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Dr. of Naturopathy • Dr. of Natural Health • Board Certified
Hypnotherapist • Complementary and Alternative Medicine (CAM) Specialist

Referred by: _____

Primary goal(s): _____

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CONSULTATIONS SERVICES:

- Acupressure Frequencies
- Ayurveda
- Bioenergetics
- Bach Flower Remedies
- Biofeedback
- Botanicals
- Chelation
- Chinese & Western Herbs
- Detoxification
- Electro Interstitial Scans
- Gemmotherapy & Oligotherapy
- Homeopathy Frequencies
- Hypnotherapy
- Iridology
- Kinesiology
- L.I.F.E. System
- Mind-Body Optimization
- Natural Health Alternatives
- Naturopathy
- Neuro-Linguistic Programming
- Nutrition Optimization
- Nutritional Supplements
- Pain Management
- Rife Frequencies
- Spiritual Direction
- Visualization
- Weight Management
- Wellness Optimization

Intake Form and Consultation Application

Today's Date ____ / ____ / ____

Basic Contact Data Section

Name: Last _____ First _____ Gender (M/F) ____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____ Telephone (____) ____ - ____

Age ____ Marital Status: _____ Number of children ____

Home Street Address _____

City _____ State ____ Zip _____

Work Street Address _____

City _____ State ____ Zip _____

Occupation _____ Insurance policy number _____

E-mail address: _____

Basic Identification Data Section

Height ____ Weight ____ Blood Pressure Systolic ____ Diastolic ____ Pulse ____

Race (circle one below)

Unknown White (Caucasian) Black African Japanese Chinese Indian Korean South American Other

Blood Type (circle 1 below)

Not Known, O, A, B, AB

Rhesus factor (circle 1 below)

Not Known, Rh+, Rh-

Body Frame (circle one)

Small Medium Large

Activity (Check 1): Stay at home, no activity Office Activity Competitive athlete

Walk at least 20 minutes per day Sports at least 2 – 3 hours per week

Measurement & Calculation Limitation Restrictions (Check all that apply.)

I have an absence of one or more limbs I am unable to be held upright or seated

I am pregnant I have an implanted *electronic device* (pacemaker)

I performed intense physical activity within the last 8 hours

I have dermatological lesions on my hands, feet, or forehead

I am experiencing excessive accumulation of body fluid (edema)

I consumed alcohol or stimulants (amphetamines) with the last 12 hours

I have metal pins or prostheses on the level of the extremities or the joints

I have diarrhea I am taking non-prescription drugs

I am wearing metal objects I have a fever

I am wearing fingernail polish I am wearing fake fingernails

I am wearing an electromagnetic field (EMF) protection disk or device (*remove it now*)

Primary visit reason[s] (issue, complaint, illness, pain): I am taking medication

1- _____ 1- _____

2- _____ 2- _____

3- _____ 3- _____

more on attached ... more on attached ...

I have one or more questions written on the reverse side hereof or attached hereto.

I have one or more fears or concerns about the scan, written on a paper attached hereto.

I am a smoker of tobacco I am suffering from an addiction: _____

Clinical Context Section

Please read thoroughly and check all that apply in all of the following categories.

CHECK-UP NO SYMPTOM, NO TREATMENT

GENERAL SYMPTOMS

- | | | |
|--|---|--|
| <input type="checkbox"/> Abscess (inflamed area of pus)
<input type="checkbox"/> Allergy (highly sensitive to a substance)
<input type="checkbox"/> Anemia (deficient oxygen-carrying blood)
<input type="checkbox"/> Anguish (physical or mental pain; regret)
<input type="checkbox"/> Anorexia (abnormal loss of appetite)
<input type="checkbox"/> Asthenia (loss of body strength)
<input type="checkbox"/> Childhood attention deficit disorder (impulsive & short attention span)
<input type="checkbox"/> Confusion (impaired mental state)
<input type="checkbox"/> Contusions (bruising)
<input type="checkbox"/> Convalescence (recovery from illness)
<input type="checkbox"/> Cysts (abnormally filled membranous sac)
<input type="checkbox"/> Depression insomnia (sleep disorder)
<input type="checkbox"/> Difficult child (temper & behavior issues)
<input type="checkbox"/> Discomfort (mental or physical distress)
<input type="checkbox"/> Drowsiness (sluggish & sleepy)
<input type="checkbox"/> Emotional (abnormally affected by things)
<input type="checkbox"/> Eschars (dry scabs)
<input type="checkbox"/> Excessive weight (>20 pounds overweight)
<input type="checkbox"/> Fasting hypoglycemia (low blood sugar on empty stomach) | <input type="checkbox"/> Fever (abnormally high body temperature)
<input type="checkbox"/> Fistula (abnormal duct inside body)
<input type="checkbox"/> Furunculosis (skin condition of recurring boils)
<input type="checkbox"/> Gangrene of the lower limbs (decay of)
<input type="checkbox"/> Geriatric disorders (aging issues)
<input type="checkbox"/> Hyperactivity (unusually highly active)
<input type="checkbox"/> Hyperhidrosis (excessive sweat)
<input type="checkbox"/> Hyperthermia (high body temperature)
<input type="checkbox"/> Hypothermia (low body temperature)
<input type="checkbox"/> Hypotonia (body tissues or organ sub-normal firmness or functional readiness)
<input type="checkbox"/> Infectious disease, virus
<input type="checkbox"/> Injuries
<input type="checkbox"/> Insomnia (sleep disorder)
<input type="checkbox"/> Local Inflammation (swollen area)
<input type="checkbox"/> Masculine sexual deficiency (impotence)
<input type="checkbox"/> Nails and hair (weak, brittle, cracking, etc.)
<input type="checkbox"/> Nervosity (excessive nervousness)
<input type="checkbox"/> Obesity (grossly overweight)
<input type="checkbox"/> Pain in a phantom limb (missing limb) | <input type="checkbox"/> Phlegmatic (excessive phlegm)
<input type="checkbox"/> Postoperative and post-traumatic edema (excessive accumulation of serous fluid in tissue spaces or a body cavity after trauma)
<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Premature ageing (getting old too soon)
<input type="checkbox"/> Premature ejaculation (sexual dysfunction)
<input type="checkbox"/> Quincke's oedema (transient edema)
<input type="checkbox"/> Reactive Hypoglycemia (low blood sugar occurring 1 - 2 hours after eating)
<input type="checkbox"/> Recent emotional shock (substantial distress)
<input type="checkbox"/> Senility (mind/body deterioration with age)
<input type="checkbox"/> Slightest resistance to an infection
<input type="checkbox"/> Smoker (any inhaled tobacco use)
<input type="checkbox"/> Stress (extreme mind or body difficulty)
<input type="checkbox"/> Vagotonia (vagus nerve over-activity or irritability affecting blood vessels, stomach, and muscles)
<input type="checkbox"/> Vertigo (confused, disoriented mind status)
<input type="checkbox"/> Weight gain by water retention |
|--|---|--|

