Rassel-Daigneault Family Chiropractic NEW PATIENT INFORMATION FORM Page 1 of 2

Please print clearly:				
Name				
Address				#
City		State	ZIP_	
Shipping Address				
Home Phone ()	Work Phone (Cell Phone (
e-mail address:				
REFERRED BY:				
Occupation		Employer		
Date of Birth	Age _	Sex: M/F	Height	_ Weight
	Г 11 / С	d / Esin / Doon	Other	
Overall health (circle one):	Excellent / Goo	d / Fair / Poor /	Other	
The to begin and the control of the				Cont. Cont.
Overall health (circle one): Chief complaint (reason you				Cont. Cont.
Chief complaint (reason you	u are here): (use	separate sheet	if more room	needed)
Chief complaint (reason you	u are here): (use	separate sheet	if more room	needed)
Chief complaint (reason you	u are here): (use	separate sheet	if more room	needed)
Chief complaint (reason you Previous treatments for this	u are here): (use	separate sheet	if more room	needed)
Chief complaint (reason you Previous treatments for this	u are here): (use complaint	separate sheet	ed)	needed)
Chief complaint (reason you Previous treatments for this Other complaints or probler	u are here): (use complaint	separate sheet	ed)	needed)
Chief complaint (reason you Previous treatments for this Other complaints or probler Current medications/drugs l	u are here): (use complaint ms: (use separate being taken: (use	e sheet if neede	ed)t if needed)	needed)
Chief complaint (reason you Previous treatments for this Other complaints or probler Current medications/drugs l Are you currently under the	u are here): (use complaint ms: (use separate being taken: (use care of a physic	e sheet if neede	ed)t if needed)	needed)
Chief complaint (reason you Previous treatments for this Other complaints or probler Current medications/drugs leading to the complaints or probler	u are here): (use complaint ms: (use separate being taken: (use care of a physic	e sheet if neede	ed)t if needed)	needed)
Chief complaint (reason you Previous treatments for this Other complaints or probler Current medications/drugs l Are you currently under the (If yes, please give name an	u are here): (use complaint ms: (use separate being taken: (use care of a physical date of last vi	e sheet if neede e separate sheet cian or other he sit):	ed)t if needed)ealth care prof	needed)
Chief complaint (reason you Previous treatments for this Other complaints or probler Current medications/drugs leaders and the complaints or probler.)	u are here): (use complaint ms: (use separate being taken: (use care of a physic ad date of last viu are taking:	e sheet if neede e separate sheet cian or other he sit):	ed) t if needed) ealth care prof	needed)

Rassel-Daigneault Family Chiropractic NEW PATIENT INFORMATION FORM

Page 2 of 2

HISTORY: List any major illnesses (with approx. dates): List any surgery or operations with approx. date: Past Accidents or injuries: Marital Status: S M D W Name of Spouse Describe health of spouse: Number of children if any Name of Child Age Sex Any physical conditions or concerns? M/F M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with: What can we do to make you happier?	Name:			Date
List any surgery or operations with approx. date: Past Accidents or injuries: Marital Status: S M D W Name of Spouse Describe health of spouse: Name of Child Age Sex Any physical conditions or concerns? M/F M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:				
Past Accidents or injuries: Marital Status: S M D W Name of Spouse Describe health of spouse: Name of Child Age Sex Any physical conditions or concerns? M/F M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:	List any major illnesses (with a	pprox. da	ites): _	
Past Accidents or injuries: Marital Status: S M D W Name of Spouse Describe health of spouse: Name of Child Age Sex Any physical conditions or concerns? M/F M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:	List any surgery or operations v	with appro	ox. date	 :
Marital Status: S M D W Name of Spouse		11		
Marital Status: S M D W Name of Spouse	Past Accidents or injuries:			
Marital Status: S M D W Name of Spouse Number of children if any Name of Child Age Sex Any physical conditions or concerns? M/F M/F M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:				
Describe health of spouse: Name of Child Age Sex Any physical conditions or concerns? M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:				
Name of Child Age Sex Any physical conditions or concerns? M/F M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:				
M/F M/F M/F Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:	Describe health of spouse:			Number of children if any
Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:	Name of Child	Age	Sex	Any physical conditions or concerns?
Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:			M/F	
Any family history of serious illnesses (circle those which apply): Cancer / Diabetes Heart / Other Any household pets or other animals you or family members are in close contact with:				
Heart / Other Any household pets or other animals you or family members are in close contact with:				
Any household pets or other animals you or family members are in close contact with:				
What can we do to make you happier?				
	What can we do to make you h	appier?_		
SIGNED: DATE	SIGNED:			DATE

