



Abundant Life Wellness Center

NEW CLIENT INTRODUCTION

Please Print

Date _____

Name _____

Address _____

Email Address _____ (City) _____ (State) _____ (Zip)

Home Phone _____ Occupation _____

Employer _____ Work Phone _____

Date of Birth _____ Age _____

Marital Status: M S W D Name of spouse _____

Who referred you to the Abundant Life Wellness Center? _____

What is the purpose of this appointment? (Score them 1-5, 1 = least bothersome, 5 = most bothersome. Where applicable, state what you can do to alleviate or aggravate the problem. Use an extra page if necessary.)

Statement of Consent to Consult

_____ Understand and Agree to the following:

- I fully understand that _____ is not a medical Doctor or practitioner, and I am not here for medical diagnosis or treatment
- The services, including laboratory services, performed by _____, are at all times restricted to consultation on the subject of nutritional matters intended for the maintenance of the best possible state of nutritional health, and do not involve the diagnosing, prognosticating, or treatment of disease.
- I am here, on this and any subsequent visit, solely on my own behalf.
- All services rendered to me are charged directly to me, and I am personally responsible for payment.
- Health insurance policies are an agreement between me and my insurance company, and they will reimburse me directly.
- Payment is due when services are rendered.

Signature _____ Date _____

If the client is a minor, please fill out the following information:

I, _____, do hereby grant my permission for the *Abundant Life Wellness Center* to consult with (minor's name) _____ as he
deems necessary. My relationship to

minor: _____ Signature _____ Date _____

Biological Terrain Assessment ("BTA")

Patient Information & Instruction Sheet

You have been scheduled for a test called a "Biological Terrain Assessment" or "BTA". This is a laboratory test that will be providing valuable information about the underlying biochemistry of your body. This simple test analyzes small amounts of your blood, urine and saliva. It provides data about the current state of the building blocks of your body – your enzymes, amino acids, molecules and electrons. In order to assure accurate BTA results, it is very important for you to follow the instructions below:

- Fast for 12-14 hours prior to your test. In order to do so, please complete your dinner the evening prior to your test no later than 5:00 – 6:00 p.m. After dinner, brush your teeth and refrain from eating or drinking anything until after your test. (This includes chewing gum and candy). If you are presently on any type of regular medications (i.e. blood pressure medicine or insulin), take your medications as prescribed with only a small amount of water.
- Refrain from using any toothpaste, mouthwashes or mouth rinses both at bedtime and the morning of your test. Also avoid use of any lipstick or makeup around your mouth and lips. Such substances can change the chemistry of the mouth and your saliva.
- On the morning of your test, obtain a sample of your first morning urine. Try to obtain a mid-stream specimen (urinate a small amount first, then obtain the remaining urine in your specimen cup. If a specimen cup did not reach you in time for your test, thoroughly wash a glass jar and lid (in the dishwasher is best) and bring that into the office instead. Some individuals may have to get up during the night or early morning to urinate. If this happens to you at 4:00a.m. or later, collect this urine in your specimen cup.
- When you arrive at our office a specimen cup will be given to you to collect a small amount of your saliva. Swallow any saliva that may already be in your mouth. Close your mouth gently and allow saliva to accumulate. Expectorate into the cup. Do not bring up post-nasal drip.

These measures are all that are needed for our office to run your Biological Terrain Assessment. Once these fluids are obtained and analyzed by specialized laboratory equipment right in our office, you will have access to important data about how your body is actually functioning. Depending upon whether other tests have been ordered for you, a computerized report and evaluation will be shared with you either during your first or second visit.

This report will help you gain a greater understanding into what is going on at a deeper level within your body. Your BTA analysis measures values called pH, redox and resistivity. These values provide a great deal of information including

measurements of the acidity and alkalinity of your body, the propensity of oxidative stress and the relative concentration of electrically conductive ions. They can also alert you and your practitioner if certain chemical or biological stresses are making your body more susceptible to illness. Often very subtle yet potent influences can exist within a person's system that standard laboratory tests are not equipped to detect or measure.