DENTAL DISORDERS

- | | | |
|--|--|---|
| <input type="checkbox"/> Amalgams (mercury/silver dental fillings)
<input type="checkbox"/> Gingival bleeding (gums bleed)
<input type="checkbox"/> Halitosis (bad breath)
<input type="checkbox"/> Hypersialia (excess saliva) | <input type="checkbox"/> Hyposaliva (too little saliva)
<input type="checkbox"/> Parodontosis (gum disease)
<input type="checkbox"/> Taste disorders | <input type="checkbox"/> Tongue bright red and smooth
<input type="checkbox"/> Tongue Inflammation (swollen or pained) |
|--|--|---|

CANCEROUS ATTACKS

- | | | |
|--|--|---|
| <input type="checkbox"/> Acute lymphocytic leukemia of a child ([ALL] white blood cells cancer)
<input type="checkbox"/> Bladder cancer
<input type="checkbox"/> Bony types (bones)
<input type="checkbox"/> Cancer of the uterus (female only)
<input type="checkbox"/> Cerebral cancer
<input type="checkbox"/> Colon cancer
<input type="checkbox"/> Colorectal cancer (colon & rectum) | <input type="checkbox"/> Gastric cancer (stomach)
<input type="checkbox"/> Left breast cancer
<input type="checkbox"/> Leukemia (white blood cells cancer)
<input type="checkbox"/> Liver cancer
<input type="checkbox"/> Lymphomas (malignant tumors of lymph nodes or other lymphoid tissue)
<input type="checkbox"/> Melanomas (malignant tumor in skin)
<input type="checkbox"/> Oral cancer (mouth) | <input type="checkbox"/> Oropharyngeal cancer (part of the pharynx)
<input type="checkbox"/> Ovarian cancer (female only)
<input type="checkbox"/> Pancreatic cancer
<input type="checkbox"/> Prostate cancer (male only)
<input type="checkbox"/> Pulmonary cancer (lungs)
<input type="checkbox"/> Right breast cancer
<input type="checkbox"/> Testicular cancer (testicles – male only) |
|--|--|---|

CARDIVOASCULAR DISORDERS

- | | | |
|---|--|---|
| <input type="checkbox"/> A.A.R. (acute articular rheumatism) (inflamed of the muscles, tendons, joints, bones, or nerves with pain)
<input type="checkbox"/> Arrhythmia (irregular heartbeat)
<input type="checkbox"/> Arterial stenosis (artery narrowing)
<input type="checkbox"/> Arterial thrombosis (artery clotting)
<input type="checkbox"/> Arteriosclerosis (artery thickening)
<input type="checkbox"/> Auricular fibrillation (twitching)
<input type="checkbox"/> Bradycardia (slow heart rate <60/minute)
<input type="checkbox"/> Cardiac insufficiency (Heart failure)
<input type="checkbox"/> Cerebral Hemorrhage (ruptured blood vessel in brain)
<input type="checkbox"/> Cholesterol (imbalance of)
<input type="checkbox"/> Coagulation problem (blood clotting) | <input type="checkbox"/> Congenital malformation (from birth)
<input type="checkbox"/> Coronopathy (coronary diseases)
<input type="checkbox"/> Disorders of the blood circulation
<input type="checkbox"/> Heart murmur (unusual heart sound)
<input type="checkbox"/> Hypertension (high blood pressure)
<input type="checkbox"/> Hypotension (low blood pressure)
<input type="checkbox"/> Infarction (heart tissue death due to no O ₂)
<input type="checkbox"/> Ischemic cardiac disease (low blood flow)
<input type="checkbox"/> Left ventricular hypertrophy (enlargement)
<input type="checkbox"/> Loss of breath
<input type="checkbox"/> Lower limbs arteritis (inflamed artery)
<input type="checkbox"/> Myocarditis (inflamed heart muscle tissue) | <input type="checkbox"/> Pericardium rustling (fluttering)
<input type="checkbox"/> Raynaud's phenomenon (restricted blood flow to hands)
<input type="checkbox"/> Right ventricular hypertrophy (enlarged)
<input type="checkbox"/> Stenocardia (coronary arteries obstruction)
<input type="checkbox"/> Stroke (sudden death of some brain cells)
<input type="checkbox"/> Tachycardia (heartbeat >= 100 per minute)
<input type="checkbox"/> Thoracic pains (in, near, or of thorax)
<input type="checkbox"/> Triglycerides (ester [organic compound] of three fatty acids and glycerol that is the chief constituent of fats and oils)
<input type="checkbox"/> Venous thrombosis (vein clotting) |
|---|--|---|

DERMATOLOGICAL DISORDERS

- | | | |
|--|---|--|
| <input type="checkbox"/> Acne (eruption of pimples, usually on face) | <input type="checkbox"/> Erythematous Lupus (Lupus erythematosus) chronic inflammatory autoimmune disease | <input type="checkbox"/> Petechiae (minute red - purplish spots) |
| <input type="checkbox"/> Alopecia (hair loss / baldness) | <input type="checkbox"/> Exanthema (disease with skin eruption) | <input type="checkbox"/> Pruritis (itchy skin) |
| <input type="checkbox"/> Angiomas (tumors) | <input type="checkbox"/> Hematoma (localized swelling of blood) | <input type="checkbox"/> Psoriasis (reddish skin patches & scales) |
| <input type="checkbox"/> Cellulite (fatty deposit affecting form) | <input type="checkbox"/> Herpes (blistering viral disease) | <input type="checkbox"/> Purpura (small skin hemorrhage) |
| <input type="checkbox"/> Chilblain (recurrent localized itching, swelling of the fingers, toes, or ears) | <input type="checkbox"/> Hyperkeratosis (excessive skin growth) | <input type="checkbox"/> Pyodermia ([pyoderma] pus infected) |
| <input type="checkbox"/> Cracked skin | <input type="checkbox"/> Icterus (jaundice) skin yellowness | <input type="checkbox"/> Scars pustule (pus-filled pimple) |
| <input type="checkbox"/> Cutaneous mycosis (skin fungal infection) | <input type="checkbox"/> Impetigo (bacterial skin infection) | <input type="checkbox"/> Scleroderma (hardening of skin) |
| <input type="checkbox"/> Cyanosis (bluish skin from low oxygen) | <input type="checkbox"/> Interdigital mycosis (Athlete's foot - fungi) | <input type="checkbox"/> Sunburn (inflamed skin from sunlight) |
| <input type="checkbox"/> Dermatitis (skin inflammation) | <input type="checkbox"/> Keloidic scars ([cheloid] raised fibrous) | <input type="checkbox"/> Ulcerations (skin lesion or infected patch) |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Lichen (patchy skin eruptions disease) | <input type="checkbox"/> Urticaria (hives) |
| <input type="checkbox"/> Eczema (redness, itching, inflamed skin) | <input type="checkbox"/> Neurodermatitis (inflamed, scaly skin) | <input type="checkbox"/> Vesicles (fluid in a small sac or cyst) |
| <input type="checkbox"/> Erythematous (skin capillaries congested) | | <input type="checkbox"/> Herpes Zoster (viral infection; shingles) |

