## **The Healing Center - Pediatric History**

(303) 721-9800

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Name:	Sex:	M	F	Date:
Date of Birth: Age:				
Street:		State/Zip:		
Phone <u>C:</u> H:	•	•		
Who Referred You to the Healing Center?				
Mother's Name:				
Last	First		Middle	e Initial
Father's Name:				
Last	First		Middle	e Initial
Work Phone (parents):				
Present History				
Purpose for this appointment:				
Child's overall diet:				
Known reactions to food/environment:				
List all traumas/falls/accidents/surgeries & age				
Any Post Modigations				
Any Past Medications:				
Current Supplements:				
Current Supplements:  Treatments used & their outcome:				
Treatments used & their outcome:				
Birth History		D	1.6	_
Delivery: Normal Vaginal Forcep				1
Any complications during delivery? Infant Feeding: ☐ Breast How Long?				
Formula How Long?		۵٠		
Congenital Anomalies/Defects:				
Date of last MD visit: Purpose				
Has your child been vaccinated? YES NO Which o				
Any reactio				
Check any of the following conditions your child				
•	ures   Ecze			☐ Headaches
☐ Sinus Problems ☐ Dark circles below eyes ☐ ADD				☐ Growing/Back Pain
☐ Chronic Colds ☐ Failure to thrive ☐ Car				☐ Extremity Problems
	s/ Rashes □ Moo	=		□ Scoliosis
☐ Digestive Problems ☐ Misc. infections ☐ Asth		_	perament	☐ Bed Wetting
Authorization	on for Care of Mi			J
I hereby authorize this office and its doctor(s) to adm	ninister care as the	ey so deem r	necessary	
to my son/daughter.				
Signed: Witnessed:		Dat	:e:	_
I realize that I am responsible for all fees charged by	this office and tha	at I will pay f	or all serv	ices as they are
performed. If my account is sent to collections, I will	pay attorney and	l collection f	ees.	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Metabolic Assessment Form Key**

(303) 721-9800

HEALING COL
THE STATE OF
2-75
ALLERGY & PAIN CLINIC

Name:	Age	e: Sex: _	Date:	
Please list the 5 major health	concerns in your order of i	importance:		
1				
2				
3.				
4.				
5.				

