○○ Pulse fast at rest</p> <p>119 ○○○ Eyelids and face twitch</p> <p>120 ○○○ Irritable and restless</p> <p>121 ○○○ Can't work under pressure</p> | <p>(C) - Hyperpituitary</p> <p>1 2 3</p> <p>137 ○○○ Failing memory</p> <p>138 ○○○ Low blood pressure</p> <p>139 ○○○ Increased sex drive</p> <p>140 ○○○ Headaches, "splitting or rending" type</p> <p>141 ○○○ Decreased sugar tolerance</p> | <p>(E) - Hyperadrenal</p> <p>1 2 3</p> <p>150 ○○○ Dizziness</p> <p>151 ○○○ Headaches</p> <p>152 ○○○ Hot flashes</p> <p>153 ○○○ Increased blood pressure</p> <p>154 ○○○ Hair growth on face or body (female)</p> <p>155 ○○○ Sugar in urine (not diabetes)</p> <p>156 ○○○ Masculine tendencies (female)</p> |
| <p>(B) - Hypothyroid</p> <p>1 2 3</p> <p>122 ○○○ Increase in weight</p> <p>123 ○○○ Decrease in appetite</p> <p>124 ○○○ Fatigue easily</p> <p>125 ○○○ Ringing in ears</p> <p>126 ○○○ Sleepy during day</p> <p>127 ○○○ Sensitive to cold</p> <p>128 ○○○ Dry or scaly skin</p> <p>129 ○○○ Constipation</p> <p>130 ○○○ Mental sluggishness</p> <p>131 ○○○ Hair coarse, falls out</p> <p>132 ○○○ Headaches upon arising, wear off during day</p> <p>133 ○○○ Slow pulse, below 65</p> <p>134 ○○○ Frequency of urination</p> <p>135 ○○○ Impaired hearing</p> <p>136 ○○○ Reduced initiative</p> | <p>(D) - Hypopituitary</p> <p>1 2 3</p> <p>142 ○○○ Abnormal thirst</p> <p>143 ○○○ Bloating of abdomen</p> <p>144 ○○○ Weight gain around hips or waist</p> <p>145 ○○○ Sex drive reduced or lacking</p> <p>146 ○○○ Tendency to ulcers, colitis</p> <p>147 ○○○ Increased sugar tolerance</p> <p>148 ○○○ Women: menstrual disorders</p> <p>149 ○○○ Young girls: lack of menstrual function</p> | <p>(F) - Hypoadrenal</p> <p>1 2 3</p> <p>157 ○○○ Weakness, dizziness</p> <p>158 ○○○ Chronic fatigue</p> <p>159 ○○○ Low blood pressure</p> <p>160 ○○○ Nails weak, ridged</p> <p>161 ○○○ Tendency to hives</p> <p>162 ○○○ Arthritic tendencies</p> <p>163 ○○○ Perspiration increase</p> <p>164 ○○○ Bowel disorders</p> <p>165 ○○○ Poor circulation</p> <p>166 ○○○ Swollen ankles</p> <p>167 ○○○ Crave salt</p> <p>168 ○○○ Brown spots or bronzing of skin</p> <p>169 ○○○ Allergies - tendency to asthma</p> <p>170 ○○○ Weakness after colds, influenza</p> <p>171 ○○○ Exhaustion - muscular and nervous</p> <p>172 ○○○ Respiratory disorders</p> |