PAIN AFFECTIONS

- | | | |
|---|--|---|
| <input type="checkbox"/> Axillary pain ([axilla] armpit) | <input type="checkbox"/> Headache with digestive problem | <input type="checkbox"/> Right breast pain |
| <input type="checkbox"/> Cervical pain (neck) | <input type="checkbox"/> Left arm, left wrist or left hand pain | <input type="checkbox"/> Right foot, right knee, or right leg pain |
| <input type="checkbox"/> Chronic pain (frequent recurrence of pain) | <input type="checkbox"/> Left breast pain | <input type="checkbox"/> Right thumb pain |
| <input type="checkbox"/> Decompression headache (from diving) | <input type="checkbox"/> Left foot, left knee, or left leg pain | <input type="checkbox"/> Tension headache |
| <input type="checkbox"/> Digestive pain (breaking down of food) | <input type="checkbox"/> Left thumb pain | <input type="checkbox"/> Thoracic pain (chest pain) |
| <input type="checkbox"/> Epigastric pain (upper-middle stomach) | <input type="checkbox"/> Liver pain | <input type="checkbox"/> Thoracic vertebrae pain (spine/chest pain) |
| <input type="checkbox"/> Eyes pain | <input type="checkbox"/> Lumbar pain (lower back) | <input type="checkbox"/> Urogenital congestion (urinary & genital) |
| <input type="checkbox"/> Face pain | <input type="checkbox"/> Right arm, right wrist or right hand pain | <input type="checkbox"/> Urogenital pain (urinary and genital) |
| <input type="checkbox"/> Headache | | |

ENDOCRINE DISORDERS

- | | | |
|--|---|--|
| <input type="checkbox"/> Amenorrhea (absence of menstruation) | <input type="checkbox"/> Growth disorders | <input type="checkbox"/> Menopause (aged female hormone decline) |
| <input type="checkbox"/> Andropause (aged male hormone decline) | <input type="checkbox"/> Hypermenorrhea (heavy menstruation) | <input type="checkbox"/> Menopause disorders |
| <input type="checkbox"/> Belated puberty (delayed onset of puberty) | <input type="checkbox"/> Hyperthyreosis (disturbance in thyroid) | <input type="checkbox"/> Nausea and vomiting of pregnancy |
| <input type="checkbox"/> Breast fissures (cracklike sore or ulcer) | <input type="checkbox"/> Hypomenorrhoea (light menstrual periods) | <input type="checkbox"/> Painful menstruation |
| <input type="checkbox"/> Collapse (hormone system failure) | <input type="checkbox"/> Hypophyseal dysfunction (pituitary gland) | <input type="checkbox"/> Spontaneous abortion |
| <input type="checkbox"/> Colpitis (inflamed vagina; vaginitis) | <input type="checkbox"/> Hypothyreosis ([hypothyroidism] insufficient production of thyroid hormones) | <input type="checkbox"/> Sterility (incapable of reproduction) |
| <input type="checkbox"/> Cushing's Syndrome (complex hormonal condition) | <input type="checkbox"/> Insulin-resistant diabetes | <input type="checkbox"/> Thyroid nodules (small tissue mass) |
| <input type="checkbox"/> Dysmenorrhea (painful menstruation) | <input type="checkbox"/> Late menstruation | <input type="checkbox"/> Thyroidal dysfunction |
| <input type="checkbox"/> Endometriosis (endometrial cells grow outside the uterus) | <input type="checkbox"/> Mastitis (inflamed breast) | <input type="checkbox"/> Type 1 insulin-dependent diabetes |
| <input type="checkbox"/> Goiter (enlarged thyroid gland) | <input type="checkbox"/> Mastodynia (breast pain; also mammalgia) | <input type="checkbox"/> Type 2 non insulin-dependent diabetes |

GASTROINTESTINAL DISORDERS

- | | | |
|---|---|--|
| <input type="checkbox"/> Alimentary hepatitis (digestive inflamed liver) | <input type="checkbox"/> Digestive inflammation (swelling or pain) | <input type="checkbox"/> Intestinal spasms in children |
| <input type="checkbox"/> Anal fissure (cracklike sore or ulcer) | <input type="checkbox"/> Digestive intolerance (sensitivity / allergy) | <input type="checkbox"/> Intestinal stasis (ileus {obstruction}) or occlusion {closure of passageway}) |
| <input type="checkbox"/> Appendicitis (inflamed appendix) | <input type="checkbox"/> Drug-related hepatitis (inflamed liver) | <input type="checkbox"/> Megacolon (abnormal colon enlargement) |
| <input type="checkbox"/> Bacterial flora disorders (microorganisms) | <input type="checkbox"/> Duodenal ulcer (duodenum lesion) | <input type="checkbox"/> Nausea (sick stomach with urge to vomit) |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Duodenitis (inflamed duodenum) | <input type="checkbox"/> Obstructive hepatitis (blocked up liver) |
| <input type="checkbox"/> Chronic hepatitis (liver inflammation) | <input type="checkbox"/> Dysentery (inflamed lower intestinal tract) | <input type="checkbox"/> Polyps (protruding growths) |
| <input type="checkbox"/> Chronic pancreatitis (inflamed pancreas) | <input type="checkbox"/> Dyspepsia (indigestion) | <input type="checkbox"/> Pyrosis (heartburn) |
| <input type="checkbox"/> Cirrhosis of the liver (hardening) | <input type="checkbox"/> Enterocolitis (inflammation of both the small intestine and the colon) | <input type="checkbox"/> Rectal Prolapsus (slipped out of place) |
| <input type="checkbox"/> Colitis (inflamed colon; colonitis) | <input type="checkbox"/> Epigastric Syndrome (upper middle) | <input type="checkbox"/> Spasmodic colitis (spasmodic colonitis) |
| <input type="checkbox"/> Constipation (hardened feces in bowels) | <input type="checkbox"/> Gastric acidosis (abnormal acidity) | <input type="checkbox"/> Stomach ulcer (stomach lesions) |
| <input type="checkbox"/> Constipation (more than 5 years) | <input type="checkbox"/> Gastritis (stomach inflammation) | <input type="checkbox"/> Ulcer (lesion) |
| <input type="checkbox"/> Diarrhoea ([diarrhea] watery feces) | <input type="checkbox"/> Gastro-enteritis (inflamed mucous membrane of stomach and intestines) | <input type="checkbox"/> Vesicular lithiasis (Pathological formation of mineral concretions in body) |
| <input type="checkbox"/> Digestion disorders | <input type="checkbox"/> Gastro-esophageal reflux (Hiatus hernia) | <input type="checkbox"/> Viral hepatitis (inflamed liver with virus) |
| <input type="checkbox"/> Digestive allergies or alimentary intolerances (extreme sensitivity) | <input type="checkbox"/> Hemorrhoids (swollen dilated veins) | <input type="checkbox"/> Vomiting (throwing up food) |
| <input type="checkbox"/> Digestive hemorrhage (profuse bleeding) | <input type="checkbox"/> Hiatal hernias (part of stomach protrusion through diaphragm) | |

IMMUNE DISORDERS

- | | | |
|---|--|--|
| <input type="checkbox"/> AIDS (acquired immune deficiency syndrome) | <input type="checkbox"/> Autoimmune disease (body turns against its own cells) | <input type="checkbox"/> Immune depression (weakened immunity) |
|---|--|--|