## Please circle the appropriate number "0-3" on all questions below. 0 as the least/never to 3 as the most/always.

Category I: Colon	Please circle the appropriate number "0-3	3″ o	n al	l qu	est
Lower abdominal pain relief by passing stool or gas   Alternating constipation and diarrhea   0 1 2 3 3 Diarrhea   0 1 2 3 Constipation   0 1 2 3 3 Coated tongue or "fuzzy" debris on tongue   0 1 2 3 3 More than 3 bowel movements daily   0 1 2 3 3 More than 3 bowel movements daily   0 1 2 3 3 More than 3 bowel movements daily   0 1 2 3 3 Category II: Intestinal Integrity   Increasing frequency of food reactions   0 1 2 3 3 Ches, pains, and swelling throughout the body   0 1 2 3 4 Ches, pains, and swelling throughout the body   0 1 2 3 3 Ches, pains, and swelling throughout the body   0 1 2 3 3 Ches, pains, and swelling throughout the body   0 1 2 3 3 Ches, pains, and swelling throughout the body   0 1 2 3 3 Ches, pains, and swelling   0 1 2 3 3					_
Alternating constipation and diarrhea  Diarrhea  Constipation  Hard, dry, or small stool  Coated tongue or "fuzzy" debris on tongue  Pass large amount of foul-smelling gas  More than 3 bowel movements daily  Use laxatives frequently  Category II: Intestinal Integrity Increasing frequency of food reactions  Chessing and Surger an					
Diarrhea					
Constipation 0 1 2 3 Hard, dry, or small stool 0 1 2 3 Coated tongue or "fuzzy" debris on tongue 0 1 2 3 More than 3 bowel movements daily 0 1 2 3 More than 3 bowel movements daily 0 1 2 3 Use laxatives frequently 0 1 2 3 Use laxatives frequently 0 1 2 3 Use laxatives frequently 0 1 2 3 Unpredictable food reactions 0 1 2 3 Unpredictable food reactions 0 1 2 3 Unpredictable food reactions 0 1 2 3 Unpredictable abdominal swelling throughout the body 0 1 2 3 Unpredictable abdominal swelling 0 1 2 3 Category III: Chemical Intolerance Intolerance to sugars and starches 0 1 2 3 Intolerance to jewelry 0 1 2 3 Intolerance to jewelry 0 1 2 3 Intolerance to shampoo, lotion, detergents, etc 0 1 2 3 Untiliple smell and chemical sensitivities 0 1 2 3 Category IV: Stomach - Hypochlorhydia Excessive belching, burping, or bloating 0 1 2 3 Gas immediately following a meal 0 1 2 3 Difficult bowel movements 0 1 2 3 Gas immediately following a meal 0 1 2 3 Difficulty digesting fruits and vegetables: 0 1 2 3 Difficulty digesting fruits and vegetables: 0 1 2 3 Difficulty digesting fruits and vegetables: 0 1 2 3 Use of antacids 0 1 2 3 Heartburn when lying down or bending forward 0 1 2 3 Heartburn when lying down or bending forward 0 1 2 3 Temporary relief by using antacids, food, milk, or carbonated beverages Digesting problems subside with rest and relaxation 0 1 2 3 Temporary relief by using antacids, food, milk, or carbonated beverages Digesting problems subside with rest and relaxation 0 1 2 3 Temporary relief by using antacids, food, milk, or carbonated beverages Digesting problems subside with rest and relaxation 0 1 2 3 Temporary relief by using antacids, food, milk, or carbonated beverages Digesting problems subside with rest and relaxation 0 1 2 3 Temporary relief by using antacids, food, milk, or carbonated beverages Digesting problems subside with rest and rela	Alternating constipation and diarrhea				
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Coated tongue or "fuzzy" debris on tongue Pass large amount of foul-smelling gas More than 3 bowel movements daily Use laxatives frequently  Category II: Intestinal Integrity Increasing frequency of food reactions Unpredictable food reactions Aches, pains, and swelling throughout the body Unpredicatable abdominal swelling Trequent bloating and distention after eating Abdominal intolerance to sugars and starches  Category III: Chemical Intolerance Intolerance to smells Intolerance to jewelry Intolerance to jewelry Intolerance to shampoo, lotion, detergents, etc Multiple smell and chemical sensitivities Constant skin outbreaks  Category IV: Stomach - Hypochlorhydia Excessive belching, burping, or bloating Gas immediately following a meal Offensive breath Difficult bowel movements Sense of fullness during and after meals Difficulty digesting fruits and vegetables: undigested food found in stools  Category V: Stomach - Hyperacidity Stomach pain, burning, or aching 1-4 hrs after eating Use of antacids Feel hungry an hour or two after eating Digesting problems subside with rest and relaxation Temporary relief by using antacids, food, milk, or carbonated beverages Digesting problems subside with rest and relaxation Category V: Small Intestine/Pancreas Roughage and fiber cause constipation Category V: Small Intestine/Pancreas Roughage and fiber cause constipation O 1 2 3 Indigestion and fullness last 2-4 hours after eating Pain, tenderness, soreness on left side under rib cage Excessive passage of gas Nausea and/or vomiting Stool undigested, foul smelling, mucous like, Greasy, or poorly formed Frequent urination  O 1 2 3 Intolerance to swells Intolerance to swelling mucous like, Greasy, or poorly formed Frequent urination	Constipation	0	1	2	3
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Gas immediately following a meal  Offensive breath  Offensive brea		^	1	2	2
Offensive breath  Difficult bowel movements  Sense of fullness during and after meals  Difficulty digesting fruits and vegetables:  undigested food found in stools  Category V: Stomach - Hyperacidity Stomach pain, burning, or aching 1-4 hrs after eating  Use of antacids  Feel hungry an hour or two after eating  Heartburn when lying down or bending forward  Carbonated beverages  Digesting problems subside with rest and relaxation  Heartburn due to spicy foods, chocolate, citrus,  peppers, and caffeine  Category VI: Small Intestine/Pancreas  Roughage and fiber cause constipation  Indigestion and fullness last 2-4 hours after eating  Pain, tenderness, soreness on left side under rib cage  Excessive passage of gas  Nausea and/or vomiting  Stool undigested, foul smelling, mucous like,  greasy, or poorly formed  Frequent urination  O 1 2 3  1 2 3  1 2 3					