SYMPTOM SURVEY FORM

NAME	DOCTOR	DATE		
AGE SEX M F Phone # ()	F INSTRUCTIONS: Number the boxes which apply to you with either a 1, 2, or 3 (1) for MILD symptoms (2) for MODERATE symptoms			
GROUP 1 1 Acid foods upset 2 Get chilled, often	GROUP 2 21 Joint stiffness after arising 22 Muscle-leg-toe cramps at night	GROUP 3		
3 □ "Lump" in throat 4 □ Dry mouth-eyes-nose 5 □ Pulse speeds after meals 6 □ Keyed up - fail to calm 7 □ Cuts heal slowly 8 □ Gag easily 9 □ Unable to relax; startles easily 10 □ Extremities cold, 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 □ Fever easily raised 18 □ Neuralgia-like pains 19 □ Staring, blinks little 20 □ Sour stomach frequent	23 □ "Butterfly" stomach, cramps 24 □ Eyes or nose watery 25 □ Eyes blink often 26 □ Eyelids swollen, puffy 27 □ Indigestion soon after meals 28 □ Always seems hungry; feel "lightheaded" often 29 □ Digestion rapid 30 □ Vomiting frequent 31 □ Hoarseness frequent 32 □ Breathing irregular 33 □ Pulse slow; feels "irregular" 34 □ Gagging reflex slow 35 □ Difficulty swallowing 36 □ Constipation, diarrhea alternating 37 □ "Slow starter" 38 □ Get "chilled" infrequently 39 □ Perspire easily 40 □ Circulation poor, sensitive to cold 41 □ Subject to colds, asthma,	42 Eat when nervous 43 Excessive appetite 44 Hungry between meals 45 Irritable before meals 46 Get "shaky" if hungry 47 Fatigue, eating relieves 48 "Lightheaded" if meals delayed 49 Heart palpitates if meals missed or delayed 50 Afternoon headaches 51 Overeating sweets upsets 52 Awaken after few hours sleeps - hard to get back to sleep 53 Crave candy or coffee in afternoons 54 Moods of depression - "blues" or melancholy 55 Abnormal craving for sweets or snacks		
56 ☐ Hands and feet go to sleep easily,	bronchitis			
numbness 57 □ Sigh frequently, "air hunger" 58 □ Aware of "breathing heavily"	GRO	UP 5		
59 ☐ High altitude discomfort 60 ☐ Opens windows in closed room 61 ☐ Susceptive to colds and fevers 62 ☐ Afternoon "yawner" 63 ☐ Get "drowsy" often 64 ☐ Swollen ankles worse at night 65 ☐ Muscle cramps, worse during exercise; get "charley horses" 66 ☐ Shortness of breath on exertion 67 ☐ Dull pain in chest or radiating into left arm, worse on exertion 68 ☐ Bruise easily, "black/blue" spots 69 ☐ Tendency to anemia 70 ☐ "Nose bleeds" frequent 71 ☐ Noises in head or "ringing in ears" 72 ☐ Tension under the breastbone, or feeling of "tightness", worse on exertion	73 □ Dizziness 74 □ Dry Skin 75 □ Burning feet 76 □ Blurred vision 77 □ Itching skin and feet 78 □ Excessive falling hair 79 □ Frequent skin rashes 80 □ Bitter, metallic taste in mouth in mornings 81 □ Bowel movement painful or difficult 82 □ Worries, feels insecure 83 □ Felling queasy; headache over eyes 84 □ Greasy foods upset 85 □ Stools light-colored	86 ☐ Skin peels on foot soles 87 ☐ Pain between shoulder blades 88 ☐ Use laxatives 89 ☐ Stools alternate from soft to watery 90 ☐ History of gallbladder attacks or gallstones 91 ☐ Sneezing attaches 92 ☐ Dreaming, nightmare type bad dreams 93 ☐ Bad breath (halitosis) 94 ☐ Milk products cause distress 95 ☐ Sensitive to hot weather 96 ☐ Burning or itching anus 97 ☐ Crave sweets		