NEUROLOGICAL DISORDERS

- | | | |
|---|---|---|
| <input type="checkbox"/> Acroparesthesia (abnormal sensations in extremities) | <input type="checkbox"/> Depression (extended debilitating sadness) | <input type="checkbox"/> Neurasthenia (nervous system exhaustion) |
| <input type="checkbox"/> Alzheimer disease (cognitive ability losses) | <input type="checkbox"/> Encephalitis (brain inflammation) | <input type="checkbox"/> Paralysis (impaired movement) |
| <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder (ADHD) children | <input type="checkbox"/> Facial paralysis (impaired movement) | <input type="checkbox"/> Paraplegia (full lower-body paralysis) |
| <input type="checkbox"/> Behavioral disorders (misbehaving) | <input type="checkbox"/> Gilles de Latourette ([Tourette's syndrome] body tics & obscenities) | <input type="checkbox"/> Paresthesy (feelings in peripheral nerves) |
| <input type="checkbox"/> Cerebral circulation disorders (brain) | <input type="checkbox"/> Memory disorders (recall issues) | <input type="checkbox"/> Parkinson Disease (disease of nerves) |
| <input type="checkbox"/> Climatic neurosis (climate disorder) | <input type="checkbox"/> Motor excitation (very stimulated activity) | <input type="checkbox"/> Polyneuritis (many inflamed nerves) |
| <input type="checkbox"/> Concussion (violent injury to head/brain) | <input type="checkbox"/> Multiple sclerosis (central nervous system disease) | <input type="checkbox"/> Schizophrenia (psychotic disorder) |
| <input type="checkbox"/> Convulsions (intense muscular contraction) | <input type="checkbox"/> Neuralgia (sudden onset of nerve pain) | <input type="checkbox"/> Slow intellectual activity (smartness) |

NEUROMUSCULAR DISORDERS

- | | | |
|---|--|--|
| <input type="checkbox"/> Leg cramps (sudden, involuntary, spasmodic muscular contraction causing severe pain) | <input type="checkbox"/> Myasthenia (muscular weakness or fatigue) | <input type="checkbox"/> Spasmophilia (chronic muscle twitching) |
| <input type="checkbox"/> Lumbago (painful state in lower back) | <input type="checkbox"/> Myogelosis (abnormal muscle hardening) | <input type="checkbox"/> Tenositis and tenosynovitis (inflamed tendon and tendon sheath) |
| <input type="checkbox"/> Lumbago and sciatic nerve (low back/hip) | <input type="checkbox"/> Myotonia (decreased muscle tone) | <input type="checkbox"/> Tetany (constant spasm - immobility) |
| <input type="checkbox"/> Muscular ache (dull, steady pain in muscle) | <input type="checkbox"/> Myxoedema (swollen lips & nose / thyroid) | <input type="checkbox"/> Torticollis (severe neck spasm) |
| <input type="checkbox"/> Muscular weaknesses (little strength) | <input type="checkbox"/> Sciatic left (related to hipbone region) | |
| | <input type="checkbox"/> Sciatic right (related to hipbone region) | |

OCULAR DISORDERS

- | | | |
|--|---|--|
| <input type="checkbox"/> Nocturnal blindness (night) | <input type="checkbox"/> Troubles of the retina (light-sensitive membrane lining the inner eyeball) | <input type="checkbox"/> Troubles of the vision (problems with eyesight) |
| <input type="checkbox"/> Ocular dryness (dry eyes) | | |

ENT DISORDERS

- | | | |
|--|--|--|
| <input type="checkbox"/> Acouphenes (constant internal noise heard) | <input type="checkbox"/> Epistaxis (nosebleed) | <input type="checkbox"/> Middle ear otitis (inflammation) |
| <input type="checkbox"/> Allergic rhinitis (inflamed nasal mucous membranes) | <input type="checkbox"/> External otitis (inflammation of the ear) | <input type="checkbox"/> Pharyngitis (inflamed throat / pharynx) |
| <input type="checkbox"/> Balance disorder (trouble standing) | <input type="checkbox"/> Frontal sinusitis (inflammation of sinuses) | <input type="checkbox"/> Tonsillitis, flu (inflamed tonsils / flu) |
| <input type="checkbox"/> Diminution of the hearing capability | <input type="checkbox"/> Infectious parotiditis (mumps) | <input type="checkbox"/> Vasomotor rhinitis (inflamed blood vessels) |
| <input type="checkbox"/> ENT Allergies (Ear, Nose, & Throat) | <input type="checkbox"/> Laryngitis (Inflammation of the larynx) | |
| | <input type="checkbox"/> Maxillary sinusitis (jaw area inflammation) | |

BONE DISEASES

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis (inflammation of a joint) | <input type="checkbox"/> Lesion on intervertebral disks (infected or diseased patch on spinal column vertebrae) | <input type="checkbox"/> Rheumatoid spondylitis ([ankylosing spondylitis] inflamed spine/other joints) |
| <input type="checkbox"/> Arthrosis (degenerative disease of a joint) | <input type="checkbox"/> Osteochondrosis (bone growth disease) | <input type="checkbox"/> Sacroiliac imbalance (sacrum and ilium) |
| <input type="checkbox"/> Bony pains (pains in the bones) | <input type="checkbox"/> Osteomalacia (bone softening) | <input type="checkbox"/> Scapulohumeral Periarthritis (a shoulder joint inflammation) |
| <input type="checkbox"/> Cervical arthrosis (neck degeneration) | <input type="checkbox"/> Osteomyelitis (bone infection) | <input type="checkbox"/> Scintillating scotoma (diminished vision edged by shimmering colored lights) |
| <input type="checkbox"/> Chronic rheumatoid polyarthritis (inflammation of many joints) | <input type="checkbox"/> Osteopathy manipulations | <input type="checkbox"/> Secondary sclerosis, amyotrophia (wasting of muscle tissues) |
| <input type="checkbox"/> Condyloma (a wartlike growth) | <input type="checkbox"/> Osteopenia (decreased bone mass) | <input type="checkbox"/> Shoulder-hand syndrome (shoulder pain with hand pain, swelling, & stiffness) |
| <input type="checkbox"/> Deformed (spine / back) | <input type="checkbox"/> Osteoporosis (porous bone disease) | <input type="checkbox"/> Spontaneous fractures (bone break) |
| <input type="checkbox"/> Discal lesions (injured vertebral disc) | <input type="checkbox"/> Paget's disease (enlarged & weak bones) | <input type="checkbox"/> Sprains or dislocations |
| <input type="checkbox"/> Dupuytren's contraction (scarred and curved 4th finger) | <input type="checkbox"/> Pain on mobilization (hurts to move) | <input type="checkbox"/> Twisted ankle |
| <input type="checkbox"/> Intercostal neuralgia (pain between ribs) | <input type="checkbox"/> Periarthritis (inflammation around a joint) | |
| <input type="checkbox"/> Intermittent Claudication (leg muscles lameness & pain due to poor blood supply) | <input type="checkbox"/> Periostitis (bone surface inflammation) | |
| <input type="checkbox"/> Joint disorders (like knees, elbows, etc.) | <input type="checkbox"/> Polyarthritis (many joints inflamed) | |