Difficult bowel movements  Sense of fullness during and after meals  Difficulty digesting fruits and vegetables:  undigested food found in stools  Category V: Stomach - Hyperacidity Stomach pain, burning, or aching 1-4 hrs after eating Use of antacids  Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or Caregory V: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fullness last 2-4 hours after eating Digesting problems subside with rest and relaxation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fullness last 2-4 hours after eating Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fullness last 2-4 hours after eating Category VI: Small Intestine/Pancreas Roughage and fullness last 2-4 hours after eating Category VI: Small Intestine/Pancreas Roughage and fullness last 2-4 hours after eating Category VI: Small Intestine/Pancreas Roughage and fullness last 2-4 hours after eating Category VI: Small Intestine/Pancreas Roughage and fullness last 2-4 hours after eating Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Ca			-		
Sense of fullness during and after meals Difficulty digesting fruits and vegetables: Undigested food found in stools  Category V: Stomach - Hyperacidity Stomach pain, burning, or aching 1-4 hrs after eating Use of antacids Feel hungry an hour or two after eating Heartburn when lying down or bending forward Temporary relief by using antacids, food, milk, or Carbonated beverages Digesting problems subside with rest and relaxation Heartburn due to spicy foods, chocolate, citrus, peppers, and caffeine  Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation Indigestion and fullness last 2-4 hours after eating Pain, tenderness, soreness on left side under rib cage Excessive passage of gas Nausea and/or vomiting Stool undigested, foul smelling, mucous like, greasy, or poorly formed Frequent urination  0 1 2 3			-	_	
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Heartburn when lying down or bending forward 0 1 2 3 Temporary relief by using antacids, food, milk, or 0 1 2 3 carbonated beverages Digesting problems subside with rest and relaxation 0 1 2 3 Heartburn due to spicy foods, chocolate, citrus, 0 1 2 3 peppers, and caffeine  Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation 0 1 2 3 Indigestion and fullness last 2-4 hours after eating 0 1 2 3 Pain, tenderness, soreness on left side under rib cage 0 1 2 3 Excessive passage of gas 0 1 2 3 Stool undigested, foul smelling, mucous like, 0 1 2 3 greasy, or poorly formed Frequent urination 0 1 2 3	Use of antacids	0	1	2	3
Heartburn when lying down or bending forward 0 1 2 3 Temporary relief by using antacids, food, milk, or 0 1 2 3 carbonated beverages Digesting problems subside with rest and relaxation 0 1 2 3 Heartburn due to spicy foods, chocolate, citrus, 0 1 2 3 peppers, and caffeine  Category VI: Small Intestine/Pancreas Roughage and fiber cause constipation 0 1 2 3 Indigestion and fullness last 2-4 hours after eating 0 1 2 3 Pain, tenderness, soreness on left side under rib cage 0 1 2 3 Excessive passage of gas 0 1 2 3 Stool undigested, foul smelling, mucous like, 0 1 2 3 greasy, or poorly formed Frequent urination 0 1 2 3	Feel hungry an hour or two after eating	0	1	2	3
Temporary relief by using antacids, food, milk, or carbonated beverages  Digesting problems subside with rest and relaxation 0 1 2 3  Heartburn due to spicy foods, chocolate, citrus, peppers, and caffeine  Category VI: Small Intestine/Pancreas  Roughage and fiber cause constipation 0 1 2 3  Indigestion and fullness last 2-4 hours after eating 0 1 2 3  Pain, tenderness, soreness on left side under rib cage 0 1 2 3  Excessive passage of gas 0 1 2 3  Nausea and/or vomiting 0 1 2 3  Stool undigested, foul smelling, mucous like, 0 1 2 3  greasy, or poorly formed  Frequent urination 0 1 2 3					
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Roughage and fiber cause constipation 0 1 2 3 Indigestion and fullness last 2-4 hours after eating 0 1 2 3 Pain, tenderness, soreness on left side under rib cage 0 1 2 3 Excessive passage of gas 0 1 2 3 Nausea and/or vomiting 0 1 2 3 Stool undigested, foul smelling, mucous like, 0 1 2 3 greasy, or poorly formed Frequent urination 0 1 2 3	peppers, and carreine				
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Pain, tenderness, soreness on left side under rib cage 0 1 2 3 Excessive passage of gas 0 1 2 3 Nausea and/or vomiting 0 1 2 3 Stool undigested, foul smelling, mucous like, 0 1 2 3 greasy, or poorly formed Frequent urination 0 1 2 3					
Excessive passage of gas  Nausea and/or vomiting  Stool undigested, foul smelling, mucous like,  greasy, or poorly formed  Frequent urination  0 1 2 3 0 1 2 3					
Nausea and/or vomiting 0 1 2 3 Stool undigested, foul smelling, mucous like, 0 1 2 3 greasy, or poorly formed Frequent urination 0 1 2 3					
Stool undigested, foul smelling, mucous like, 0 1 2 3 greasy, or poorly formed  Frequent urination 0 1 2 3					
greasy, or poorly formed Frequent urination  0 1 2 3		0	1	2	3
greasy, or poorly formed Frequent urination  0 1 2 3	Stool undigested, foul smelling, mucous like,	0	1	2	3
Frequent urination 0 1 2 3					
		0	1	2	3
<u> </u>		0	1	2	3