Biological Terrain Assessment can help detect the presence of biochemical influences which may create an environment where fungi, viruses and allergic sensitivities to xenobiotics (environmental poisons) may reside. Although the Biological Terrain Assessment does not diagnose a specific condition or disease process, it does provide extremely valuable information about the underlying biochemistry or Biological Terrain of your body.

Periodically during your treatment program, you may be asked to bring in your first morning urine so that your progress can be monitored. Depending upon the nature of your treatment protocol, complete Biological Terrain Assessments may be necessary from time to time. Because our office has all of the laboratory equipment on site, any testing is easy and convenient for you and can be performed on the same day as your appointment.

Nutritec Software Symptom Survey Form

NAME: _____ DATE: _____

DOB: ____/____/____ SEX: Male Female

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: Pulse: Sitting: _____ Standing: _____

BP Sitting: _____ PB Lying: _____ BP Standing: _____

pH INDICATORS: AM Saliva: _____ AM Urine: _____

PM Saliva: _____ PM Urine: _____

INSTRUCTIONS: Completely black out one of the three circles:
1-mild, 2-moderate, or 3-severe

- MILD symptoms (once or twice last 6 months)
- MODERATE symptoms (once or twice last month)
- SEVERE symptoms (Chronic, once or twice last wk)
- Leave circles BLANK if they do not apply to you!

1 2 3 ----- GROUP 1 SYMPATHETIC DOMINANCE -----

- 1 Acid foods upset
- 2 Feel chilled often
- 3 "Lump" in throat
- 4 Dry mouth-eyes-nose
- 5 Pulse speeds after meals
- 6 Keyed up; unable to feel calm
- 7 Cuts heal slowly
- 8 Gag easily
- 9 Unable to relax; startles easily
- 10 Extremities cold and/or clammy
- 11 Strong light irritates
- 12 Urine amount reduced
- 13 Heart pounds after retiring
- 14 "Nervous" stomach
- 15 Appetite reduced
- 16 Cold sweats often
- 17 Body temperature rises easily
- 18 Skin sensitive to touch
- 19 Staring, blinks little
- 20 Frequently have a sour stomach

-- GROUP 2 PARASYMPATHETIC DOMINANCE--

- 21 Joint stiffness after arising
- 22 Muscle-leg-toe cramps at night
- 23 "Butterfly" stomach, cramps
- 24 Eyes or nose watery
- 25 Eyes blink often
- 26 Eyelids swollen or puffy
- 27 Indigestion soon after meals
- 28 Always seem hungry; 'lightheaded' often
- 29 Food digests rapidly
- 30 Vomit frequently
- 31 Frequently hoarse
- 32 Irregular breathing
- 33 Pulse slow or feels "irregular"
- 34 Slow gag reflex
- 35 Difficulty swallowing
- 36 Alternating constipation and diarrhea
- 37 "Slow starter"
- 38 Not easily chilled
- 39 Perspire easily
- 40 Poor circulation or sensitive to cold
- 41 Subject to colds, asthma, bronchitis

----- GROUP 3 SUGAR HANDLING -----

- 42 Eat when nervous
- 43 Excessive appetite
- 44 Hungry between meals
- 45 Irritable before meals
- 46 Get "shaky" if hungry

- | | | | | |
|----|-----------------------|-----------------------|-----------------------|---|
| | 1 | 2 | 3 | ----- GROUP 3 SUGAR HANDLING continued ----- |
| 47 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling fatigued, eating relieves |
| 48 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | "Lightheaded" if meals delayed |
| 49 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heart palpitates if meals missed or delayed |
| 50 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Afternoon headaches |
| 51 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Upset feeling from excessive eating of sweets |
| 52 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Awaken after a few hours sleep, hard to get back to sleep |
| 53 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Crave candy or coffee in afternoons |
| 54 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Moods of depression, "blues", or melancholy |
| 55 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Abnormal craving for sweets or snacks |