PULMONARY DISORDERS

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma (chronic respiratory disease) | <input type="checkbox"/> Oedema or pulmonary embolism (swollen) | <input type="checkbox"/> Respiratory insufficiency (lung failure) |
| <input type="checkbox"/> Bradypnea (abnormal slow breathing) | <input type="checkbox"/> Pleural rustling (fluid-filled cavity) | <input type="checkbox"/> Strong cough (noisy expulsion of air from the lungs) |
| <input type="checkbox"/> Bronchiectasia (dilation of bronchia) | <input type="checkbox"/> Pleurisy (inflamed pleura [serous {body fluid, usually watery} membrane]) | <input type="checkbox"/> Tachypnea (abnormal rapid breathing) |
| <input type="checkbox"/> Chronic bronchitis (inflamed mucous membrane in bronchial tubes) | <input type="checkbox"/> Pneumonia (inflamed lungs) | <input type="checkbox"/> Tuberculosis (infectious disease from bacteria that effects lungs & any organ) |
| <input type="checkbox"/> Chronic recurrent cough | <input type="checkbox"/> Pneumothorax (air or gas in chest cavity) | <input type="checkbox"/> Whistling dyspnea (labored breathing) |
| <input type="checkbox"/> Dry cough, then secreting mucus | <input type="checkbox"/> Pulmonary abscess (pus on lungs) | |
| <input type="checkbox"/> Loss of breath when in an effort | <input type="checkbox"/> Pulmonary inflammation (swollen lungs) | |

RENAL AND UROGENITAL DISORDERS

- | | | |
|--|---|---|
| <input type="checkbox"/> Albuminury ([albuminuria] blood protein in urine) | <input type="checkbox"/> Glomerulonephritis (inflamed kidney cells) | <input type="checkbox"/> Pyelocystitis (inflamed renal pelvis & bladder) |
| <input type="checkbox"/> Benign hypertrophy of the prostate (enlargement of prostate without cancer) | <input type="checkbox"/> Gynecological disorders (female organs) | <input type="checkbox"/> Pyelonephritis (inflamed kidney & pelvis) |
| <input type="checkbox"/> Bladder stone | <input type="checkbox"/> Hydronephrosis (excess urine in kidney) | <input type="checkbox"/> Renal disorders (kidney problems) |
| <input type="checkbox"/> Bursitis (inflamed shoulder, elbow, other) | <input type="checkbox"/> Intense thirst with abounding urines | <input type="checkbox"/> Renal insufficiency (kidney failure) |
| <input type="checkbox"/> Cholangitis, cholecystitis, cholelithiasis (inflammation, bile duct/gallbladder stones) | <input type="checkbox"/> Leucorrhoea (whitish vaginal discharge) | <input type="checkbox"/> Renal Lithiasis (kidney stones {calculi}) |
| <input type="checkbox"/> Cystalgia (bladder pain) | <input type="checkbox"/> Nephretic colic ([nephritic] kidney pain) | <input type="checkbox"/> Salpingitis (inflamed fallopian tube) |
| <input type="checkbox"/> Cystitis (bladder inflammation) | <input type="checkbox"/> Nephritis (chronic kidney inflammation) | <input type="checkbox"/> Tendo vaginitis ([tenovaginitis] inflamed tendon sheath) |
| <input type="checkbox"/> Dacryocystitis (Inflamed tear glands) | <input type="checkbox"/> Nephropathia (kidney abnormality/disease) | <input type="checkbox"/> Urea excess (urine organic chemical compound) |
| <input type="checkbox"/> Effort urinary incontinence (uncontrolled) | <input type="checkbox"/> Nephrosclerosis (nephro-angiosclerosis) (diseased hardening of the kidney) | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Endometritis (inflamed lining of uterus) | <input type="checkbox"/> Nephrosis (degenerative kidney lesions) | <input type="checkbox"/> Uterine atonia (decreased uterine tone) |
| <input type="checkbox"/> Enuresia ([enuresis] involuntary urination) | <input type="checkbox"/> Parametritis (inflamed uterine connective tissue) | <input type="checkbox"/> Uterine Prolapsus (slipped out of place) |
| <input type="checkbox"/> Fibroblastic induration of penis (hardening) | <input type="checkbox"/> Prostatitis (Inflamed prostate gland) | <input type="checkbox"/> Vaginitis (inflammation of the vagina) |

VENOUS AND LYMPHATIC DISORDERS

- | | | |
|--|---|--|
| <input type="checkbox"/> Congestion of the portal vein | <input type="checkbox"/> Progressive lymphadenopathy (disease of the lymph nodes) | <input type="checkbox"/> Varix (enlarged vein; artery; lymph vessel) |
| <input type="checkbox"/> Oedema ([edema] swelling, inflammation) | <input type="checkbox"/> Sanguineous disorders of the circulation | <input type="checkbox"/> Venous-lymphatic insufficiency (failure) |
| <input type="checkbox"/> Painful lymphatic ganglions (nerves) | <input type="checkbox"/> Thrombophlebitis (inflamed vein due to blood clot) | <input type="checkbox"/> Venous stasis (stopped flow in vein) |
| <input type="checkbox"/> Painless lymphadenopathy (disease of the lymph nodes) | | |

URINE ANALYSIS

- | | | |
|---|---|--|
| <input type="checkbox"/> Bilirubin (bile pigment found in blood) | <input type="checkbox"/> Increase of the 17-cetosteroid | <input type="checkbox"/> Presence of vanillylmandelic acid |
| <input type="checkbox"/> Calcium (found in urine) | <input type="checkbox"/> Increase of the urinary estrogens | <input type="checkbox"/> Proteinury (excessive protein in urine) |
| <input type="checkbox"/> Diminution of the 17-cetosteroid | <input type="checkbox"/> Microscopic or macroscopic hematury (excessive blood in the urine) | <input type="checkbox"/> Pyury (pus in urine) |
| <input type="checkbox"/> Germs in urine | <input type="checkbox"/> Plaquettes (excess fatty materials in urine) | <input type="checkbox"/> Uric acid (excessive amount in urine) |
| <input type="checkbox"/> Glycosury (excessive glucose in the urine) | | |

