Welcome!

We are so excited to meet you and honored to be on this journey with you! We will be your Patient Advocates at Nutrition Specialists of Florida @ Optimal Health Clinic. We want you to know that you are a part of a special group of people, each of whom has been referred to us by other satisfied and enthusiastic clients. It is our job to give you all the help, advice, guidance and knowledge that you need to get healthier and stay healthy your whole life.

Please have your paperwork completed prior to your appointment. If you are unable to complete it at home, then plan to come to our office about 30-40 minutes ahead of your scheduled appointment time. Dr. Gendron asks patients to be thorough and detailed so that you can reap all the benefits of this cutting-edge nutrition program.

We are proud to introduce, Dr. Gary L. Gendron. Dr Gendron has completed the Certification Program in Advanced Nutrition Response Testing. This means that he is one of less than 500 health practitioners in the United States who have attained Advanced Clinical Training Graduate status in the field of Nutrition Response Testing™.

Every day in our practice we work with wonderful people like you. We help them identify the stressors that are getting in the way of true healing. We believe that health does reside in each one of us, but various issues have smothered our ability to be well. Nutrition Response Testing helps you reduce and/or remove the issues and reveal complete health again.

We are on a mission to help as many people as we can to take control of their health and feel better! If this inspires you, and you feel ready to take a step in a whole new direction, we would be honored to be on your healthcare team.

In good health,

Monic McNellis, Patient Advocate
Monic.optimalhealth@gmail.com

Kim Baker, Office Manager
kim@drgendron.com

Nutrition Response Testing℠
New Patient Orientation

Think About It.

Each area that gives a response 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 these organs / areas, 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?

How Do We Do The Nutrition Response Testing Analysis?

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 areas being tested, the Nutrition Response Testing practitioner contacts these areas with his/her own hand. With the other hand, he/she will test the muscle of your extended arm. If the organ/area 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" organs/areas 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.

We are prepared to do the exact same thing for you now. How does that sound to you? However, the best is yet to come.

The "Personalized Health Improvement Program".

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 organ/area 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 malfunctioning 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*).

In most cases 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

Nutrition Response Testing[SM]
New Patient Orientation

active Nutrition Response Testing organs/areas 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 pharmaceutically 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 available today are 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.

Nutrition Response Testing[SM]
New Patient Orientation

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.

An analysis of your active organs / areas will be performed on each follow up visit. Often these follow up visits also 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 you are NOT a "Nutrition Response Testing Case" then it is unlikely that Nutrition Response Testing will ever help you. However, if you are 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 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 Specialists of Florida

28315 S Tamiami Trail Suite 101

Bonita Springs, FL 34134

239.947.1177; fax: 239.947.6399

Nutrition Specialists of Florida

New Patient Intake Form

Name_____ Age_____ DOB_____

Address: _____ City _____ Zip _____

Phone : cell _____ home _____

Email _____

Who may we thank for referring you? _____

Sex: . M . F Marital Status: married . single . divorced . separated

□ widow(er) . other_____

Children_____ Names and ages_____

_____

Other significant relationships_____

Current living situation_____

Do you have pets? _____

Daily schedule/activities (include work) _____

_____

_____

_____

Daily physical exercise_____

_____

_____

Personal health/medical history (diagnosis, surgeries, illnesses, etc)

_____

_____

_____

_____

Current medications, supplements, vitamins, herbs, homeopathics, etc.

_____

_____

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101, Bonita Springs, FL 34134
Phone: (239)947-1177 Fax: (239)947-6399

_____

_____

Dental issues (fillings, root canals, bridges) _____

_____

_____

Family health/medical history: parents, siblings, children (diagnosis, surgeries, illnesses, dental issues, etc) _____

_____

_____

_____

_____

Social/emotional history _____

_____

_____

_____

Family and personal relationship history _____

_____

_____

_____

Where did you grow up? _____

_____

Weight: _____ lbs. Weight 1 year ago: _____ lbs.

Maximum weight: _____ lbs. When: _____

Height: _____ ft _____ in.

