Welcome to Applied Kinesiology!

If you are like most people who come to me for help, then most likely:

- ✓ You have one or more health conditions that have become chronic, or
- ✓ You have tried standard medical care or even other alternative doctors and did not get the results you hoped for, or
- ✓ Your symptoms are impacting your personal life, your relationships, your work, or
- ✓ You know as time goes by your conditions are not getting better and will probably continue to worsen unless you try something new that focuses on the underlying cause of your problems

If this describes you and you are ready to make a real change for improvement toward health, then you have come to the right place as we will get to your root cause.

What is Applied Kinesiology (AK)?

Applied Kinesiology (AK) is the clinical treatment of movement and function.
An AK doctor aims to help remove the damage to your body whether from:
1) a recent or old trauma 2) a chronic problem from years of abuse 3) a nutritional deficiency of your organ or gland or 4) helping your immune system overcome toxins, infections, parasites, allergies, mold/fugus, yeast, or heavy metal poisoning.

Basically, I will get things moving and functioning better for you on the outside and inside of the body! While treating patients they often tell me that ***"Kinesiology has helped make sense, out of what has been senseless"*** when their health issues are listened to, understood, and finally alleviated.

The body has its own health language and NEVER lies. I believe that whatever the body helped create, it can also help cure—with the CORRECT care. My job is to determine what you need and provide the most precise care so your body can heal.

Working With Me

I love what I do because **I get to help change people's lives**. You will get answers about why you have what you have, and you will get results. As I help to correct the causes of your problems, I will help teach you what to do to avoid it from coming back.

I specialize in Applied Kinesiology, so I am like going to several doctors in one visit. When you come to me, it is like seeing:

1) a Chiropractor
2) a Nutritionist
3) an Acupuncturist
4) a Massage therapist
5) a Cranial-Sacral specialist
6) a Physical Therapist or strength coach
7) an Emotional/Lifestyle coach
8) a Functional Medicine Doctor

It is with great joy and enthusiasm to introduce Applied Kinesiology (AK) to you!

Dr. Chris Devens

Confidential Patient Health Record

Full Name: _____/___/_____ Preferred Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell ph: _____ Home ph: _____ Email: _____

Date of Birth: _____/_____/_____ Age: _____ Marital Status: _____ # Children: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone: _____

Please tell us who referred you to our office? _____

MAIN HEALTH CONCERNS

List your Health Concerns In order of Severity	Rate level of Severity 1=Slight 10=Severe	When did it begin?	Have you had this before? Y / N	What makes it worse?	What makes it better?
1)					
2)					
3)					
4)					

- Other Doctors' seen for these Conditions: _____

  Treatment done: _____ Results: _____

PAST HEALTH HISTORY

- Have you ever had any operations or surgeries? Yes / No Broken bones, Dislocations or Concussions? Yes / No

  List approx. year & procedures: _____
- Have you been treated by a Physician for any other health condition in the last year? Yes / No

  If so, describe condition: _____
- Have you received a Diagnosis for ANY condition by another physician? Yes / No

  If so, list Diagnosis: _____

PERSONAL HISTORY (check if you ever had in the past)

__ Convulsions __ Asthma __ Hepatitis / Pancreatitis
__ Cancer __ Diabetes __ Numbness / Tingling
__ Fatigue __ Arthritis __ PMS (cramp, bleed)
__ Anxiety __ Gout __ Osteoporosis
__ Depression __ Acid Reflux __ Migraine/Headache
__ Eczema __ Heart issues __ Fibromyalgia
__ Memory issues __ Bursitis __ Gall or Kidney stone
__ Sciatica __ Anemia __ High Blood pressure
__ Plantar fasciitis __ UTI's __ Neck/Back
__ Allergies __ Thyroid __ Shoulder-Elbow-Wrist
__ Jaw issues __ Sleep trouble __ Hip – Knee – Foot
__ Scoliosis __ Cholesterol __ COPD

Other _____ (yeast, mono, etc.)