GROUP 6	GROUP 7 (continued)	FEMALE ONLY
98 ☐ Loss of taste for meat		173 □ Very easily fatigued
99 Lower bowel gas several hours	(C)	174 Premenstrual tension
after eating	137 ☐ Failing memory	175 □ Painful menses
100 ☐ Burning stomach sensations,	138 ☐ Low blood pressure	176 □ Depressed feeling before
eating relieves	139 ☐ Increased sex drive	menstruation
101 □ Coated tongue	140 ☐ Headaches, "splitting or rending"	177 Menstruation excessive and
102 ☐ Pass large amounts of foul-	type	prolonged
smelling gas	141 ☐ Decreased sugar tolerance	178 □ Painful breasts
103 ☐ Indigestion 1/2 - 1 hour after		179 Menstruate too frequently
eating; may be up to 3-4 hrs.	(D)	180 □ Vaginal discharge
104 ☐ Mucus colitis or "irritable bowel"	142 ☐ Abnormal thirst	181 ☐ Hysterectomy/ovaries removed
105 ☐ Gas shortly after eating	143 ☐ Bloating of abdomen	182 ☐ Menopausal hot flashes
106 ☐ Stomach "bloating" after eating	144 ☐ Weight gain around hips or waist	183 ☐ Menses scanty or missed
	145 ☐ Sex drive reduced or lacking	184 ☐ Acne, worse at menses
	146 ☐ Tendency to ulcers, colitis	185 ☐ Depression of long standing
GROUP 7	147 ☐ Increased sugar tolerance	
(A)	148 ☐ Women: menstrual disorders	MALES ONLY
107 □ Insomnia	149 ☐ Young girls: lack of menstrual	
108 □ Nervousness	function	186 ☐ Prostate trouble
109 □ Can't gain weight		187 ☐ Urination difficult or dribbling
110 □ Intolerance to heat	(E)	188 ☐ Night urination frequent
111 Highly emotional	150 □ Dizziness	189 □ Depression
112 □ Flush easily	151 ☐ Headaches	190 ☐ Pain on inside of legs or heels
113 □ Night sweats	152 ☐ Hot flashes	191 ☐ Feeling of incomplete bowel
114 Thin, moist skin	153 ☐ Increased blood pressure	evacuation
115 □ Inward trembling	154 ☐ Hair growth on face or body	192 □ Lack of energy
116 ☐ Heart palpitates	(female)	193 ☐ Migrating aches and pains
117 ☐ Increased appetite without	155 ☐ Sugar in urine (not diabetes)	194 ☐ Tire too easily
weight gain	156 ☐ Masculine tendencies (female)	195 □ Avoid activity
118 □ Pulse fast at rest		196 ☐ Leg nervousness at night
119 ☐ Eyelids and face twitch	(F)	197 □ Diminished sex drive
120 ☐ Irritable and restless	157 Weakness, dizziness	
121 ☐ Can't work under pressure	158 Chronic fatigue	IMPORTANT
	159 Low blood pressure	
(B)	160 ☐ Nails weak, ridged 161 ☐ Tendency to hives	TO THE PATIENT: Please list below
122 ☐ Increase in weight	162 ☐ Arthritic tendencies	the five main health complaints you
123 ☐ Decrease in appetite	163 ☐ Perspiration increase	have in order of their importance:
124 □ Fatigue easily	164 □ Bowel disorders	1
125 ☐ Ringing in ears	165 Poor circulation	'
126 □ Sleepy during day	166 □ Swollen ankles	
127 □ Sensitive to cold	167 □ Crave salt	2
128 □ Dry or scaly skin	168 ☐ Brown spots or bronzing of skin	
129 ☐ Constipation	169 ☐ Allergies - tendency to asthma	
130 ☐ Mental sluggishness	170 Weakness after colds, influenza	3
131 ☐ Hair coarse, falls out	171 Exhaustion - muscular and	
132 ☐ Headaches upon arising wear off	nervous	4.
during day	172 Respiratory disorders	
133 □ Slow pulse, below 65	172 C Respiratory districts	
134 ☐ Frequency of urination		5
135 ☐ Impaired hearing		
136 □ Reduced initiative		

Rassel-Daigneault Family Chiropractic

537 North Clipper Street Lansing, MI 48912 (517) 203-2090

PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF NUTRITION RESPONSE TESTINGTM

PLEASE READ BEFORE SIGNING:

I specifically authorize Dr. Jean-Guy Daigneault to perform a Nutrition Response Testing health analysis and to develop a natural, complementary 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 Nutrition Response Testing is a safe, non-invasive, natural method of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Nutrition Response Testing is not a method for "diagnosing" or "treating" any disease including conditions of 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 Nutrition Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Response Testing is a means by which the body's natural reflexes can be used as an aid in 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.