SYMPTOM SURVEY FORM - PAGE 3

GROUP 8 - Foundational

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1 2 3</td></tr> <tr><td>173 ○○○ Apprehension</td></tr> <tr><td>174 ○○○ Irritability</td></tr> <tr><td>175 ○○○ Morbid fears</td></tr> <tr><td>176 ○○○ Never seems to get well</td></tr> <tr><td>177 ○○○ Forgetfulness</td></tr> <tr><td>178 ○○○ Indigestion</td></tr> <tr><td>179 ○○○ Poor appetite</td></tr> <tr><td>180 ○○○ Craving for sweets</td></tr> <tr><td>181 ○○○ Muscular soreness</td></tr> <tr><td>182 ○○○ Depression; feelings of dread</td></tr> </table>	1 2 3	173 ○○○ Apprehension	174 ○○○ Irritability	175 ○○○ Morbid fears	176 ○○○ Never seems to get well	177 ○○○ Forgetfulness	178 ○○○ Indigestion	179 ○○○ Poor appetite	180 ○○○ Craving for sweets	181 ○○○ Muscular soreness	182 ○○○ Depression; feelings of dread	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1 2 3</td></tr> <tr><td>183 ○○○ Noise sensitivity</td></tr> <tr><td>184 ○○○ Acoustic hallucinations</td></tr> <tr><td>185 ○○○ Tendency to cry without reason</td></tr> <tr><td>186 ○○○ Hair is coarse and/or thinning</td></tr> <tr><td>187 ○○○ Weakness</td></tr> <tr><td>188 ○○○ Fatigue</td></tr> <tr><td>189 ○○○ Skin sensitive to touch</td></tr> <tr><td>190 ○○○ Tendency toward hives</td></tr> <tr><td>191 ○○○ Nervousness</td></tr> <tr><td>192 ○○○ Headache</td></tr> </table>	1 2 3	183 ○○○ Noise sensitivity	184 ○○○ Acoustic hallucinations	185 ○○○ Tendency to cry without reason	186 ○○○ Hair is coarse and/or thinning	187 ○○○ Weakness	188 ○○○ Fatigue	189 ○○○ Skin sensitive to touch	190 ○○○ Tendency toward hives	191 ○○○ Nervousness	192 ○○○ Headache	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1 2 3</td></tr> <tr><td>193 ○○○ Insomnia</td></tr> <tr><td>194 ○○○ Anxiety</td></tr> <tr><td>195 ○○○ Anorexia</td></tr> <tr><td>196 ○○○ Inability to concentrate; confusion</td></tr> <tr><td>197 ○○○ Frequent stuffy nose; sinus infections</td></tr> <tr><td>198 ○○○ Allergy to some foods</td></tr> <tr><td>199 ○○○ Loose joints</td></tr> </table>	1 2 3	193 ○○○ Insomnia	194 ○○○ Anxiety	195 ○○○ Anorexia	196 ○○○ Inability to concentrate; confusion	197 ○○○ Frequent stuffy nose; sinus infections	198 ○○○ Allergy to some foods	199 ○○○ Loose joints
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199 ○○○ Loose joints																																

FEMALE ONLY

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IMPORTANT

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

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

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____
Date _____	Temperature _____

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row

MALES

Any 2 days during the month

SYMPTOM SURVEY FORM - PAGE 4

Please list any medications you are taking:

No Medications

Please list any vitamins, herbs, or supplements you are taking:

No Vitamins

Please list any allergies you have:

No Allergies

Please list any surgeries you have had in the past 12 months:

No Recent Surgeries

Please list any other surgeries or medical procedures you have had:

No Other Surgeries

TO BE COMPLETED BY CLINICIAN

Blood Pressure: Recumbent _____ Standing _____

Pulse: Recumbent _____ Standing _____

Hema-Combistix Urine Readings: pH _____ Albumin % _____ Glucose % _____

Occult Blood _____ pH of Saliva _____ pH of Stool Specimen _____

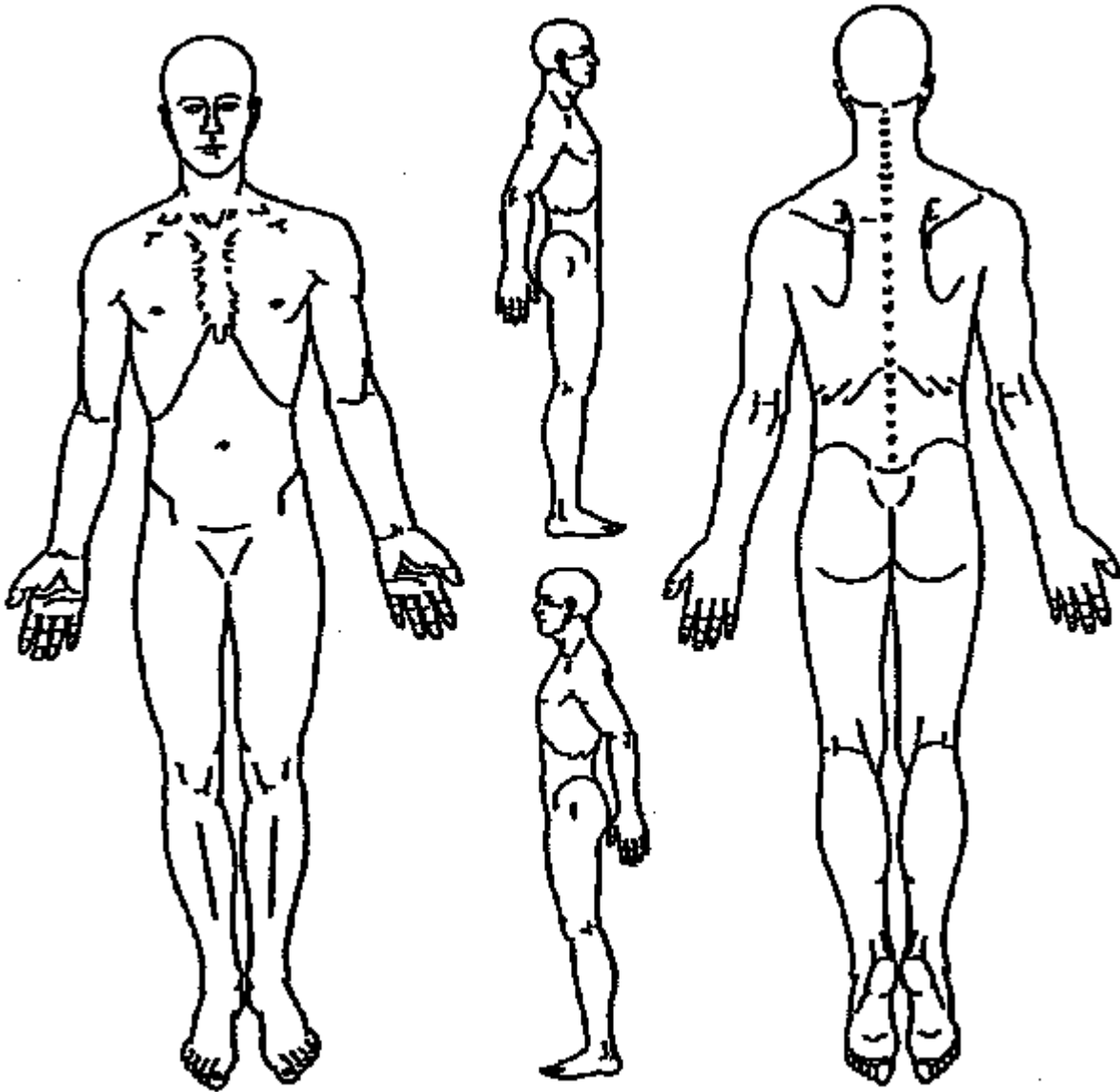
Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____

SYMPTOM SURVEY FORM - PAGE 5

Use the letters listed below to indicate the type and location of your pain and sensations:

KEY

- A = ACHE
- B = BURNING
- S = STABBING
- N = NUMBNESS
- P = PINS & NEEDLES
- O = OTHER



PLEASE INDICATE THE LEVEL OF PAIN YOU ARE EXPERIENCING

NO PAIN

SEVERE PAIN

0 1 2 3 4 5 6 7 8 9 10

Client Signature _____ Date _____

Dietary Needs Assessment

How to Assess Your Personal Dietary Needs

Step 1: Complete this Survey

- Set aside about 20 minutes when you will not be interrupted or distracted to complete this survey.

Step 2: Use the Results and Recommendations Summary

- Get a copy of the Dietary Needs Assessment Results & Recommendations from your Mannatech Associate or at www.mannatech.com in the *Products/Shop* area.
- After you have totaled your score and learned your body type (S, Sx, P, Px or B), refer to the page in the Results & Recommendations brochure that explains typical traits for people in your group and your most nutritious meal choices.