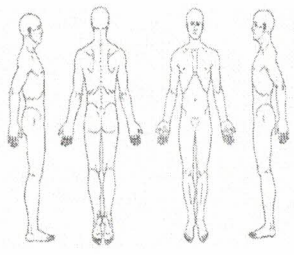
What areas are CURRENTLY harder to do?

__ Sleeping __ Dressing __ Climbing
__ Bathing __ Toileting __ Cleaning
__ School __ Desk work __ Gardening
__ Work __ Sitting __ Stairs
__ Standing __ Driving __ Eating
__ Walking __ Self-care __ Concentrate
__ Running __ Childcare
__ Lifting __ Home care
__ Exercise __ Shoe tie

DOCTOR USE ONLY:

Height: _____ BP sit: _____
Weight: _____ BP lay: _____
Saliva pH: _____ BP stand: _____
Oxygen: _____ Pulse: _____

Mark diagram where you **currently** feel discomfort



Patient Signature: _____ **Date:** _____

Notice of Understanding and Agreement

Applied Kinesiology Chiropractic of Cleveland, LLC

According to the FDA, as amended, Section 201 (g) (1), the term 'DRUG' is defined as:
"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, mineral, trace element, amino acid, herb, or homeopathic remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested advice is not intended as any primary treatment or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, dietary advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and bio-mechanical processes of the human body.

I have read and understand the above and attest to the following:

1. The services performed by the chiropractor/nutritionist are at all times restricted to helping me gain a better understanding of my degree of "health" (not disease), so I will have a greater self-awareness and be able to use a self-care program for daily living.

2. I understand the recommendations, discussion, sale of nutritional supplements, vitamins, minerals, herbals or homeopathic remedies only pertains to the whole-body concept of nutrition and does not relate in the context of any specific ailment or condition.

3. The appointments do not involve the diagnosing, prognosticating, treating, or prescribing of medicines or the treatment of disease, or any act which will constitute the practice of medicine in this state.

4. I understand Dr. Devens is not licensed to prescribe pharmaceuticals. Further, it is beyond the scope of his practice to advise the discontinuation of prescribed medications. With the improvement of my health by the reduction of symptoms or improved laboratory results, the discontinuation of any prescribed medications is at my discretion or the discretion of me and my medical doctor.

Print Name: _____

Signature: _____

Date: _____

Terms of Acceptance & Financial Policy

Informed Consent:

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures; including examination, tests, nutritional evaluations, and various modes of therapy on me (or the patient named below, for whom I am legally responsible) which are recommended by Dr. Chris Devens, DC. The chiropractic adjustment, nutritional therapy, or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects or pathologies may render the patient susceptible to injury. The doctor, of course, will not give any treatment or care if he is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through healthcare procedures what he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the doctor. I understand that if I am accepted as a patient at **Applied Kinesiology Chiropractic of Cleveland**, I am authorizing them to proceed with any treatment that they deem necessary. Furthermore, any risk involved, regarding chiropractic treatment or nutritional therapy, will be explained to me upon my request.

Initial: _____

Payments

Payment is due at the time of service. The clinic accepts payment in cash, check, credit and debit form. A standard fee of $30.00 will be charged for any returned checks. For all electronic payments a 3.0% fee is added to total to cover the convenience fee.

Initial: _____

Insurance

Applied Kinesiology Chiropractic of Cleveland is not in network with any insurance providers. All payments are due at time of service. We are a non-participating provider with traditional Medicare. Patients enrolled with traditional Medicare can have their claims filed for re-imbursement of the Medicare allowed amount after paying the office fees for services rendered. These claims are filed as a complementary service. These claims will be filed quarterly throughout the year. Any reimbursement owed to traditional Medicare patients will be sent directly to them. This is not a service provided through any other insurance, Medicare advantage or supplement plans.