Diet _____

_____

_____

_____

How much water do you drink per day? _____

Is it tap water? Source? Well? Bottle? _____

What else do you drink? _____

Are you constipated? Yes _____ No _____

How many BM per day? _____

How would you describe your digestion? _____

_____

_____

_____

Do you average 6-8 hours sleep? _____Yes _____ No

If no, how many? _____

Do you sleep well? _____Yes _____ No

If no, what is the problem? _____

_____

Do you awaken rested? _____Yes _____ No

If no, what is the problem? _____

_____

When is your energy the best during the day?

_____

Worst? _____

Do you enjoy your work? _____Yes _____ No

If no, why not? _____

_____

If yes, please list the reasons you do enjoy it. _____

_____

Do you spend time outside? _____Yes _____ No

If yes, how much and what do you do? _____

_____

Do you watch television? _____Yes _____ No

If yes, what and how much? _____

_____

Do you read? _____Yes _____ No

If yes, what and how much? _____

_____

Do you take vacations? _____Yes _____ No

If yes, how long and what kind? _____

_____

Do you meditate?___Yes ____No If yes, for how many years/months?____Y ____M

For women :

Are you on birth control pills? ___ Yes ___ No If yes, for how long and what kind?

_____

_____

If applicable, do you experience hot flashes or other menopausal issues? Please describe.

_____

_____

_____

_____

If you have children, please elaborate. # of children, vaginal or cesarean births, any complications?

_____

_____

Did you breast-feed or bottle- feed?

For men: Have you been diagnosed with low testosterone? ____Yes _____ No

Do you have any diagnosed prostate issue? ____ Yes ____ No If yes, please elaborate.

_____

_____

For both : If applicable, are you happy with your sex life? Any libido issues?

As far as you know, were you born by cesarean section or were you a vaginal birth?

What are your top 2 short term goals and your top 2 long term goals in life?

Short term 1:

Short term 2:

Long term 1:

Long term 2:

What have you tried so far that did not deliver the results you were expecting?

What have you tried that has been somewhat helpful?

What do you feel needs to happen for you to get better? _____

What do you enjoy most in life? _____

How much change are you willing to make at this time to improve your health?

Is there anything else I need to know? _____

Thank you!

Intake information is private and confidential. HIPAA privacy rules apply, your information is secure in our office and will not be shared.

Detoxification Questionnaire

Name:_____ _____ **Date:** _____/_____/_____

Please read the following symptoms and rate them based on how you have been feeling over the past 30 days. Fill in the blanks using the appropriate numbers on the key below.

KEY:
0 (or leave blank) = No, never, or almost never occurs
1 = Occasionally occurs, effect is not severe
2 = Occasionally occurs, effect is severe
3 = Frequently occurs, effect is not severe
4 = Frequently occurs, effect is severe

Gastrointestinal
_____ Belching or gas
_____ Heartburn or acid reflux
_____ Bloating or abdominal discomfort shortly after eating
_____ Bad breath (halitosis)
_____ Aggravated by certain foods
_____ Diarrhea, chronic
_____ Undigested food in stool
_____ Constipation
_____ Nausea or vomiting
_____ Fewer than one bowel movement a day
_____ Stools are loose and unformed
_____ **TOTAL**

Liver
_____ Wine makes you sick
_____ Easily intoxicated if drinking alcohol
_____ Hangovers after drinking alcohol
_____ Sensitive to chemicals (perfume, solvents, exhaust)
_____ Sensitive to tobacco smoke
_____ Hemorrhoids or varicose veins
_____ Bothered by aspartame (NutraSweet)
_____ Chronic fatigue or Fibromyalgia
_____ Feeling wired or jittery if drinking coffee
_____ Feet have a strong odor
_____ Sweat has a strong odor
_____ **TOTAL**

Skin
_____ Experience hives, cysts, boils, rashes
_____ Cold sores, fever blisters, or herpes lesions
_____ Dry flaky skin and/or dandruff
_____ Fragile skin, easily chaffed, as in shaving
_____ Acne
_____ Itchy skin / dermatitis
_____ Dull colored skin, yellowish, pale or grayish
_____ Pale complexion
_____ Skin has a sour or unpleasant odor
_____ **TOTAL**

Eyes
_____ Dark circles around the eyes
_____ Puffy eyelids
_____ Bags under the eyes
_____ Bloodshot or reddened eyes
_____ Whites of eyes are yellowed
_____ Inflamed eyelids
_____ Eyes are water and/or itchy
_____ Blurred or tunnel vision
_____ **TOTAL**

Nails
_____ Ridged nails
_____ Splitting nails
_____ White spots on nails
_____ Crumbling nails
_____ **TOTAL**

Ears
_____ Ear infections
_____ Ear drainage or discharge
_____ Itchy ears
_____ Ringing in the ears
_____ **TOTAL**

Nose
_____ Stuffy nose
_____ Airborne allergies
_____ Sinus congestion, "stuffy head", sinus infections
_____ Runny or drippy nose
_____ **TOTAL**

Head
_____ Tension headaches at base of skull
_____ Splitting type headache
_____ Dizziness
_____ Faintness
_____ **TOTAL**

Nutrition Specialists of Florida

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101, Bonita Springs, FL 34134
Phone: (239)947-1177 Fax: (239)947-6399

Nutrition Specialists of Florida

Mouth and Throat

_____ Coated tongue (yellow, grayish-white or thick film)
_____ Swollen tongue
_____ Hoarseness
_____ Difficulty swallowing
_____ Lump in throat
_____ Dry mouth, eyes and / or nose
_____ Gag easily or need to clear throat often
_____ Mouth ulcers or canker sores
_____ **TOTAL**

Mental/Emotional

_____ Feeling "Foggy", Thinking seems slow or fuzzy
_____ Bizarre vivid or nightmarish dreams
_____ Depressed
_____ Worried, apprehensive, anxious
_____ Nervous or agitated
_____ Mentally sluggish, reduced initiative
_____ Difficulty concentrating
_____ Mood swings
_____ Coordination is poor
_____ Poor memory
_____ **TOTAL**

Metabolism

_____ Pulse speeds after eating
_____ Night sweats
_____ USG sensitivity
_____ Mood swings associated with periods (PUS)
_____ Breast tenderness associated with cycle
_____ **TOTAL**

Weight

_____ Crave bread or noodles
_____ Crave certain foods
_____ Retaining water
_____ Excessive weight
_____ **TOTAL**

Immune System

_____ Frequent infections (bladder, skin, ear, chest, sinus)
_____ Frequent colds or flu
_____ **TOTAL**

Heart/Lungs

_____ Asthma
_____ Wheezing or difficulty breathing
_____ Shortness of breath
_____ Chest congestion
_____ Heart races, rapid heartbeat
_____ Fast pulse at rest
_____ Flush or blush easily or face turns red for no reason
_____ Heart skips beats
_____ **TOTAL**

Musculoskeletal

_____ Pain or swelling in joints
_____ Muscles become easily fatigued
_____ Muscle aches and pains
_____ Arthritic tendencies
_____ Joints are painful upon waking
_____ Joint pain after mild exertion
_____ Joint pain experienced after eating certain foods
_____ Abdomen tends to hang out
_____ Surface of abdomen is uneven and distended
_____ Use over-the-counter pain medications
_____ **TOTAL**

Energy Levels

_____ Weakness
_____ Easily fatigued, sleepy during the day
_____ Fatigue is persistent and extreme
_____ Apathetic and lethargic
_____ Tired, in spite of a good night of rest
_____ **TOTAL**

Kidney

_____ Urine has a strong odor
_____ Pain in mid back region
_____ Urine is frothy
_____ Urinate infrequently
_____ **TOTAL**

Other

_____ Food allergies
_____ Feel worse in moldy or musty place
_____ **TOTAL**

Please add the numbers from each section and write the total in the space provided under that section X Then add all the totals for each section together and put that total in the space below X

GRAND TOTAL _____

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101, Bonita Springs, FL 34134
Phone: (239)947-1177 Fax: (239)947-6399

Environmental Influences Questionnaire

Name:_____ Date: ____/____/____

There are over 70,000 chemicals commercially produced in the United States. The long-term effects of many of these chemicals have never been investigated. But many chemicals are harmful in very low doses. Unless generated by the body (formaldehyde, pentane), the body's level for chemicals should be non-detectable, and not "low level". Chemicals are widespread in our environment, and constant exposure to low levels can cause dysfunction in many systems of the body. The purpose in the following questions is to determine if any of your health problems can be a result of chemical toxicity and to measure your TOTAL TOXIN LOAD.

Electromagnetic Factors

- ❑ Live or have you lived within 200 yards from high-voltage wires or transformers
  When? _____
- ❑ Live or have lived near an electric distribution substation
- ❑ Bed is close to the main electrical current
- ❑ Have a fan directly over your bed
- ❑ Have an alarm clock or radio close to your bed (plugged in)
- ❑ Live or have you lived near a television transmitter
- ❑ Sleep with an electric blanket, heating pad
- ❑ Sleep on a waterbed

Position of your head of your bed is facing:

- ❑ North
- ❑ South
- ❑ East
- ❑ West

- ❑ Work on a computer for longer that six hours/day
- ❑ Use a screening shield over your computer screen
- ❑ Live or have you lived near a power generating station
- ❑ Live near a radio tower
- ❑ You use a cellular phone more than 2 hours per day
- ❑ Use microwave ovens
- ❑ Bed has a wooden backboard
- ❑ Have fluorescent light fixtures

What is your occupation?

_____
_____
_____
_____

Toxin Exposure

Trichloroethylene/TCE

- ❑ Work close to a copy machine
- ❑ Worked in a printing shop
- ❑ Drink decaffeinated coffee
- ❑ Use typewriter correction fluid
- ❑ Use rug cleaners
- ❑ Use disinfectants
- ❑ Use carbonless paper
- ❑ Use spot removers
- ❑ Use cleaning supplies
- ❑ Use metal degreasers
- ❑ Do recreational painting

Formaldehyde

- ❑ Wear many dry-cleaned clothes
- ❑ Noticed changes of your health since you moved into your home
- ❑ Wear many polyester clothes and permanent press
- ❑ You use Spray Starch
- ❑ Have foam wall insulation
- ❑ Have particleboard, chip board or interior plywood
- ❑ Put up wallpaper in the last 2 years
- ❑ Have foam cushions or foam mattresses
- ❑ Live or lived in a trailer
- ❑ Worked in a laboratory
- ❑ Your home been insulated since your illness
- ❑ Had new carpets.
  When? _____
- ❑ Use waxes and polishes on your floor
- ❑ Been around resin glues and plastics
- ❑ Have exterior grade plywood on your home
- ❑ Home made of stucco, plaster or concrete
- ❑ Have a wood-burning stove
- ❑ Have draperies
- ❑ Have used acid-cured resin floor finishes
- ❑ Have fire-proof material in your home
- ❑ Smoke in your home
- ❑ Have a photography darkroom
- ❑ Use nail polish remover

Nutrition Specialists of Florida

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101
Phone: (239)947-1177 Fax: (239)947-6399

Nutrition Specialists of Florida

- ❑ Use fingernail hardeners

Pesticides & Herbicides (Organochlorines, Organophosphate, Carbamate, Chlorinated Cyclodiene, Botanical & Microbial)

- ❑ Use pesticides
- ❑ Use weed killer
- ❑ You use cleaning fluids, waxes
- ❑ Lived or worked at a dry cleaning plant
- ❑ Have been around wood preservatives
- ❑ Drink tap water
- ❑ Work with electrical equipment
- ❑ Have mothballs in your closets
- ❑ Gasoline fumes bother you
- ❑ Eat store bought meat
- ❑ Use insecticides
- ❑ Crop-surface sprays
- ❑ Aerosols
- ❑ Fumigants

Volatile Organic Compounds (Paradichlorobenzenes, toluene, ethers, ketones, propane, polymers, tetrachloroethylene)

- ❑ Had home painted in the last 2 years
- ❑ Use cleaning solvents
- ❑ Have soft vinyl floors
- ❑ Handle propane and butane
- ❑ Get your clothes dry-cleaned
- ❑ Store dry-cleaned clothes in closets
- ❑ Barbecue more than 2 times per month
- ❑ Work in a "tightly sealed building"
- ❑ Work close to a laser printer
- ❑ Use moth balls
- ❑ Have nylon carpet
- ❑ Use air fresheners
- ❑ Have a workshop in the home

Phenols

Do you use the following?

- ❑ Household cleaners
- ❑ Nasal Sprays
- ❑ Styrofoam cups
- ❑ Cough Syrup
- ❑ Decongestants
- ❑ Hair sprays
- ❑ Scented deodorants
- ❑ Scotch tape
- ❑ Newsprint
- ❑ Lysol
- ❑ Epoxy
- ❑ Listerine
- ❑ Chloraseptic throat sprays
- ❑ Noxema
- ❑ Mildew cleaners
- ❑ Perfumes
- ❑ Air Fresheners
- ❑ Disinfectants
- ❑ Polishes
- ❑ Glues
- ❑ Waxes
- ❑ Mouthwash
- ❑ Hard saucepan handles
- ❑ Smoke in the house
- ❑ Have you been exposed to chemicals? When?_____
- ❑ Have you had your home treated for termites When?_____
- ❑ Wash own vehicle by hand. What type of cleaners do you use? _____

Carbon Monoxide/Nitrogen Oxide/Sulfur Dioxide

- ❑ Have oil or gas stove
- ❑ Have water heaters
- ❑ Chimney is damaged
- ❑ Live near a busy street
- ❑ Garage attached to your home
- ❑ Smoke at home
- ❑ Have an open fireplace
- ❑ Burn candles

Ozone

- ❑ Use an electrical sewing machine
- ❑ Use power tools
- ❑ Use ion generators
- ❑ Work close to a photocopier

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101
Phone: (239)947-1177 Fax: (239)947-6399

ENVIRONMENTAL INFLUENCES QUESTIONNAIRE

Carbon Dioxide
- ❑ Work in a crowded work place
- ❑ Have poor ventilation at work

Asbestos
- ❑ Live in an old home
- ❑ Have old ceiling tiles, plaster, insulation board and heating duct tape
- ❑ Lived in a large city with many trucks, buses etc.
- ❑ Lived near a building which was torn down
- ❑ Mother exposed to any unusual chemicals or drugs during pregnancy (DES)
- ❑ Do you have your nails treated? Acrylic Adhesives

Please note the "brand" of product you use
For example: Toothpaste: Crest

Shampoo: _____

Toothpaste:_____

Hair Conditioner:_____

Makeup:_____

Lipstick:_____

Make-up Foundation: _____

Deodorant:_____

Perfume:_____

Hairspray:_____

Shaving Cream:_____

Cologne:_____

Facial Creams:_____

Body Creams:_____

Do you have hair permanents? Yes/No
If yes, how often?_____

Do you have hair colorings? Yes/No
If yes, was it permanent or temporary?

Do you use Latex products?
- ❑ Baby bottle nipples
- ❑ Balloons
- ❑ Bandages
- ❑ Diaphragms
- ❑ Hot water bottles
- ❑ Latex gloves
- ❑ Dishwashing gloves
- ❑ Rubber dams for dental work
- ❑ Tires
- ❑ Worked in a rubber industry

General Miscellaneous

- ❑ Have basement Molds
- ❑ Home is damp
- ❑ Use a humidifier? If yes, when the last time you cleaned it? _____
- ❑ Use black hair dye (Nitrosamines)
- ❑ Worked in beauty shop.
  When? _____
- ❑ Take any illicit drugs as an adolescent/young adult?
  What type?_____
- ❑ Open your windows at home
- ❑ Work in a machine shop
- ❑ Work in a garden?
- ❑ Work or have you worked on a farm
  When? _____
- ❑ Have mercury fillings
- ❑ Had mercury fillings removed?
  When?_____
- ❑ Been exposed to radiation
  When?_____
- ❑ Have a hot tub
- ❑ Use chlorine or bromine
- ❑ Have a well
- ❑ Work around PVC pipe (Vinyl chloride)
- ❑ Home well ventilated
- ❑ Moved to a new office in the last two years
- ❑ Live in an apartment?
  How old? _____
- ❑ Eat at salad bars
- ❑ Eat raw fish (Sushi)
- ❑ Buy food from street vendors
- ❑ **For Women:** Have breast implants. Yes/No
  The implant was made of saline ___ silicone___
- ❑ Has any type of metal been used in implants or joint replacements in your body?
  What type?_____
  Where_____
- ❑ Notice more symptoms at work than at home or vice versa?
- ❑ Symptoms worse going into a mall
- ❑ Have you ever worked in a mall?
  When?_____

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101
Phone: (239)947-1177 Fax: (239)947-6399

ENVIRONMENTAL INFLUENCES QUESTIONNAIRE

- ❑ Have live plants in your home
- ❑ Have pets in your home
- ❑ Owned a new vehicle since your symptoms began
- ❑ Furniture been put in storage or possibly fumigated
- ❑ Stained furniture in the last 2 years
- ❑ Have a tool shop in your garage
- ❑ Live on or near a golf course
- ❑ Live in or near an industrial area
- ❑ Lived or traveled outside the US.
  Where?_____
- ❑ Bought new furniture?
  What type of material? _____
- ❑ Installed drop ceilings
- ❑ Painted indoors
- ❑ Sided your home
- ❑ Changed your heating system, stove, clothes dryer or water heater
- ❑ Lived in a brand new home
- ❑ Lived in a new office
- ❑ Noticed changes of your health since you moved into your home?
- ❑ Have a water purification system?
- ❑ Live near a landfill?
- ❑ Have a water filter on your shower?

Describe the contents of your bedroom

- ❑ What type of mattress? _____
- ❑ Have hardwood floors
- ❑ Have carpeting
- ❑ Have blinds
- ❑ Have draperies
- ❑ Use a foam pillow
- ❑ Use a feather pillow
- ❑ Use a Dacron pillow
- ❑ Use wool blankets
- ❑ Use cotton blankets
- ❑ Use quilts
- ❑ Use synthetic blankets
- ❑ Use an electric blanket
- ❑ Have a ceiling fan
- ❑ Have material under your bed
- ❑ Have real plants in your bedroom
- ❑ Have artificial plants in your bedroom
- ❑ Use aromatherapy in your bedroom
- ❑ Burn scented candles in your bedroom
- ❑ Have central heat
- ❑ Have a fireplace in your room
- ❑ Have an electric baseboard
- ❑ Use gas heat
- ❑ Use an air filter in your bedroom
  What type? _____
- ❑ When was the last time you changed your filter in your room? _____
- ❑ Have central air conditioning
- ❑ Sleep with your windows open
- ❑ Live close to a high traffic road
- ❑ Smoke in bed
- ❑ Allow any pets in your room
  What type?_____
- ❑ Have plugged in air fresheners

Art and Leisure Activities

- ❑ Silk-screening
- ❑ Make stained glass
- ❑ Make pottery & ceramic products
- ❑ Make jewelry
- ❑ Buy art and craft supplies
- ❑ Use airbrush and spray paints
- ❑ Do quilting and weaving
- ❑ Gardening
- ❑ Make soapstone carvings
- ❑ Use acrylic paint

What hobbies do you have? Please list:

1._____
2._____
3._____

Please indicate the occupation of your parents during your childhood:

_____

_____

Nutrition Specialists of Florida

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101
Phone: (239)947-1177 Fax: (239)947-6399

Lyme Questionnaire

Name:_____ Date: _____

Answer the following questions as honestly as possible. Think about how you have been feeling over the previous month and how often you have been bothered by any of the following problems . Score the occurrence of each symptom on the following scale: none, mild, moderate, severe.

Section 1: Symptom Frequency Score

0 None 1 Mild 2 Moderate 3 Severe

_____ 1. Unexplained fevers, sweats, chills, or flushing

_____ 2. Unexplained weight change: loss or gain

_____ 3. Fatigue, tiredness

_____ 4. Unexplained hair loss

_____ 5. Swollen glands

_____ 6. Sore throat

_____ 7. Testicular or pelvic pain

_____ 8. Unexplained menstrual irregularity

_____ 9. Unexplained breast milk production; breast pain

_____ 10. Irritable bladder or bladder dysfunction

_____ 11. Sexual dysfunction or loss of libido

_____ 12. Upset stomach

_____ 13. Altered bowel function (constipation or diarrhea)

_____ 14. Chest pain or rib soreness

_____ 15. Shortness of breath or cough

_____ 16. Heart palpitations, pulse skips, heart blocks

_____ 17. History of a heart murmur or valve prolapse

_____ 18. Joint pain or swelling

_____ 19. Stiffness of the neck or back

_____ 20. Muscle pain or cramps

_____ 21. Twitching of the face or other muscles

_____ 22. Headaches

_____ 23. Neck cracks or neck stiffness

_____ 24. Tingling, numbness, burning, or stabbing sensations

_____ 25. Facial paralysis (Bell's palsy)

_____ 26. Eyes/vision: double, blurry

_____ 27. Ears/ hearing: buzzing, ringing, ear pain

_____ 28. Increased motion sickness, vertigo

_____ 29. Light-headedness, poor balance, difficulty walking

_____ 30. Tremors

_____ 31. Confusion, difficulty thinking

_____ 32. Difficulty with concentration or reading

_____ 33. Forgetfulness, poor short term memory

_____ 34. Disorientation: getting lost; going to wrong places

_____ 35. Difficulty with speech or writing

_____ 36. Mood swings, irritably, depression

_____ 37. Disturbed sleep: too much, too little, early awakening

_____ 38. Exaggerated symptoms or worse hangover from alcohol

Nutrition Specialists of Florida

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101, Bonita Springs, FL 34134
Phone: (239)947-1177 Fax: (239)947-6399

Nutrition Specialists of Florida

Add up your totals from each of the columns. This is your first score.

Score: _____

Section 2: Common Symptom Emphasis

If you rated a 3 for all of the following in section 1, give yourself 5 additional points:

_____Fatigue (#3)
_____Forgetfulness, poor short term memory (#33)
_____Joint pain or swelling (#18)
_____Tingling, numbness, burning, or stabbing sensations (#24)
_____Disturbed sleep: too much, too little, early awakening (#37)

Score: _____

Section 3: Lyme Incidence Score

Now please circle the points for each of the following statements you can agree with:

1. You have had a tick bite with no rash or flu-like symptoms. 3 points
2. You have had a tick bite, an erythema migraines (a bulls-eye rash), or an unidentified rash, followed by flu-like symptoms. 5 points
3. You live in what is considered a Lyme-endemic area. 2 points
4. You have a family member or roommate (same household) who has been diagnosed with Lyme and/or other tick borne infections . 1 point
5. You experience migratory muscle pain (moves around) . 4 points
6. You experience migratory joint pain (moves around). 4 points
7. You experience tingling/ burning/ numbness that migrates and/or comes and goes . 4 points
8. You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia. 3 points
9. You have received a prior diagnosis of a specific autoimmune disorder (lupus, MS, or rheumatoid arthritis), or of a nonspecific autoimmune disorder. 3 points
10. You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). 5 points

Score: _____

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101, Bonita Springs, FL 34134
Phone: (239)947-1177 Fax: (239)947-6399

Nutrition Specialists of Florida

Section 4: Physical Health Score

1. Thinking about your overall physical health, for how many of the past thirty days was your physical health not good? _____ days

   Award yourself the following points based on the total number of days:

   0-5 days = 1 point
   6-12 days = 2 points
   13-20 days = 3 points
   21-30 days = 4 points

Score:_____

Section 5: Mental Health Score

2. Thinking about your overall mental health, for how many days during the past thirty days was your mental health not good? _____ days

   0-5 days = 1 point
   6-12 days = 2 points
   13-20 days = 3 points
   21-30 days = 4 points

Score: _____

Calculating Your Total Score

Record your total scores for each section above and add them together to achieve your final score:

Section 1 total: _____

Section 2 total: _____

Section 3 total: _____

Section 4 total: _____

Section 5 total: _____

Final Score: _____

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101, Bonita Springs, FL 34134
Phone: (239)947-1177 Fax: (239)947-6399

- If you scored 46 or more , you have a high probability of a tick-borne disorder and should see a health- care provider for further evaluation and/or seek the support of a holistic wellness professional.
- If you scored between 21-45 , you possibly have a tick-borne disorder and should see a health-care provider for further evaluation and/or seek the support of a holistic wellness professional.
- If you scored under 21 , you are not likely to have a tick-borne disorder.

*This form modified from the work of Dr. Richard I. Horrowitz, MD

For information on consultations with our office, please visit www.doctorgendron.com

or call the office at 239-947-1177.

Nutrition Specialists of Florida
28315 S. Tamiami Tr. #101, Bonita Springs, FL 34134
Phone: (239)947-1177 Fax: (239)947-6399