----- GROUP 4 CARDIOVASCULAR -----

- | | | | | |
|----|-----------------------|-----------------------|-----------------------|---|
| 56 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hands and feet go to sleep easily, numbness |
| 57 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sigh frequently, "air hunger" |
| 58 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Aware of "breathing heavily" |
| 59 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Discomfort at high altitude |
| 60 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Opens windows in closed room |
| 61 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Susceptible to colds and fevers |
| 62 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Afternoon "yawner" |
| 63 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Get "drowsy" often |
| 64 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Swollen ankles worse at night |
| 65 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscle cramps, worse during exercise; "charley-horses" |
| 66 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Shortness of breath on exertion |
| 67 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dull pain in chest or radiating into left arm, worse on exertion |
| 68 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bruise easily, "black/blue" spots on arms or legs |
| 69 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency to anemia |
| 70 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Frequently have "nose bleeds" |
| 71 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | "Ringing in ears" or noises in head |
| 72 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion |

----- GROUP 5 LIVER/BILIARY -----

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

----- GROUP 6 DIGESTION -----

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

- 1 2 3 ----- GROUP 7A HYPERTHYROID -----
- 107 0 0 0 Insomnia
 - 108 0 0 0 Nervousness
 - 109 0 0 0 Can't gain weight
 - 110 0 0 0 Intolerance to heat
 - 111 0 0 0 Highly emotional
 - 112 0 0 0 Flush easily
 - 113 0 0 0 Night sweats
 - 114 0 0 0 Skin is thin and moist
 - 115 0 0 0 Inward trembling
 - 116 0 0 0 Heart palpitates
 - 117 0 0 0 Increased appetite without weight gain
 - 118 0 0 0 Pulse races when resting
 - 119 0 0 0 Eyelids and face twitch
 - 120 0 0 0 Irritable and restless
 - 121 0 0 0 Can't work under pressure

- GROUP 7B HYPOTHYROID -----
- 122 0 0 0 Noticable weight gain
 - 123 0 0 0 Decrease in appetite
 - 124 0 0 0 Easily fatigued
 - 125 0 0 0 Ringing in ears
 - 126 0 0 0 Sleepy during day
 - 127 0 0 0 Sensitive to cold
 - 128 0 0 0 Dry or scaly skin
 - 129 0 0 0 Constipation
 - 130 0 0 0 Mental sluggishness
 - 131 0 0 0 Hair coarse, falls out
 - 132 0 0 0 Headaches upon arising wear off during day
 - 133 0 0 0 Slow pulse, below 65
 - 134 0 0 0 Frequent urination
 - 135 0 0 0 Impaired hearing
 - 136 0 0 0 Reduced initiative

- GROUP 7C HYPERPITUITARY -----
- 137 0 0 0 Failing memory
 - 138 0 0 0 Low blood pressure
 - 139 0 0 0 Increased sex drive
 - 140 0 0 0 Headaches, "splitting or rendering" type
 - 141 0 0 0 Decreased sugar tolerance

- GROUP 7D HYPOPITUITARY -----
- 142 0 0 0 Abnormal thirst
 - 143 0 0 0 Bloating of the abdomen
 - 144 0 0 0 Weight gain around hips or waist
 - 145 0 0 0 Sex drive reduced or lacking
 - 146 0 0 0 Tendency toward ulcers and/or colitis
 - 147 0 0 0 Increased sugar tolerance
 - 148 0 0 0 (FEMALE) Menstrual disorders
 - 149 0 0 0 (YOUNG GIRLS) Lack of menstrual function

- GROUP 7E HYPERADRENAL -----
- 150 0 0 0 Dizziness
 - 151 0 0 0 Headaches
 - 152 0 0 0 Hot flashes
 - 153 0 0 0 Increased blood pressure
 - 154 0 0 0 (FEMALE) Hair growth on face or body
 - 155 0 0 0 Sugar in urine (not diabetes)
 - 156 0 0 0 (FEMALE) Masculine tendencies