BLOOD ANALYSIS

- | | | |
|---|---|--|
| <input type="checkbox"/> ASLO (antistreptolysine O of the rheumatism) [antistreptolysin O] | <input type="checkbox"/> Increase of phosphorus (element) | <input type="checkbox"/> Presence of hemoglobin S |
| <input type="checkbox"/> Blood germs | <input type="checkbox"/> Increase of reticulocytes (red blood cells) | <input type="checkbox"/> Presence of macrocytary erythrocytes (abnormally large red blood cells) |
| <input type="checkbox"/> BUN (sanguineous ureic nitrogen) | <input type="checkbox"/> Increase of sodium (metallic element) | <input type="checkbox"/> Presence of plasmodies (amoeboid cells) |
| <input type="checkbox"/> Diminution of hematite (low iron mineral) | <input type="checkbox"/> Increase of the cholesterol level | <input type="checkbox"/> Presence of spherocytes (sphere-shaped) |
| <input type="checkbox"/> Diminution of tumoral markers (tumor) | <input type="checkbox"/> Increase of the hematite (red mineral) | <input type="checkbox"/> Reduction of sodium |
| <input type="checkbox"/> Eosinophily (type of white blood cell) | <input type="checkbox"/> Increase of the leucocytes (white cells) | <input type="checkbox"/> Reduction of albumins |
| <input type="checkbox"/> Hyperchromy (unusual intense color) | <input type="checkbox"/> Increase of the lymphocytes (lymph cells) | <input type="checkbox"/> Reduction of bicarbonates |
| <input type="checkbox"/> Hypochromy (unusual dull color) | <input type="checkbox"/> Increase of the monocytes (white cells) | <input type="checkbox"/> Reduction of calcium |
| <input type="checkbox"/> Increase glycaemia on an empty stomach ([glycemia] glucose in blood) | <input type="checkbox"/> Increase of the serum's pH | <input type="checkbox"/> Reduction of erythrocytes |
| <input type="checkbox"/> Increase of potassium (in blood) | <input type="checkbox"/> Increase of the SS (sedimentation speed) | <input type="checkbox"/> Reduction of hemoglobin |
| <input type="checkbox"/> Increase of alkaline phosphates (in blood) | <input type="checkbox"/> Increase of the thrombocytes (platelets) | <input type="checkbox"/> Reduction of iron |
| <input type="checkbox"/> Increase of amylases (enzyme in blood) | <input type="checkbox"/> Increase of the total albumin (proteins) | <input type="checkbox"/> Reduction of phosphorus |
| <input type="checkbox"/> Increase of ASAT (aspartate-amino-transferase - enzyme of amino group) | <input type="checkbox"/> Increase of triglycerides (fatty acids +) | <input type="checkbox"/> Reduction of potassium |
| <input type="checkbox"/> Increase of bicarbonates (compound) | <input type="checkbox"/> Increase of tumoral markers (tumor) | <input type="checkbox"/> Reduction of reticulocytes |
| <input type="checkbox"/> Increase of calcium (metal element) | <input type="checkbox"/> Increase of uric acid | <input type="checkbox"/> Reduction of serum's pH |
| <input type="checkbox"/> Increase of hemoglobin (red blood cells) | <input type="checkbox"/> Increase T3 (Triiodothyronine hormone) | <input type="checkbox"/> Reduction of the cholesterol level |
| <input type="checkbox"/> Increase of iron (metal element) | <input type="checkbox"/> Increase T4 (Thyroxine thyroid-produced) | <input type="checkbox"/> Reduction of the leucocytes |
| | <input type="checkbox"/> Increase TSH (Thyroid stimulating horm.) | |
| | <input type="checkbox"/> Presence of falciform hematite (sickle-shaped red-color blood cells) | |

PERSONAL HISTORY

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergic (having allergies) | <input type="checkbox"/> Digestive surgery | <input type="checkbox"/> Pulmonary edema (swelling of lungs) |
| <input type="checkbox"/> Bone surgery | <input type="checkbox"/> Hip prosthesis (artificial device / body part) | <input type="checkbox"/> Radiotherapy |
| <input type="checkbox"/> Cancer surgery | <input type="checkbox"/> Myocardial infarction (heart attack) | <input type="checkbox"/> Thyroid surgery (ablation) [amputation] |
| <input type="checkbox"/> Cardiac surgery (triple [or other] bypass) | <input type="checkbox"/> Organ transplant () | <input type="checkbox"/> Traumatic shock (accidents, violence ...) |
| <input type="checkbox"/> Chemotherapy (cancer killing chemicals) | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Urogenital surgery (urinary system) |
| <input type="checkbox"/> Coronary stents (supporting tubes / heart) | <input type="checkbox"/> Plastic surgery | <input type="checkbox"/> Weight—loss diet |
| <input type="checkbox"/> Depression (longtime sadness) | | |

RECORDS

- | | | |
|--|---|---|
| <input type="checkbox"/> Alzheimer in the family | <input type="checkbox"/> Diabetes in the family | <input type="checkbox"/> Myocardial infarction in the family |
| <input type="checkbox"/> Asthma in the family | <input type="checkbox"/> Endometriosis in the family | <input type="checkbox"/> Obesity in the family |
| <input type="checkbox"/> Atherosclerosis in the family | <input type="checkbox"/> Hemorrhagic troubles in the family | <input type="checkbox"/> Osteoporosis in the family |
| <input type="checkbox"/> Cancer in the family | <input type="checkbox"/> Hypertriglyceridemia in the family | <input type="checkbox"/> Parkinson in the family |
| <input type="checkbox"/> Cholesterol in the family | <input type="checkbox"/> Hyperlipemia in the family (excess lipids) | <input type="checkbox"/> Pulmonary pathology in the family |
| <input type="checkbox"/> Cirrhosis in the family | <input type="checkbox"/> Hypertension in the family | <input type="checkbox"/> Surgical personnel (self and/or in family) |
| <input type="checkbox"/> Coronaropathy in the family (heart failure) | <input type="checkbox"/> Medical personnel (self and/or in family) | <input type="checkbox"/> Thrombosis in the family (fibrous clot) |
| <input type="checkbox"/> Crohn's disease in the family | | |

CURRENT TREATMENT - Allergology

- Antihistamines anticholinergics (drugs)
- Bioresonance (Bioenergetic therapy)
- Non-anticholinergic antihistamines (drugs)

CURRENT TREATMENT - Analgesics-Antipyretics-Antiinflammatories

- | | | |
|--|--|--|
| <input type="checkbox"/> Anticholinergic antispasmodic | <input type="checkbox"/> NSAID and derivaties (paracetamol, salicylates ...) {drugs} | <input type="checkbox"/> SAI: Corticoids |
| <input type="checkbox"/> Codeine in association | | |
| <input type="checkbox"/> Morphinic analgesics (morphine drugs) | | |

CURRENT TREATMENT - Cancerology - Hematology

- | | | |
|--|--|--|
| <input type="checkbox"/> Anti-emetic | <input type="checkbox"/> Haematopoiesis stimulant ([Hematopoiesis] blood stem cells) | <input type="checkbox"/> Monoclonal antibodies |
| <input type="checkbox"/> Biphosphanates (type of drugs) | <input type="checkbox"/> Hormone therapy | <input type="checkbox"/> Radiotherapy |
| <input type="checkbox"/> Chemo-protectors | <input type="checkbox"/> Immune response modifier | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Cytotoxic chemotherapy (toxic to cells) | <input type="checkbox"/> Local antimetotics (prevents cell division) | |
| <input type="checkbox"/> Electromagnetic frequencies | | |
| <input type="checkbox"/> Folinates (anti-cancer drugs) | | |

CURRENT TREATMENT - Dermatology

- Anti-acneic (anti-acne)
- Botulin toxin (neurotoxin)
- Dermocorticoids (steroid hormones)

CURRENT TREATMENT - Endocrinology

- | | | |
|--|---|--|
| <input type="checkbox"/> Androgens (masculine steroid hormone) | <input type="checkbox"/> Anti-thyroids | <input type="checkbox"/> Parathormone inhibitor cinacalcet |
| <input type="checkbox"/> Anti-androgens: cyproterone (synthetic steroid) [masculine steroid hormone] | <input type="checkbox"/> Gonatrophics (pituitary gland hormone) | <input type="checkbox"/> Prolactin inhibitor |
| <input type="checkbox"/> Anticortisolic hormones (steroid hormone) | <input type="checkbox"/> Growth hormone antagonist: pegvisomant | <input type="checkbox"/> Somatostatin analogue |
| <input type="checkbox"/> Antidiuretic hormones (prevents diuresis) | <input type="checkbox"/> Mineralocorticoid hormones | <input type="checkbox"/> Thyroid hormones |

CURRENT TREATMENT - Gastroenteropathology

- | | | |
|---|---|---|
| <input type="checkbox"/> Antacid and gastrointestinal dressings | <input type="checkbox"/> Interferon | <input type="checkbox"/> Probiotics (good friendly bacteria) |
| <input type="checkbox"/> Antidiarrhetics (anti-diarrhea drugs) | <input type="checkbox"/> Lactitol (laxative used to treat constipation) | <input type="checkbox"/> Prostaglandins (potent hormonelike substances used for regulation in body) |
| <input type="checkbox"/> Anti-intestinal bacterials | <input type="checkbox"/> Laxatives (treats constipation) | <input type="checkbox"/> Proton pump inhibitors |
| <input type="checkbox"/> Diet monitoring | <input type="checkbox"/> Peristaltogens | <input type="checkbox"/> Treatment of biliary lithiasis (pathological masses of mineral in bile or gallbladder) |
| <input type="checkbox"/> Gastric antiseecretories (ulcers) | | |
| <input type="checkbox"/> H2 Anti-histamines | | |

CURRENT TREATMENT - Gynaecology - Obstetrics

- | | |
|---|---|
| <input type="checkbox"/> Hormonal contraceptives | <input type="checkbox"/> Oestrogens [estrogen] (dysmenorrhea) |
| <input type="checkbox"/> Menopausal replacement treatment (Oestrogens / Oestrogenestatives) | |

CURRENT TREATMENT - Immunology Immunosuppressor**CURRENT TREATMENT - Infectiology - Parasitology** Antibiotics (anti-microorganisms) Antivirals (anti-virus) Systemic antiparasitics (anti-parasite) Vaccines-immunotherapy**CURRENT TREATMENT - Metabolism Diabetes Nutrition** Antiasthenics
(Vitamins, trace elements, amino acids...) Hypolipemiant (fibrates, statins) Insulin and analogues Metformin Metformin-glibenclamide Metformin-rosiglitazone Obesity drugs Sulfamides (sweeteners)**CURRENT TREATMENT - Neurology** Antiepileptics (anti-epilepsy) Anti-Parkinson's disease drugs Antivertiginous drugs (anti- vertigo; dizzy) CVA treatment (Cerebrovascular Accident) Treatment of amyotrophic lateral sclerosis
(degeneration of the nerve cells in the
central nervous system with thickening or
hardening - Lou Gehrig's disease) Rye ergot derivatives (anti-migraine drugs) Treatment of multiple sclerosis (Interferon)**CURRENT TREATMENT - Pneumology** Antibiotics (anti-microorganisms) Antihistamines (chemical stimulants) Antitussives (anti-coughing) Bronchial fluidifiers Corticoids (adrenal steroid hormones) Pulmonary surfactants (lung-coating fluids) Respiratory analeptics (stimulating drugs)**CURRENT TREATMENT - Psychiatry** Anxiolytics (antianxiety drugs) Caffeine (prescribed mild stimulant) Hypnotics (sedatives) Non-IMAO imipraminic antidepressants IMAO (Antidepressant –
monoaminoxidasa inhibitor) IRS (Fluvoxamine) IRSN (Antidepressant) Neuroleptics (antipsychotic medications) Phytotherapy (St John's Wort) - gemmo Psycho stimulants Tianeptine (Stablon) - serotonin enhancer**CURRENT TREATMENT - Rheumatology** Biphosphanates (potent inhibitors of bone
reabsorption) Calcitonin (thyroid-made peptide hormone) Colchicin (poisonous alkaloid to treat gout) Corticoids (adrenal-made steroid hormone) Gold salts Infiltrations Interleukin-1 inhibitors Myorelaxants (muscle relaxants) Raloxifen Teriparatide (bone strength drug)**CURRENT TREATMENT - Toxicology** Atropin Deferiprone Deferoxamine Dimercaprol EDTA N-acetylcysteine Nalorphine (narcotic antagonist drug) Succimer (lead chelating [binding] agent)**CURRENT TREATMENT - Urology Nephrology** 5-Alpha-reductase inhibitor Alpha-blockers Enuresis drugs (involuntary urination) Treatment of erectile dysfunction Treatment of renal insufficiency Treatment of retrograde ejaculation (semen travels backward into the bladder) Treatment of urinary infections Urinary lithiasis drugs (mineral concen-
trations in urinary tract)**CURRENT TREATMENT - Cardiology - Angeiology** Acetylsalicylic acid Angiotensin conversion enzyme inhibitors
(CEI) Angiotensin II antagonist Anticoagulant (not transformed to solid) Antihypotensor (lowers blood pressure) Beta-blocker Calcium inhibitors Digitalins (heart disease drugs) Diuretics (increase the discharge of urine) Fibrates (lower blood triglyceride levels) HMG Co-A reductase inhibitors (statins) Homeopathy Inhibitors of intestinal absorption
of cholesterol Nitrated derivatives Platelet anti-aggregants Vasodilators (expands blood vessels)

LIFESTYLE and NUTRITIONAL HABITS

- | | | |
|--|--|--|
| <input type="checkbox"/> Beer less than 2 glasses per day | <input type="checkbox"/> High consumption of salt | <input type="checkbox"/> Red meat smoked more than 2 times p/wk |
| <input type="checkbox"/> Beer more than 2 glasses per day | <input type="checkbox"/> High level athletics (professionals) | <input type="checkbox"/> Red meat smoked occasionally |
| <input type="checkbox"/> Broccoli less than 2 times per week | <input type="checkbox"/> Ketchup every day | <input type="checkbox"/> Sauce tomato every day |
| <input type="checkbox"/> Broccoli more than 2 times per week | <input type="checkbox"/> Ketchup less than 2 times per week | <input type="checkbox"/> Sauce tomato less than 2 times per week |
| <input type="checkbox"/> Butter every day | <input type="checkbox"/> Ketchup more than 2 times per week | <input type="checkbox"/> Sauce tomato more than 2 times per week |
| <input type="checkbox"/> Butter less than 2 times per week | <input type="checkbox"/> Low consumption of bread | <input type="checkbox"/> Smoking less than 20 cigarettes per day |
| <input type="checkbox"/> Butter more than 2 times per week | <input type="checkbox"/> Low consumption of salt | <input type="checkbox"/> Smoking more than 20 cigarettes per day |
| <input type="checkbox"/> Carrots every day | <input type="checkbox"/> Medium consumption of bread | <input type="checkbox"/> Sports activity: 2 times per week |
| <input type="checkbox"/> Carrots less than 2 times per week | <input type="checkbox"/> Medium consumption of salt | <input type="checkbox"/> Sports activity: every day |
| <input type="checkbox"/> Carrots more than 2 times per week | <input type="checkbox"/> Oil : Arachide | <input type="checkbox"/> Sports activity: less than 2 times per week |
| <input type="checkbox"/> Coffee every day | <input type="checkbox"/> Oil : Colza | <input type="checkbox"/> Strict vegetarian |
| <input type="checkbox"/> Coffee less than 2 times per week | <input type="checkbox"/> Oil : Nut | <input type="checkbox"/> Strong Alcohol less than 2 glasses p/d |
| <input type="checkbox"/> Coffee more than 2 times per week | <input type="checkbox"/> Oil : Olive | <input type="checkbox"/> Strong Alcohol more than 2 glasses p/d |
| <input type="checkbox"/> Dairy products less than 2 times per week | <input type="checkbox"/> Oil : Sunflower | <input type="checkbox"/> Tomato every day |
| <input type="checkbox"/> Dairy products every day | <input type="checkbox"/> Ovo-vegetarian | <input type="checkbox"/> Tomato less than 2 times per week |
| <input type="checkbox"/> Dairy products more than 2 times per week | <input type="checkbox"/> Passive smoking (environment) | <input type="checkbox"/> Tomato more than 2 times per week |
| <input type="checkbox"/> Diet after medical consultation | <input type="checkbox"/> Personal diet | <input type="checkbox"/> Vegetables / fruits less than 6 times per/day |
| <input type="checkbox"/> Exposure to neurotoxins or pesticides | <input type="checkbox"/> Pork grilled every day | <input type="checkbox"/> Vegetables / fruits more than 6 times p/day |
| <input type="checkbox"/> Fish grilled more than 2 times per week | <input type="checkbox"/> Pork grilled more than 2 times per week | <input type="checkbox"/> Vegetarian eating eggs and fish |
| <input type="checkbox"/> Fish grilled occasionally | <input type="checkbox"/> Pork grilled occasionally | <input type="checkbox"/> Vegetarian eating fish but not eggs |
| <input type="checkbox"/> Fish grilled every day | <input type="checkbox"/> Pork raw | <input type="checkbox"/> Urban Life |
| <input type="checkbox"/> Fish raw every day | <input type="checkbox"/> Pork raw every day | <input type="checkbox"/> Rural Life |
| <input type="checkbox"/> Fish raw more than 2 times per week | <input type="checkbox"/> Pork raw more than 2 times per week | <input type="checkbox"/> White meat grilled every day |
| <input type="checkbox"/> Fish raw occasionally | <input type="checkbox"/> Pork smoked every day | <input type="checkbox"/> White meat grilled more than 2 times /wk |
| <input type="checkbox"/> Fish smoked every day | <input type="checkbox"/> Pork smoked more than 2 times per week | <input type="checkbox"/> White meat grilled occasionally |
| <input type="checkbox"/> Fish smoked more than 2 times per week | <input type="checkbox"/> Pork smoked occasionally | <input type="checkbox"/> White meat raw every day |
| <input type="checkbox"/> Fish smoked occasionally | <input type="checkbox"/> Red meat grilled every day | <input type="checkbox"/> White meat raw more than 2 times /wk |
| <input type="checkbox"/> Grapefruit and juice every day | <input type="checkbox"/> Red meat grilled more than 2 times p/wk | <input type="checkbox"/> White meat raw occasionally |
| <input type="checkbox"/> Grapefruit and juice less than 2 times per week | <input type="checkbox"/> Red meat grilled occasionally | <input type="checkbox"/> White meat smoked every day |
| <input type="checkbox"/> Grapefruit and juice more than 2 times per week | <input type="checkbox"/> Red meat raw every day | <input type="checkbox"/> White meat smoked more than 2 times/wk |
| <input type="checkbox"/> High consumption of bread | <input type="checkbox"/> Red meat raw more than 2 times per week | <input type="checkbox"/> White meat smoked occasionally |
| | <input type="checkbox"/> Red meat raw occasionally | <input type="checkbox"/> Wine less than 2 glasses per day |
| | <input type="checkbox"/> Red meat smoked every day | <input type="checkbox"/> Wine more than 2 glasses per day |

Contract for Services, Declaration, and Authorization (Please carefully read this entire document before signing.)

I, the undersigned, being of legal age and sound mind, do hereby authorize CAM Options, Inc., Dr. Anthony Speroni, *President*, and their representatives (hereinafter collectively the "practice") to: assess my health concerns; prepare an evaluation in report format of the answers I provided hereinabove; perform a wellness study; to use and disclose my Personal Information and Protected Health Information (hereinafter collectively PHI) for the specific purposes of providing consultation to me, receiving payment for services rendered to me, and for general administrative operations, staff members, and employees of the practice. I understand that I have the right to request restrictions on the use and disclosure of my PHI, but the practice is not required to agree to these restrictions. If the practice agrees with my restrictions, the restrictions are binding on the practice.

I warrant that all information submitted to the practice, hereinabove and through other forms and documents, is correct and true to the best of my knowledge. Further, I hereby give the practice my permission to release my medical records and information pertaining to my conventional medical and complementary and alternative therapies, to a specific person(s), only upon the practice receiving authorization from me in writing and dated with a specified name (or names). Furthermore, I and any of my family members, heirs, or any other parties, hereby hold the practice et al harmless in any and all ways for all causes. Furthermore, I have received a copy of the Privacy Policies Notice. I have read the Notice and understand this authorization form.

I recognize that the approaches of natural health are part of complementary and alternative medicine (CAM), and as a group of systems, practices, and products, they are not presently considered a part of conventional medicine. CAM practitioners and the practice employ forms of natural health elements that are used in addition to (complementary) or instead of (alternative) conventional medical (mainstream/medical doctor) approaches; therefore, I recognize the options and information provide to me by the practice will be non-medical in makeup. I understand only licensed medical doctors diagnose or treat a patient, using medical devices designed specifically for diagnostics and/or with pharmaceutical products approved by the U. S. Food and Drug Administration (FDA); and the practice is not a medical doctor or allopathic practitioner; and the evaluations, reports, and consultations provided by the practice are not diagnostic and are not intended to be interpreted as a diagnosis. The practice and all information provided by the practice are not designed to and do not diagnose, treat, cure, mitigate, or prevent anything (including, but not limited to, diseases, ailments, disorders, and medical conditions). The intended function of the consultation information provided to me by the practice is to educate me on how nutritional measures may improve life; the practice does not intend to serve as my physician; the information and service provided to me by the practice also does not replace a medical examination provided by a medical doctor.

I hereby attest and affirm that I am now and at all future times meeting with the practice solely as a client, on my first and all, if any, subsequent visits (in person, through e-mail communications, by telephone consultation, or through any other medium), and solely on my own behalf; and not as an agent of any agency, people, or other parties. I also attest that any person or persons present with me at any time while meeting with the practice, either in person, through e-mail communications, via telephone consultation, or through any other medium are strictly present at my request to accompany me and not as an agent of or for any agency, people, or other parties. Finally, I understand the practice will not advise me regarding treatments, therapies, nutritional supplements, surgeries, or the use of any prescription pharmaceutical agents relating directly to me.

(Printed Name) _____

(Signature) _____

(Parent/Guardian Printed Name) _____

(Signature) _____