This permission form applies to subsequent visits and consultations.

Date:		
Print Name:		
Address:		
City		Zip
Phone: ()		
Signed:		
(If minor, signature of parent of	or guardian r	equired)
Witness:		

Welcome.

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

- You have one or more health conditions that have become chronic and.
- You have probably tried conventional medicine or even alternative practitioners and did not get the results you hoped for and,
- These conditions are impacting your personal life, your relationships with your spouse or children, your career or job performance, and/or your personal finances and,
- You know that, as time goes by, these conditions are not going to get better and will probably continue to worsen unless you change what you are doing and do something really effective about it.

If this describes you and you are ready to make a real demand for improvement that will put you back in charge of your own health, then you have come to the right place.

If you are a Nutrition Response Testing case and you follow our recommendations to the letter, then there is hope that you will receive the help you need to restore your health.

What is Nutrition Response Testing?

Nutrition Response Testing is a non-invasive system of analyzing the body in order to determine the underlying causes of ill health. When these are corrected through safe, natural, nutritional means, the body can repair itself in order to attain and maintain more optimum health.

Nutrition Response Testing is very precise and scientific. However, if I were to analyze you using Nutrition Response Testing before it was explained to you, you might find it strange, or simply not believable — only because it is probably very different from anything you may have experienced before.

I can understand this because when I first saw this type of work being done, my first reaction was "Hmm, what is this strange stuff?" No one was more skeptical than I was. As a result, I studied Nutrition Response Testing extensively to see if it was for real. And I sure am sure happy I did because it has greatly helped me improve my health and the health of some many patients. Because of Nutrition Response

Testing, we are here and are able to help you improve your health

If you want to get healthy and stay healthy, it is important that you understand what Nutrition Response Testing is and what our recommendations are based on.

Otherwise, you are less likely to follow through and actually do what you need to do to get well. If you don't follow through, you won't get well. And if you are not going to get well, why do it in the first place?

The results we have been having with Nutrition Response Testing are often in the 90% and better range. The only reason we are here is to help you get well. We have no other reason for being here and hopefully, you are here for that same reason. That is why I want to make sure you get the correct understanding of what Nutrition Response Testing is right from the start.

What Makes this Approach Unique?

In medical practice there are two key parts: the <u>diagnosis</u> (identifying and/or naming the "disease" or syndrome) and the <u>treatment</u> (drugs, surgery, etc.).

In Nutrition Response Testing we do not diagnose or treat disease - but we also have two parts: the <u>analysis</u> (the assessment of your body's current health status) and the <u>personalized health improvement program</u> (using <u>designed clinical nutrition</u>).

Simply put, <u>first we do an **analysis**</u>, and <u>then we design a **natural health improvement program** to help you handle what we find in our analysis of your body and condition.</u>

First the Analysis.

The analysis is done through testing the body's own neurological reflexes and certain acupuncture points.

Nutrition Response Testing analyzes the different points and areas on the surface of the body that relate to the state of health and to the flow of energy in each and every organ and function of the body.

The neurological reflexes are derived from the part of the nervous system whose job it is to regulate the functions of each and every organ. The acupuncture points are selected from the ancient Chinese system of acupuncture, which is thousands of years old.

Interestingly, since the human anatomy has not changed significantly in thousands of years, the utilization of these

reflexes and specific points have become extremely useful in our practice because they are so accurate!

We are prepared to do the exact same thing for you now. Isn't that exciting? However, the best is yet to come.

Think About It.

Each Nutrition Response Testing reflex represents a specific organ, tissue, or function, and indicates the effect that energy, or the lack of energy, is having on the body. By testing the Nutrition Response Testing reflexes, we have a system of monitoring your body at each visit that has proven to be extremely accurate clinically, and that helps us identify exactly what the body needs and how well we are meeting that need.

Doesn't this sound like something you would want for yourself in order to predict, with certainty, what is needed and wanted by the body to get you to the next stage of improved health?

<u>How Do We Do The</u> <u>Nutrition Response Testing Analysis?</u>

If I were to hook you up to an electro-cardiograph machine and take a reading, that would make perfect sense to you, right?