Traditional Medicare DOES NOT REIMBURSE: applied kinesiology treatments, nutritional counseling or testing, extended visits, supplements, laboratory analysis, or fees from missed appointments/no shows. You are responsible for the payment of these

Initial: _____

Additional Clinic Policies

- All merchandise must be paid for in full at checkout time. Returns are accepted within 30 days of purchase for office credit only. Items must be unopened with box intact and in good condition.
- Lab/medical record analysis is $10 - $65 and is determined by amount of time spent by the doctor.
- Due to the non-negotiable rising bank fees, ALL electronic payments will incur a 3.0% convenience fee. This includes all health savings accounts. No fee for standard payments of cash or check.
- Please update the office with any changes to your address, phone, or insurance at future appointments.

Consent to Treat a Minor (only if patient is under age 18):

I, being the parent or legal guardian of _____, do hereby consent, authorize, and request Dr. Chris Devens to administer said treatment deemed advisable, necessary, or requested on the above minor.

Initial: _____

Acknowledgement

I have read (or have read to me) and fully understand the above statements.

Print Name: _____

Patient signature: _____ Date: _____

SUBSTANCE SURVEY FORM

List all **prescription drugs** you are CURRENTLY taking: OR ☐ **None**

Drug name	Reason for taking?	Years/months taking?

List all **over-the-counter drugs** you are CURRENTLY taking: OR ☐ **None**

Drug name	Reason for taking?	Years/months taking?

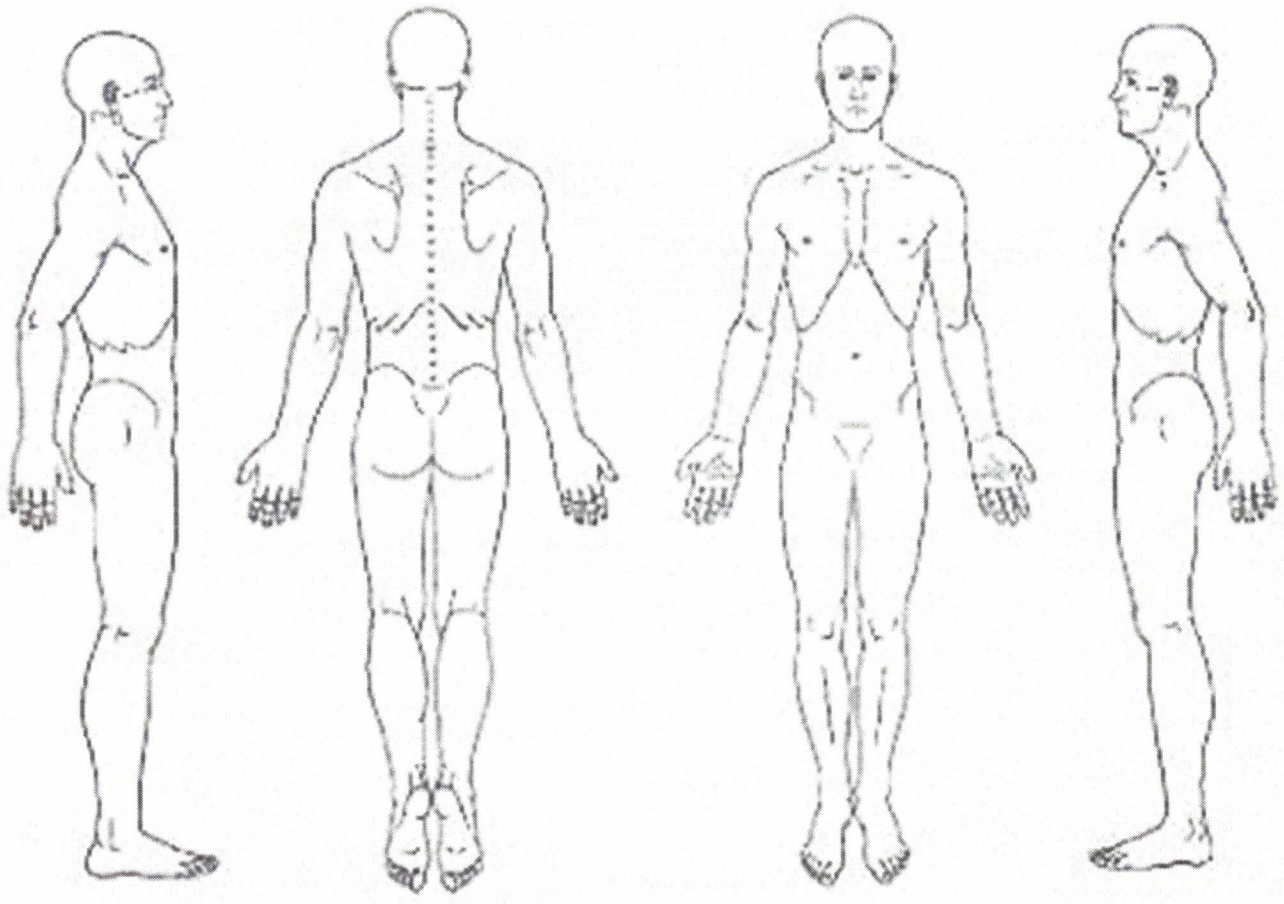
List **vitamins**, **supplements**, or **herbs** you are CURRENTLY taking: OR ☐ **None**

