

Whiteley Chiropractic Center, Inc.
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Nutritional Response Testing New Client Information Sheet

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Sex M/F Height _____ Weight _____
Primary Phone _____ 2nd Phone _____
Email Address _____
Occupation _____ Employer _____
Referred By _____
Emergency Contact Name _____ Phone Number _____
Marital S M D W Name of Spouse _____
Describe Health of Spouse _____ Number of Children _____
Your Overall Health (circle one): Excellent/Good/Fair/Poor/Other: _____
Chief Complaint _____
Previous treatments for this complaint _____

Current medications/drugs being taken _____

Are you currently under the care of a physician or other health care professional? Y/N
Dr Name _____ Date last seen _____
Nutritional supplements you are taking _____

Do you smoke Y/N, drink coffee Y/N, drink alcohol Y/N how much _____

HISTORY

List any major illnesses with approximate dates: _____

List any surgery or operations with approximate date _____

Past accidents or injuries _____

Family history of serious illness (circle those which apply) Cancer Diabetes Heart
Other _____

Any household pets or other animals you or your family members are in close contact
with _____

Names of children	Age	Sex	Any physical conditions or concerns?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What can we do to make you happier? _____

Signed _____ Date _____

Permission & Authorization Form Regarding the use of Nutritional Response Testing

PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at Whiteley Chiropractic Center to perform Nutritional Response Testing health analysis and to develop a natural, complimentary health improvement program for me which may include dietary guidelines, nutritional supplements, etc., in order to assist me in improving my health, and ***not for the treatment, or "cure" of any disease.***

I understand that Nutritional Response Testing is a safe, non-invasive, natural method of analyzing the body's nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Nutritional Response Testing is not a method for "diagnosing" or "treating" of any disease including cancer, AIDS, infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutritional Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutritional Response Testing is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understood the foregoing.

Dated _____
Print Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Signed _____

If minor, signature of parent or guardian required

Witness _____