What is actually happening during this procedure? Electrical energy from the heart is running over the wires. This electrical energy makes the electrocardiograph record the energy pattern in the form of a graph or chart. I could then study this graph and tell you what it all means.

Here is what we do with Nutrition Response Testing. Instead of connecting electrodes to the reflex areas being tested, the Nutrition Response Testing practitioner contacts these areas with their own hand. With the other hand, he/she will test the muscle of your extended arm. If the reflex being contacted is "active" the nervous system will respond by reducing energy to the extended arm, and the arm will weaken and drop. This drop signifies underlying stress or dysfunction, which can be affecting your health.

Why is the Person Who Referred You Feeling Better?

Because we did a Nutrition Response Testing analysis for him or her, we found the "active" reflexes, and then made specific nutritional recommendations to help the body return to an improved state of health. Most importantly, the person is following through on our recommendations.

<u>The "Personalized</u> <u>Health Improvement Program".</u>

Let's say the liver or kidney reflexes are active. Then what?

Our next step is to test specific, time-tested and proven, highest-possible quality nutritional formulas against those weak areas, to find which ones bring the reflexes back to strength.

Our decades of clinical experience tell us that when we have found the correct nutritional supplements, as indicated by this procedure, and have worked out a highly personalized nutritional supplement schedule, we have identified the most important first step in correcting the underlying deficiency or imbalance that caused the reflex to be active in the first place. By following the program as precisely as possible, you are well on your way to restoring normal function and improving your health.

It's that simple!

In medicine, the medical doctor makes a diagnosis and then uses drugs or surgery to attack or suppress the symptom, or to surgically remove the "offending" organ or part.

In Nutrition Response Testing we use "DESIGNED CLINICAL NUTRITION" to correct the cause of the problem, so that the body can regain the ability to correct itself.

What is a Designed Clinical Nutrition?

"Designed Clinical Nutrition" is exactly that: **designed** (especially prepared based on a specific plan) **clinical** (pertaining to the results gotten in clinical use or actual practice on huge numbers of patients over many years) **nutrition** (real food, designed by nature to enable the body to repair itself and grow healthfully).

It is concentrated, whole food in a tablet, capsule or powder, prepared using a unique manufacturing process that preserves all of the active enzymes and vital components that make it work as Nature intended. These real food supplements have been designed to match the needs of the body, as determined by the positive response shown when tested against the active Nutrition Response Testing reflexes that were found on your individual Nutrition Response Testing analysis. These are nutrients

you are simply not getting, or not assimilating, in your current diet.

These deficiencies may be due to your past personal eating habits and routines, but it is for sure due, in some large extent, to the lack of quality in the foods commercially available in grocery stores or restaurants today.

An example of a whole food could be carrots. Carrots are high in *Vitamin A Complex*. A "complex" is something made up of many different parts that work together. Synthetic vitamin A does not contain the whole "Vitamin A Complex" found in nature. So, if we were looking for a food high in Vitamin A, carrots might be one of our choices.

If one actually were deficient in any of the components of Vitamin A Complex, one would be wise to seek out a supplement that was made from whole foods that were rich in this complex - not from chemicals re-engineered in a laboratory to look like one little part of the Vitamin A Complex that has erroneously been labeled as "Vitamin A."

Designed Clinical Nutrition is not 'over-the-counter' vitamins. Over-the-counter vitamins are pharma-ceutically engineered chemical fractions of vitamin structures reproduced in a laboratory. Because they are not made from whole foods, "over-the-counter" vitamins are not "genuine replacement parts" as they lack many of the essential elements normally present in WHOLE foods. [Please ask about our audiotape: "The Whole Truth About Vitamins," for an entertaining, in-depth explanation of this aspect of vitamins and other nutritional supplements.]

Vitamins that are being used all over today generally only need to have a small percentage of their actual content derived from natural sources to be labeled "natural". If they are not derived from whole foods, they often make you even more deficient and nutritionally out-of-balance. They can create other health problems because they do not contain all of the co-factors found in nature that make the vitamins work.

So-called "scientific research," done with these shoddy substitutes, repeatedly "proves" that vitamins don't do much good for anyone! Can you imagine who pays for these "researches"?

SUMMARY

1. Through an analysis of your body's reflexes, we help you to determine the exact nutrients you need to supplement your diet, in order to bring about balance and better health.