- **Exercise**: Cardio___/wk Weights___/wk Do you eat 1, 2, or 3+ **meals each day**? (Circle one)
- **Allergies/Sensitivities**: None__ Dairy__ Wheat__ Corn__ MSG__ Pollen/seasonal__ Weather changes__ Perfume/odor__ Caffeine__ Other:_____
- **Smoking** status (circle one): Daily / Occasional / Former smoker / Never Years _____
- Indicate amount consumed for each item below **per week**: (each blank must be filled in)

Coffee:	____/wk	Antacids:	____/wk	Crackers/cookies/chips/pretzels	____/wk
Soft drinks:	____/wk	Ice cream:	____/wk	Starch (bread/pasta/rice/potatoe)	____/wk
Diet soft drinks:	____/wk	Sweets (cake/cookie/Candy)	____/wk	Chocolate:	____/wk
Beer/Wine/Liquor:	___, ___, ___/wk	Artificial sweetener:	____/wk	Cigarette/Vape/Chew:	___, ___, ___/day
Energy drinks:	____/wk	Chocolate:	____/wk	Marijuana	____/wk

- I drink ____ glasses of water each day.
- I have had approx. 0, 1-4, 5-10, 10+ rounds of antibiotics in my life **(Circle one)**

Scar and Trauma Chart



DIRECTIONS

IMPORTANT: Please mark the below items on the chart above.

- **Label the type of injury** and **approximate year** next to it, if possible.
- **EXAMPLE**: next to a knee trauma, put "car accident 1998".

1) **Scars-** Please take a moment to remember and list all scars that you have—even if they are very old. Do not forget C-sections/episiotomies, surgeries, earring/belly/other piercings, cuts, burns, face lift scars, vasectomies, gallbladder or other organ removals, tattoos, etc.
2) **Trauma areas-** Please take a moment to remember and list any trauma—even if it is old: sprains, burns, falls (stairs/ice/trip), whiplash (auto crashes), radiation, etc.
3) **Internal metal-** Please take a moment to remember and list any internal metal objects such as surgical pins, metal plates, hip/knee/other replacement, wire mesh, etc.