- GROUP 7F HYPOADRENAL -----
- 157 0 0 0 Weakness and/or dizziness
 - 158 0 0 0 Chronic fatigue
 - 159 0 0 0 Low blood pressure
 - 160 0 0 0 Nails weak and/or ridged
 - 161 0 0 0 Tendency toward hives
 - 162 0 0 0 Arthritic tendencies
 - 163 0 0 0 Perspiration increase
 - 164 0 0 0 Bowel disorders
 - 165 0 0 0 Poor circulation
 - 166 0 0 0 Swollen ankles
 - 167 0 0 0 Crave salt
 - 168 0 0 0 Brown spots or bronzing of skin
 - 169 0 0 0 Allergies - tendency to asthma
 - 170 0 0 0 Weakness after colds or influenza
 - 171 0 0 0 Muscular and nervous exhaustion
 - 172 0 0 0 Respiratory disorders

- 1 2 3 ----- GROUP 8 FOUNDATIONAL ISSUES -----
- 173 0 0 0 Apprehension
 - 174 0 0 0 Irritability
 - 175 0 0 0 Morbid fears
 - 176 0 0 0 Never seems to get well
 - 177 0 0 0 Forgetfulness
 - 178 0 0 0 Indigestion
 - 179 0 0 0 Poor appetite
 - 180 0 0 0 Craving for sweets
 - 181 0 0 0 Muscular soreness
 - 182 0 0 0 Depression; feelings of dread
 - 183 0 0 0 Noise sensitivity
 - 184 0 0 0 Acoustic hallucinations
 - 185 0 0 0 Tendency to cry without reason
 - 186 0 0 0 Hair is coarse and/or thinning
 - 187 0 0 0 Weakness
 - 188 0 0 0 Fatigue
 - 189 0 0 0 Skin sensitive to touch
 - 190 0 0 0 Tendency toward hives
 - 191 0 0 0 Nervousness
 - 192 0 0 0 Headache
 - 193 0 0 0 Insomnia
 - 194 0 0 0 Anxiety
 - 195 0 0 0 Anorexia
 - 196 0 0 0 Inability to concentrate; confusion
 - 197 0 0 0 Frequent stuffy nose; sinus infections
 - 198 0 0 0 Allergy to some foods
 - 199 0 0 0 Loose joints

- FEMALE ONLY -----
- 200 0 0 0 Very easily fatigued
 - 201 0 0 0 Premenstrual tension
 - 202 0 0 0 Painful menses
 - 203 0 0 0 Depressed feelings before menstruation
 - 204 0 0 0 Excessive and prolonged menstruation
 - 205 0 0 0 Painful breasts
 - 206 0 0 0 Menstruate too frequently
 - 207 0 0 0 Vaginal discharge
 - 208 0 0 0 Hysterectomy /ovaries removed
 - 209 0 0 0 Menopausal hot flashes
 - 210 0 0 0 Menses scanty or missed
 - 211 0 0 0 Acne, worse at menses
 - 212 0 0 0 Long standing depression

- MALE ONLY -----
- 213 0 0 0 Prostate trouble
 - 214 0 0 0 Urination difficult or dribbling
 - 215 0 0 0 Frequent night time urination
 - 216 0 0 0 Depression
 - 217 0 0 0 Pain on inside of legs or heels
 - 218 0 0 0 Feeling of incomplete bowel evacuation
 - 219 0 0 0 Lack of energy
 - 220 0 0 0 Migrating aches and pains
 - 221 0 0 0 Too easily tired
 - 222 0 0 0 Avoids activity
 - 223 0 0 0 Leg nervousness at night
 - 224 0 0 0 Diminished sex drive

IMPORTANT	
List below your five main physical complaints in order of importance:	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

Notes:

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