			7	
Category VII: Biliary				
Greasy or high-fat foods cause distress Lower bowel gas and/or bloating several hours	0	1 1	2 2	3 3
after eating				
Bitter metallic taste in mouth, especially in the AM	0	1	2	3
Burpy, fishy taste after consuming fish oils	0	1	2	3
Difficulty losing weight	0	1	2	3
Unexplained itchy skin	0	1	2	3
Yellowish cast to eyes	0	1	2	3
Stool color alternates from clay colored to normal brown	0	1	2	3
Reddened skin, especially palms	0	1	2	3
Dry or flaky skin and/or hair	0	1	2	3
History of gallbladder attacks or stones	0	1	2	3
Have you had your gallbladder removed?	0	1	2	3
Category VIII: Sugar Metabolism	•	1	_	-
Crave sweets during the day	0	1 1	2 2	3 3
Irritable if meals are missed Get light-headed if meals are missed	0	1	2	3
Eating relieves fatigue	0	1	2	3
Feel shaky, jittery , or have tremors	0	1	2	3
Agitated, easily upset, nervous	0	1	2	3
Poor memory/forgetful	0	1	2	3
Blurred vision	Y	es	No	
Category IX: Insulin Resistance				
Fatigue after meals	0	1	2	3
Crave sweets during the day	0	1	2	3
Eating sweets does not relieve cravings for sugar	0	1	2	3
Must have sweets after meals	0	1 1	2 2	3 3
Waist girth is equal or larger than hip girth	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite Difficulty losing weight	Ö	1	2	3
Difficulty losing weight				
Category X: Adrenal Hypofunction				
Cannot stay asleep Crave salt	0	1 1	2 2	3
Slow starter in the morning	0	1	2	3 3
Afternoon fatigue	Ö	1	2	3
Dizziness when standing up quickly	0	1	2	3 3
Afternon headaches	0	1	2	3
Headaches with exertion or stress	0	1 1	2 2	3
Weak nails	U	'	2	3
Category XI: Adrenal Hyperfunction				
Cannot fall asleep	0	1	2	3
Perspire easly	0	1	2 2	3
Under a high amount of stress Weight gain when under stress	0	1 1	2	3 3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration w/ little	0	1	2	3
or no activity				
ŕ				

## Child Neurotransmitter & Nutrition Questionaire (CNNQ) (303) 721-9800

THE HEALING COM	TER
學學學	
ALLERGY & PAIN CLI	NIC

Name:			Αg	je:_	Sex:	Date:				
* Please circle the appropriate number "0 - 3" on all questic	ons	belo	ow.	. 0 as	the least/never to 3 as th	ie most/always.				
SECTION : GENERAL										
Does your child have any food sensitivities or allergies? (ple-	ase	list)	)							
					1	ve an inability to nap or sleep when				
List your child's 4 healthiest foods eaten regularly						ed? (mark "3" if unable)		1		
· List your crima's + fleatifilest foods eater fregularly					Is your child overly			1		
						get and squirm when seated?	0	1	2	
List your child's 4 unhealthiest foods eaten regularly					·	and climb excessively when it	0	1	7	,
, , , , , , , , , , , , , , , , , , , ,				,	is inappropriate?	ve difficulty playing quietly or	U	1	2	
					engaging in leisure		0	1	2	2
<ul> <li>How many times a week does your child eat candy?</li> </ul>	_				engaging in leisure	detivities:	U	•	_	
<ul> <li>How many times a week does your child drink soda pop?</li> </ul>					SECTION : F (K51)	)				
<ul> <li>Please list the top 4 foods your child craves regularly?</li> </ul>					Does your child get		0	1	2	
						e anxiousness and panic for				
					minor reasons?		0	1	2	
• List the medication(s) your child is currently prescribed and ov	vert	he	col	unter	* Does your criticallee	l overwhelmed for minor reasons?	0	1	2	
					1	d it difficult to relax when she/he				
<ul> <li>Do you find it difficult as a parent to have your child on a spe</li> </ul>	ocial	dic	 >+2		is awake?			1		
	Clai	uic			Does your child have	ve disorganized attention?	0	1	2	
SECTION : A (K52)					SECTION : G (K50					
• Does your child eat pasta, breads, and breaded foods?	0	1	2	3	<ul> <li>Does your child see</li> </ul>	-	0	1	2	
<ul> <li>Does your child have symptoms (fatigue, hyperactivity, etc.)</li> </ul>	Ü	•	-	9	· ·	ve mood changes with			_	
after eating wheat foods?	0	1	2	3	overcast weather?			1		
Does your child eat dairy products?	0	1	2	3	1	ve symptoms of inner rage?		1		
• Does your child have symptoms (fatigue, hyperactivity, etc.)					1	em uninterested in games/hobbies?	U	- 1	•	_
after eating dairy products?	0	1	2	3	restful sleep?	ve difficulty falling into deep	٥	1	2	,
CECTION D. (VED.)					· ·	em uninterested in friendships?		1		
SECTION : B (K53)	_		_	_	1	ve symptoms of unprovoked anger?				
Does your child eat fried fish?  Deceyour child eat received mute are easile?		1			-	em uninterested in eating?		1		
<ul><li>Does your child eat roasted nuts or seeds?</li><li>Is your child missing essential fatty acid rich foods in</li></ul>	U	1	2	3	,	3				
his/her diet? (for example: avocados, flax seeds, olives)					SECTION : H (K49	<u>)</u>				
(mark "0" if present, "3" if missing)	0	1	2	3	Does your child have	ve difficulty handling stress?	0	1	2	:
• Does your child eat fried foods?		1			•	ve anger and aggression while				
,			_		being challenged?		0	1	2	
SECTION : C (K34)						l tired even after long sleeps?	0	1		-
<ul><li>Is your child's mental speed slow?</li></ul>	0	1	2	3	· ·	nd to isolate from others?	0	1		-
<ul> <li>Does your child have difficulty with learning or memory?</li> </ul>	0	1	2	3	Does your child get		0	1	2	
• Does your child have difficulty w/ balance and coordination?	0	1	2	3	The state of the s	ve constant need and desire for	•		_	
					candy and sugar?	o disarganizad attention?	0	1		
SECTION : D (K16)					Does your child hav	ve disorganized attention?	0	- 1	2	
Does your child have stress?	0	1	2	3	SECTION : I (K48)	1				
Does your child not have enough sleep and rest?	_		_	_		/_ /e difficulty with visual memory?	0	1	2	1
(mark "3" if not enough)	0	1	2	3	1	ve difficulty remembering locations				
<ul> <li>Does your child not have regular exercise? (mark "3" if no exercise)</li> </ul>	0	1	2	2	1	ve fatigue or low endurance for				
<ul> <li>Does your child feel overly worried and scared?</li> </ul>		1			learning activities?	_	0	1	2	
Does your crima reer overry worned and scared:	J	1	_	J		ve difficulty with attention or low				
SECTION : E (K16, K51)					attention span or e		0	1	2	
Does your child have temper tantrums?	0	1	2	3		ve slow or difficult speech?	0	1		
Does your child exhibit wild behavior?	0	1	2	3	•	e uncoordinated or slow	0	1	2	
<ul> <li>Does your child frequently yell or scream for</li> </ul>					movement?					
unnecessary reasons?	0	1	2	3						