Detailed Health History – Circle ONLY current symptoms

Headaches: Forehead / Sinus / Temple / Base of skull / Top of head / Behind eyes / Migraine - (Light, Sound, Nausea, Vomit) / TMJ
Sharp / Dull / Pressure / Throb / Intense / I feel ____ headaches per month / Usual time of day: _____

Eyes: Burn, Red, Dry / Tired / Watery / Gooey, Crusty / Floaters / Itch / Ache, Blurry / Spots, Puffy / Twitch / Dark circles under
Strong light bothers / Blink often / Swollen, Puffy / White of eyes seem blood shot, yellow, dull

Ears: Noise (Ring,Hiss,Pound) / Plugged / Pop / Drain / Ache / Itch / Excess wax / Hearing loss / Hear heartbeat / Dizzy / Infections

Sinus: Pressure / Stuffy, Plugged / Sneeze / Dry / Drain / Mucus: (white, yellow, green, brown, blood, gray, clear) / Smell - Taste loss / Nosebleeds
Runny nose / History Sinus infections

Mouth: Fever blisters / Cankers sores / Gums bleed easy, recede / Dry mouth / Cracked lips / Corners cracking / Bad breath / Excess
thirst / Teeth grinding / Loose teeth / Root canals / Metal fillings / Extracted teeth / Bridges-Braces-Retainer-Other metal

Throat: Sore, hoarse voice often / Cough (dry, productive) / Difficulty swallowing / Glands swollen

Breath: Breath shortness on exertion / Frequently sigh / Afternoon yawning / Wheeze, Asthma / Upper Respiratory infections / Bad breath

Chest/Heart: Tension, Tight, Heavy / Chest congestion / Sternum pain / Palpitates / Heartbeat races / Heartbeat too slow
Mitral valve prolapse, Murmur / Arm pain / Pacemaker / Hiatal hernia / Hands or feet go to sleep easily / Drowsy often / Anemia

Digestion: Reflux, pain, ache, burn, cramp, nausea / Bloat / Burp / Gas – soon after meal or hours later? / Bad breath / Gag easily
Loss taste for meat / Greasy foods bother / Bitter or metal taste / Pain b/t shoulders / Sour stomach / Spicy foods upset / History ulcers
Gall bladder history / Poor appetite / Nervous stomach (emotions trigger) / Acid foods bother (sauce, coffee) / Vomit sometimes

Sugar Handling: Crave sweets, coffee afternoon / Always hungry / Irritable between meals / Veggies bloat / Undigested food in stool
Shaky, light headed if miss meal / Fatigue; eating helps / Awake at night- hard to get back to sleep / Always thirst / Coated tongue (use mirror)

Bowels: # Move per ____ wk / Mushy / Smelly /Hard, Pebble, Dry / Ribbon / Mucus / Diarrhea / Constipation / Bulky / Pain-strain
Don't empty fully / Light color instead of dark brown / Need laxatives / Need enemas or suppositories / Anus itchy or burns

Hemorrhoids: Had prior / Current: Swollen, Distended, Bloody / Ache / Burn / Itch, Sting / Cramp

Urine: Urgent, Frequent / Burn, Pain / Odor, Cloudy, Spasm / Bubbles / Leaky / Weak flow / Incomplete / History UTI's, Stones / ___x pee night

Vagina: Burn / Itch / Dry / Blood /Pain on intercourse / Discharge— (Clear / White / Yellow / Green / Brown / Odor)

Menses cycle: Early, Late, Skip, Birth Control, IUD / Days long =___ / Flow: (Heavy, Scant) / Cramp: (mild, moderate, severe, back pain)
Spot, Clot / Lower belly bloat / Fluid Retention: (Face, Hands, Feet, Body) / Mood Swings, Irritable, Depressed / Acne / Tired
Ovulation pain, cysts, fibroids / Breast get tender / Sex drive: Very High - Low- Gone / Hair growth on face-chest-belly

Menopause: Natural / Surgery: (No Lt ovary, No Rt ovary, No uterus) / Taking hormones / Patch / Hot flashes, Night sweats
Face hair, nipple hair, belly hair / Skin sensations like ants crawling on me / Depressed / Emotional

Breast: Tender / Fibrosis / Lump / Discharge, Shrinking/ Feeding / Augmentation / Reduction / Prosthesis