Step 3: Get More Information

- Go to the *Products/Shop* area at www.mannatech.com and access the Dietary Needs Assessment for more detailed nutritional guidelines for your body type and more information that will help you achieve and maintain optimal health.

Directions:

- Check **only one** box in each of the four columns.
- Check the box that **most closely** applies to you the majority of the time.
- There are no right or wrong, good or bad answers, and you do not need to show your score to anyone else. To get the most accurate results, please make sure you are as candid and honest as possible in your responses. Don't "overthink" your answers.
- Take as much time as you need and read all statements carefully since they are carefully worded, and some may look very similar.
- If none of the first three boxes in any row apply to you, check the fourth box in that row.
- When you have finished, please follow the directions to total your score.
- **Please consider completing this survey with a friend or loved one who knows you best. You'll have fun learning more about yourself and you're sure to get the most objective results.**

	Physical COLUMN 1	Physical COLUMN 2	Physical COLUMN 3	COLUMN 4
1	<input type="checkbox"/> My energy levels are normally high.	<input type="checkbox"/> My energy levels are normally low, and I need to use things like caffeine or something similar to give me enough energy to keep up the pace I need.	<input type="checkbox"/> My energy levels are about the same as everyone else's.	<input type="checkbox"/>
2	<input type="checkbox"/> Humidity doesn't bother me much, and I prefer hot weather to cold.	<input type="checkbox"/> Humidity really bothers me, and I prefer cool weather to hot.	<input type="checkbox"/> I adapt easily to temperature changes.	<input type="checkbox"/>
3	<input type="checkbox"/> My blood pressure is high without using medication.	<input type="checkbox"/> My blood pressure is low to normal without using medication.	<input type="checkbox"/> My blood pressure is normal without using medication.	<input type="checkbox"/> I don't know how my blood pressure runs.
4	<input type="checkbox"/> My body temperature runs normal, but I often feel cold when others are warm.	<input type="checkbox"/> My body temperature typically runs slightly below normal, and I may feel cold when others are warm.	<input type="checkbox"/> My body temperature is always normal unless I get sick, and I always feel comfortably warm.	<input type="checkbox"/>
5	<input type="checkbox"/> Eating beef can upset my stomach.	<input type="checkbox"/> Raw vegetables give me gas.		<input type="checkbox"/>
6	<input type="checkbox"/> I don't like salty foods.	<input type="checkbox"/> If I could eat any snacks I want without regard to weight gain or health issues, I would often choose salty snacks like chips or popcorn.	<input type="checkbox"/> I really have no preference.	<input type="checkbox"/>
7	<input type="checkbox"/> I have no allergies or allergic symptoms that I know of.	<input type="checkbox"/> I have seasonal allergies. These may be minor or major, chronic or periodic.		<input type="checkbox"/>
8	<input type="checkbox"/> I have excellent stamina and can keep going longer than the average person.	<input type="checkbox"/> I have average to below-average stamina unless I supplement my diet to keep up my endurance.	<input type="checkbox"/> I have average stamina.	<input type="checkbox"/>

9	<input type="checkbox"/> I have thick or hard fingernails.	<input type="checkbox"/> I have thin or weak fingernails.		<input type="checkbox"/>
10	<input type="checkbox"/> If I get sick at all, I usually recover more quickly than most people.	<input type="checkbox"/> I have had illnesses like head colds or flu that took more than 10 days to get over.	<input type="checkbox"/> It <i>never</i> takes me more than 10 days to recover from illnesses like colds and flu.	<input type="checkbox"/>
11	<input type="checkbox"/> I require very little sleep. I can do well on less than 6 hours per night.	<input type="checkbox"/> I need my sleep. I need 7 or even more hours per night to feel good the next day.		<input type="checkbox"/>
12	<input type="checkbox"/> I have normal to high blood sugar without using medication.	<input type="checkbox"/> I have low to normal blood sugar. <i>Or</i> I have occasional hypoglycemic symptoms between meals.	<input type="checkbox"/> I have normal blood sugar without using medication.	<input type="checkbox"/> I don't know my blood sugar levels between meals.
13	<input type="checkbox"/> If I could have any dessert I want without regard to weight gain or health issues, I would choose something sweet but not rich or fatty.	<input type="checkbox"/> If I could have any dessert I want without regard to weight gain or health issues, I would often choose rich desserts.		<input type="checkbox"/>
14	<input type="checkbox"/> I rarely am tired.	<input type="checkbox"/> I feel tired in the afternoon between 1-5 pm unless I use caffeine or something similar for an energy boost.	<input type="checkbox"/> I don't feel tired until bedtime.	<input type="checkbox"/>
15	<input type="checkbox"/> I sometimes have difficulty getting to sleep, but not staying asleep.	<input type="checkbox"/> I have no difficulty getting to sleep, but sometimes have difficulty staying asleep.	<input type="checkbox"/> I have no difficulty getting to sleep or staying asleep.	<input type="checkbox"/>
16	<input type="checkbox"/> I feel sluggish or even sleepy after eating meat.	<input type="checkbox"/> When I first eat a carbohydrate food, I feel good, but I may feel sluggish or even sleepy 20 to 30 minutes after eating carbohydrates—especially refined carbohydrates.	<input type="checkbox"/> I don't feel sluggish or sleepy after eating either carbohydrates or proteins.	<input type="checkbox"/>
17	<input type="checkbox"/> I am <i>never</i> hungry between meals.	<input type="checkbox"/> I am <i>sometimes</i> hungry between meals.		<input type="checkbox"/>
18	<input type="checkbox"/> I rarely have mood swings, but if I have a change in mood, it is typically normal to high.	<input type="checkbox"/> If I have mood swings, they tend to be more down than up. <i>Or</i> I have frequent mood swings.	<input type="checkbox"/> I rarely have mood swings in any direction.	<input type="checkbox"/>
19	<input type="checkbox"/> I feel full with small amounts of food.	<input type="checkbox"/> It seems I have to eat a lot before I feel satisfied or full. <i>Or</i> there are certain foods that I can't seem to get enough of.		<input type="checkbox"/>
20	<input type="checkbox"/> I sometimes feel jittery if I use caffeine.	<input type="checkbox"/> I really need my morning coffee or tea.	<input type="checkbox"/> Coffee doesn't make me jittery, and I don't need coffee or tea in the morning.	<input type="checkbox"/>
21	<input type="checkbox"/> I have consistent energy even if I miss meals.	<input type="checkbox"/> I feel tired and sometimes even cranky if I miss meals.		<input type="checkbox"/>
22	<input type="checkbox"/> I am consistently mentally alert all day.	<input type="checkbox"/> I have decreased mental alertness in the afternoons unless I eat or drink something that perks me up, such as coffee, tea, cola, candy or pastry.		<input type="checkbox"/>
23	<input type="checkbox"/> I am over 6 ft. tall if male, or over 5' 5" tall if female.	<input type="checkbox"/> I am 6 ft. tall or less if male, or 5' 5" tall or less if female.		<input type="checkbox"/>
24	<input type="checkbox"/> I don't have to lose weight. Most people consider me slim.	<input type="checkbox"/> I have a constant problem since I always carry extra weight. <i>And/or</i> I have difficulty losing weight and keeping it off.	<input type="checkbox"/> I don't have a real weight problem, but if I need to lose weight, it is not very difficult getting it off fast.	<input type="checkbox"/>

25	<input type="checkbox"/> Most of my family members appear to be thinner than the average for North Americans.	<input type="checkbox"/> Many of my family members are more than 10 pounds overweight or even have serious weight problems.	<input type="checkbox"/> Most males in my family have a waistline that is not more than 40 inches, and most females in my family have a waistline that is not more than 35 inches.	<input type="checkbox"/>
26	<input type="checkbox"/> I have no trouble with weight retention.	<input type="checkbox"/> I tend to retain weight in my hips and thighs (if female), or waist (if male).	<input type="checkbox"/> When I retain weight, it tends to be very slight and about evenly distributed throughout my body.	<input type="checkbox"/>
27	<input type="checkbox"/> Even the smell of cooking meat bothers me.	<input type="checkbox"/> I enjoy meats. I couldn't imagine meals without them.	<input type="checkbox"/> I eat meat occasionally, but I can do without it.	<input type="checkbox"/>
28	<input type="checkbox"/> I like sweet tastes, but chocolate is too rich for me.	<input type="checkbox"/> I really enjoy chocolate and its rich, creamy texture. Eating chocolate can sometimes make me feel better psychologically too.	<input type="checkbox"/> I do like the taste of chocolate, but I can take it or leave it. It doesn't affect my emotions that I am aware of.	<input type="checkbox"/>
29	<input type="checkbox"/> I prefer breads and pastas to meats.	<input type="checkbox"/> I think a meal with meat is not complete without breads or pastas.	<input type="checkbox"/> I enjoy some breads and pastas, but having a meal without them is okay.	<input type="checkbox"/>
30	<input type="checkbox"/> I can make a meal out of a loaded baked potato without meat.	<input type="checkbox"/> Whenever I have a meal with meat, it doesn't feel complete unless I have a potato in some form.	<input type="checkbox"/> I like potatoes but can do without them.	<input type="checkbox"/>
31	<input type="checkbox"/> I can eat Chinese food and feel satisfied for hours.	<input type="checkbox"/> When I eat Chinese food, I always get hungry again within an hour.		<input type="checkbox"/>
32	<input type="checkbox"/> My favorite breakfast would be fruits and/or cereals, and maybe pastry.	<input type="checkbox"/> If I could have any breakfast I want without regard to weight gain or health issues, I would definitely choose eggs with meat and bread in some form.	<input type="checkbox"/> If I could have any breakfast I want without regard to weight gain or health issues, I would definitely choose pastries, doughnuts or cereals.	<input type="checkbox"/>
33	<input type="checkbox"/> I think I appear older than my actual age.	<input type="checkbox"/> I think I appear younger than my actual age.	<input type="checkbox"/> I think I look my age.	<input type="checkbox"/>
34	<input type="checkbox"/> I have a tendency to dry skin.	<input type="checkbox"/> I have a tendency to oily and/or supple skin.	<input type="checkbox"/> I have average skin.	<input type="checkbox"/>
35	<input type="checkbox"/> I can eat any amount or type of carbohydrate and not gain weight.	<input type="checkbox"/> I must eat little or no carbohydrates to keep from gaining weight.	<input type="checkbox"/> I can eat some carbohydrates and not gain weight.	<input type="checkbox"/>
36	<input type="checkbox"/> I can eat any carbohydrate and still lose weight.	<input type="checkbox"/> I must eat very limited amounts or even no carbohydrates in order to lose weight.	<input type="checkbox"/> I can lose weight eating anything, as long as I reduce the amounts I eat.	<input type="checkbox"/>
37	<input type="checkbox"/> I may go a day or more without having a bowel movement.	<input type="checkbox"/> I often have three or more bowel movements in a day.	<input type="checkbox"/> I have one to three bowel movements daily.	<input type="checkbox"/>
38	<input type="checkbox"/> I love to exercise. Or I just need to be active.	<input type="checkbox"/> I don't like exercise because it's work.	<input type="checkbox"/> Exercise feels good when I do it, but if I miss it, it doesn't break my heart.	<input type="checkbox"/>
39	<input type="checkbox"/> I never feel light-headed if I stand up quickly after sitting or lying down for a few minutes.	<input type="checkbox"/> If I stand up quickly after sitting or lying down for a few minutes, I sometimes feel light-headed.	<input type="checkbox"/> I rarely feel lightheaded for any reason.	<input type="checkbox"/>
40	<input type="checkbox"/> I have lost weight easier in the past by avoiding fats.	<input type="checkbox"/> I have lost weight easier in the past with low-carbohydrate diets.	<input type="checkbox"/> I have lost weight easier in the past with low-calorie diets.	<input type="checkbox"/> I have never dieted, or I have never used those diets mentioned in columns 1, 2 or 3.

Psychological COLUMN 1	Psychological COLUMN 2	Psychological COLUMN 3	COLUMN 4
41 <input type="checkbox"/> I become tense with people who can't do their jobs right.	<input type="checkbox"/> I am very patient and slow to anger.	<input type="checkbox"/> I am patient in some things and sometimes get angry, but about the same as everyone else.	<input type="checkbox"/>
42 <input type="checkbox"/> I typically have very high spirits.	<input type="checkbox"/> I get depressed from bad situations and sometimes may also get depressed for no apparent reason.	<input type="checkbox"/> I only get depressed in situations that would depress anyone else. But I bounce back quickly.	<input type="checkbox"/>
43 <input type="checkbox"/> I am decisive and/or aggressive in pursuing my goals. I am a policy maker and/or a trendsetter.	<input type="checkbox"/> I am very easy-going, help people make compromises and am concerned with helping people get along.	<input type="checkbox"/> I try to be cooperative and follow instructions, but I don't get involved in other people's business.	<input type="checkbox"/>
44 <input type="checkbox"/> I believe procedures must be followed, and people who don't follow procedures really bother me.	<input type="checkbox"/> I think people who are "by-the-book" types are anal-retentive, and that's definitely not me.	<input type="checkbox"/> Sometimes I think procedures are necessary, and other times that they are not. I understand some people must live by the book, but I can work in either environment.	<input type="checkbox"/>
45 <input type="checkbox"/> If people follow me, it is because I am a decisive leader.	<input type="checkbox"/> If people follow me, it is because they trust me and/or believe in me.	<input type="checkbox"/> Usually people don't follow me.	<input type="checkbox"/>
46 <input type="checkbox"/> Some people consider me reserved or cool.	<input type="checkbox"/> Most people consider me very friendly.	<input type="checkbox"/> Most people consider me somewhat friendly.	<input type="checkbox"/>
47 <input type="checkbox"/> My life must be planned and well-ordered.	<input type="checkbox"/> I like to be spontaneous and see what happens.	<input type="checkbox"/> I like a little structure, but I'm comfortable with an occasional surprise.	<input type="checkbox"/>
48 <input type="checkbox"/> I am better organized than anyone else I know.	<input type="checkbox"/> Most people think I am pretty disorganized, but I can still find what I need most of the time.	<input type="checkbox"/> I would like to be better organized, but I get by okay.	<input type="checkbox"/>
49 <input type="checkbox"/> I am very selective in choosing my friends.	<input type="checkbox"/> I think everybody has good points, so I have a very wide range of friends with diverse interests.	<input type="checkbox"/> I make friends through work or social activities, and all my friends tend to share my interests.	<input type="checkbox"/>
50 <input type="checkbox"/> I always read instructions.	<input type="checkbox"/> I don't like to read instructions and almost never do.	<input type="checkbox"/> I sometimes read instructions.	<input type="checkbox"/>

Please enter the total number of boxes you checked in Column 1.

If you scored the highest number in this column, you are a **Type S** (sympathetic with parasympathetic and balanced influences).

If you checked 25 or more boxes in this column, you are a **Type Sx** (extreme sympathetic).

Follow the diet recommendation for your body type and take Glycentials™.

Please enter the total number of boxes you checked in Column 2.

If you scored the highest number in this column, you are a **Type P** (parasympathetic with sympathetic and balanced influences).

If you checked 25 or more boxes in this column, you are a **Type Px** (extreme parasympathetic).

Follow the diet recommendation for your body type and take GlycoLEAN® Catalyst.

Please enter the total number of boxes you checked in Column 3.

If you scored the highest number in this column, you are a **Type B** (balanced sympathetic and parasympathetic influences).

Note: there are fewer choices in the B column because we are not attempting to ascertain two types.

Follow the diet recommendation for your body type and take Glycentials™.

NOTE: It would be rare to find someone who represented 100% of the traits of one type—both physically and psychologically—because we are all genetically and biochemically unique. Even within a family that has the same genetic parents, offspring has differently colored eyes, hair, skin and even blood types from one of their parents and their siblings. It is not unusual for someone to be one type physically and another type psychologically. With this in mind, this survey is designed only to give you some basic direction in both diet selection and choosing your daily supplements.