- 2. We make these highly concentrated therapeutic formulations available to you in tablets, capsules, or in powdered form to "supplement" your current diet. That's why they are called "food supplements."
- 3. Depending on your individual situation, we might also require that you make some specific changes in your diet & eating habits, and in your routines, in order to bring about the best possible results.

How are These Products Produced?

One example of a designed clinical nutrition supplement that we use is called "Catalyn". This product is produced by starting with a wide variety of carefully chosen organically grown vegetables, taking the water and fiber out using a vacuum, low heat process - without heating or cooking the vegetables, and then utilizing the concentrated food to make a bottle of Standard Process Catalyn Tablets.

The key to this whole procedure is the way it is done, using the "Standard Process" method:

- A. Standard Process nutrients are derived from plants grown on their own farms, in soil free of pesticides and no chemicals are ever used. Ph.D.'s check the soil before the seeds are sown, to make sure of the fertility of the soil and even the weeding is done by hand.
- B. The machinery involved in the processing of these products is made of glass and stainless steel only.
- C. The temperature used in processing harvested plants is never raised above the point of 90 degrees Fahrenheit, so that the active ingredients are not cooked; they remain active and alive, and have a very long shelf life.

Your vitality and energy is derived from live food. Most foods today are all dead - or are not really foods at all - as in boxed cereals, canned vegetables, soda pop, etc. You can readily understand the difference between dead, devitalized pseudo-foods, with the synthetic or isolated vitamins on the one hand, and "Designed Clinical Nutrition" and a diet of real foods, on the other.

There is a Great Deal of Technology and Know-How Behind What We Do.

Having been designed through decades of clinical use on tens of thousands of patients, and on patients from many different types of health care practitioners, you can be assured that Nutrition Response Testing is capable of evaluating and solving your health concerns.

A complete Nutrition Response TestingSM analysis can be done on each subsequent visit. Often these reveal additional layers of dysfunction. These can then be addressed in the correct sequence for your body.

Each patient gets a completely individualized program.

Very much like opening a combination lock, you must use the right numbers in the right sequence and in the right direction at the right time – then the lock falls open.

Therefore, since very case is different, by following the correct sequence as revealed through Nutrition Response Testing, even the most complicated cases can be handled.

Is it Possible to Restore Your Health?

Many people we see in our practice have eaten themselves into their current state of ill-health, to one degree or another. The deficiencies or imbalances lead to a breakdown in resistance, or immunity, and a loss of the ability to cope with environmental stresses (chemical, microscopic, or otherwise).

So, yes, the **good news** is that it is possible to reverse the process!

What could be more natural? What could be more correct? Each cell, tissue, and organ in your body is in the process of replacing itself every day, month, and year. The health of each organ is dependent on making the correct nutrients available to upgrade or to maintain the health of the body at a cellular level.

Designed Clinical Nutrition provides the right basic materials.

Nutrition Response Testing tells you when and what to use to bring about the desired result.

With this understanding of what we do, can you see how we might be able to help you do something effective to get yourself well?

And once that is achieved, do you see how you might be able to use this approach to stay well?

Now you have the complete 1-2-3 package. You now know:

- What we do
- How and why we do it
- What you need to do to have the potential of restoring your health and staying healthy.

But in the end you are the one responsible for your own condition. And with our guidance, we feel that – if you are

a Nutrition Response Testing case – your chances of greatly improving your health can be as high as 90% or better.

How Do You Qualify to be a Nutrition Response Testing Patient?

Our long-term experience in a wide variety of cases tells us the first thing we must determine is whether or not you are a "Nutrition Response Testing Case". If someone is NOT a "Nutrition Response Testing Case" then it is unlikely that Nutrition Response Testing will ever help you. However, if you <u>are</u> a "Nutrition Response Testing Case", then, in our experience, it is our belief that nothing else will help you as much.

If our analysis indicates that you are not a Nutrition Response Testing / nutritional case, then in all probability, while a nutritional program may give you some benefit, it may not give you the maximum results you desire.

We wish you the best of luck in your quest to take back full responsibility for your health. Just remember to do it one step at a time, and that we are here to guide you in that quest.

Once we accept your case, you can count on us to do everything in our power to help you achieve your health objectives, and to help you achieve a healthier, happier life.

May you never be the same.

Nutrition Response Testing
Dr. Jean-Guy Daigneault
537 North Clippert Street
Lansing, Michigan 48912
Phone 517-336-8880 Fax 517-203-2092