Prostate: History / Burn, Ache, Pain / Restricted, Dribble, Nocturnal discharge, Swollen / Pain inside Legs or twitch night

Testes: Sex drive: Very high – Low – Gone / Morning erections weak / Fullness weak / Orgasms weak / Sweating attacks
Low stamina / Episodes of depression / More emotional than usual / Unexplained wgt. gain / Erectile dysfunction

Energy: Low/ Up-down / Keyed up / Slow starter / Energy Crashes / Tired after eating / Crave salt - sugar / Easily fatigued / Dizzy
Weakness / Sleepy during day / Eyes feel tired or heavy / Startle easily / Noise sensitivity

Sleep: Difficulty falling asleep (takes ____minutes) / Awaken ___ times during night / Crave sleep / Awaken exhausted in morning
Need extra / Nightmare often / Night sweats / Jolt self awake / Restlessness / Can't remember dreams / Snore / Apnea

Thyroid: Chilly often / Cold feet-hands / Hard to gain wgt. / Hard to lose wgt. / Lack motivation / Very sensitive or overwhelmed,
mood swings / Brain fog / Memory issues / Repeatedly sick / Chronic constipated / BP issues / Heavy legs / Heart palp at bed / Restless legs
Stomach tire / Hair loss, thin, dry / Eyebrow thinning / Goiter-like neck / Puffy: eyes, face, hands / Raspy voice / "Lump" in throat

Mood: Stressed, Sad, Grief / Depressed / Moody, Frustrated, Irritable, Angry / Worry / Nervous, Tense / Anxiety, Panic / Cry / Fear / Shame, Guilt

Skin/Body/Other: Rash / Acne / Itch / Patches, brown spots / Cellulite / Dry / Sweat easy or excessively / Fluid retention
Muscle cramps or aches or sore, Swell ankles-hands / Feet- burn, itch, crack, peel / Cuts heal slow (zinc) / Bruise Easy / Varicose or
Spider vein / weak nails / Hives / Sensitive to hot weather / Loose joints / Skin sensitive to clothes / Flush easy on face or neck
Eyes twitch often / Body temp rises easy / Joints stiff when awaking or sitting long / Poor circulation / Susceptible to colds-bronchitis

Cranial Health Questionnaire

Proper movement of your cranial bones is critical to proper brain chemistry and ALL body functions. Cranial problems left unchecked can cause headaches, vision problems, allergies, digestive problems, fatigue, and joint pain/muscle weakness, for example.

Have you been told that your birth process was traumatic or difficult? Y / N / Not sure

If yes, please describe: _____

Were forceps or suction cups a part of your birth? Y / N / Not sure

Did you ever wear braces? Y / N When? _____

Do you wear a retainer? Y / N

Have you had wisdom teeth removed? Y / N

Do you currently have any missing teeth? Y / N

Have you ever had a root canal? Y / N

Do you have any bridges in your mouth older than 10 yrs? Y / N

Have you had adenoids or tonsils removed? Y / N

Did you have tubes in your ears as a child? Y / N

Have you ever suffered chronic ear infections? Y / N

Do you have chronic sinus issues? Y / N

Do you have problems with breathing through your nose efficiently? Y / N

If yes, please describe for how long: _____

Have you ever sustained a concussion, or had your "bell rung"? Y / N

If yes, when and what happened? _____

_____

Have you ever been diagnosed with a Traumatic Brain Injury? Y / N

Do you currently experience dizziness, vertigo, or poor balance? Y / N

Do you have a history of headaches or migraines? Y / N

Do you experience frequent head/neck/back pain? Y / N

Do you have a history of TMJ problems? Y / N

Have you ever had facial plastic surgery/reconstruction? Y / N

*** Please take a moment and think through any significant falls, traumas, athletic injuries, car, or other injuries you have ever had. Examples: (hitting head on table, childhood/sports/work injuries, car accident, physical abuse, falls on ice, blow or strike to the head, etc.)**

Discuss here: