

Today's date: _____

■ **Who are you?**

Patient's name: _____

Shipping Address: _____

City, state & zip: _____

Home phone: _____ Cell: _____

Whom may we thank for referring you? _____

Birth date: _____ Age: _____

E-mail address: _____ Marital Status: _____

■ **Who do we contact in case of an emergency?**

Contact: _____ Phone: _____

Where would you prefer to be contacted? _____

■ **Are you employed?**

If so, employer: _____ Phone: _____

Address: _____

■ **About your health:**

Overall health (circle one): Excellent Good Fair Poor Other: _____

Chief complaint (reason you are here): use back if needed

Previous treatments for this complaint:

Other complaints or problems (use back if needed):

Current medications/drugs being taken, dosage, and reason (use back if needed):

Names and dates of other physician/health professional visits:

Current supplements and reason:

Do you smoke, drink coffee, or drink alcohol? (if yes, indicate how much):

Cigarettes: _____ Coffee: _____ Alcohol: _____

Health history:

List any major illnesses with dates: _____

List any surgeries or operations with dates: _____

Past accidents or injuries: _____

Tell us about your family (if applicable):

Spouse's name: _____

Spouse's health (circle one): Excellent Good Fair Poor Other: _____

Name of child: _____ Age: _____ Sex: _____ Physical conditions or concerns: _____

_____ M / F

_____ M / F

_____ M / F

_____ M / F

Family illnesses (circle what applies): Cancer Diabetes Heart Other: _____

List household pets: _____

Signature of agreement (please read before signing):

I specifically authorize the practitioners at Lazar Spinal Care, P.C. 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" of 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 to 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 understand the foregoing.

This permission form applies to subsequent visits and consultations.

Signature (parent/guardian if minor): _____ Date: _____

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our office. If a claim is submitted to Medicare/Insurance, your health information on this form may be shared with Medicare/Insurance. Your health information which Medicare/Insurance sees will be confidential.

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

Please list your 5 major health concerns in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

PART II

Please circle the appropriate number on all questions below.

0 as the least/never to 3 as the most/always.

Category I				
Feeling that bowels do not empty completely	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3
Diarrhea	0	1	2	3
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
Pass large amount of foul-smelling gas	0	1	2	3
More than 3 bowel movements daily	0	1	2	3
Use laxatives frequently	0	1	2	3
Category II				
Increasing frequency of food reactions	0	1	2	3
Unpredictable food reactions	0	1	2	3
Aches, pains, and swelling throughout the body	0	1	2	3
Unpredictable abdominal swelling	0	1	2	3
Frequent bloating and distention after eating	0	1	2	3
Abdominal intolerance to sugars and starches	0	1	2	3
Category III				
Intolerance to smells	0	1	2	3
Intolerance to jewelry	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc.	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3
Constant skin outbreaks	0	1	2	3
Category IV				
Excessive belching, burping, or bloating	0	1	2	3
Gas immediately following a meal	0	1	2	3
Offensive breath	0	1	2	3
Difficult bowel movement	0	1	2	3
Sense of fullness during and after meals	0	1	2	3
Difficulty digesting fruits and vegetables; undigested food found in stools	0	1	2	3
Category V				
Stomach pain, burning, or aching 1-4 hours after eating	0	1	2	3
Use antacids	0	1	2	3
Feel hungry an hour or two after eating	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	0	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2	3
Category VI				
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
Category VI (continued)				
Nausea and/or vomiting	0	1	2	3
Stool undigested, foul smelling, mucous like, greasy, or poorly formed	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite	0	1	2	3
Category VII				
Greasy or high-fat foods cause distress	0	1	2	3
Lower bowel gas and/or bloating several hours after eating	0	1	2	3
Bitter metallic taste in mouth, especially in the morning	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?	Yes	No		
Category VIII				
Acne and unhealthy skin	0	1	2	3
Excessive hair loss	0	1	2	3
Overall sense of bloating	0	1	2	3
Bodily swelling for no reason	0	1	2	3
Hormone imbalances	0	1	2	3
Weight gain	0	1	2	3
Poor bowel function	0	1	2	3
Excessively foul-smelling sweat	0	1	2	3
Category IX				
Crave sweets during the day	0	1	2	3
Irritable if meals are missed	0	1	2	3
Depend on coffee to keep going/get started	0	1	2	3
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	0	1	2	3
Category X				
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	2	3
Waist girth is equal or larger than hip girth	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite	0	1	2	3
Difficulty losing weight	0	1	2	3

Category XI					Category XVII				
Cannot stay asleep	0	1	2	3	Increased sex drive	0	1	2	3
Crave salt	0	1	2	3	Tolerance to sugars reduced	0	1	2	3
Slow starter in the morning	0	1	2	3	“Splitting” - type headaches	0	1	2	3
Afternoon fatigue	0	1	2	3	Category XVIII (Males Only)				
Dizziness when standing up quickly	0	1	2	3	Urination difficulty or dribbling	0	1	2	3
Afternoon headaches	0	1	2	3	Frequent urination	0	1	2	3
Headaches with exertion or stress	0	1	2	3	Pain inside of legs or heels	0	1	2	3
Weak nails	0	1	2	3	Feeling of incomplete bowel emptying	0	1	2	3
Category XII					Leg twitching at night	0	1	2	3
Cannot fall asleep	0	1	2	3	Category XIX (Males Only)				
Perspire easily	0	1	2	3	Decreased libido	0	1	2	3
Under high amount of stress	0	1	2	3	Decreased number of spontaneous morning erections	0	1	2	3
Weight gain when under stress	0	1	2	3	Decreased fullness of erections	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3	Difficulty maintaining morning erections	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3	Spells of mental fatigue	0	1	2	3
Category XIII					Inability to concentrate	0	1	2	3
Edema and swelling in ankles and wrists	0	1	2	3	Episodes of depression	0	1	2	3
Muscle cramping	0	1	2	3	Muscle soreness	0	1	2	3
Poor muscle endurance	0	1	2	3	Decreased physical stamina	0	1	2	3
Frequent urination	0	1	2	3	Unexplained weight gain	0	1	2	3
Frequent thirst	0	1	2	3	Increase in fat distribution around chest and hips	0	1	2	3
Crave salt	0	1	2	3	Sweating attacks	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3	More emotional than in the past	0	1	2	3
Alteration in bowel regularity	0	1	2	3	Category XX (Menstruating Females Only)				
Inability to hold breath for long periods	0	1	2	3	Perimenopausal	Yes	No		
Shallow, rapid breathing	0	1	2	3	Alternating menstrual cycle lengths	Yes	No		
Category XIV					Extended menstrual cycle (greater than 32 days)	Yes	No		
Tired/sluggish	0	1	2	3	Shortened menstrual cycle (less than 24 days)	Yes	No		
Feel cold—hands, feet, all over	0	1	2	3	Pain and cramping during periods	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3	Scanty blood flow	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3	Heavy blood flow	0	1	2	3
Gain weight easily	0	1	2	3	Breast pain and swelling during menses	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3	Pelvic pain during menses	0	1	2	3
Depression/lack of motivation	0	1	2	3	Irritable and depressed during menses	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3	Acne	0	1	2	3
Outer third of eyebrow thins	0	1	2	3	Facial hair growth	0	1	2	3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2	3	Hair loss/thinning	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3	Category XXI (Menopausal Females Only)				
Mental sluggishness	0	1	2	3	How many years have you been menopausal?	_____ years			
Category XV					Since menopause, do you ever have uterine bleeding?	Yes	No		
Heart palpitations	0	1	2	3	Hot flashes	0	1	2	3
Inward trembling	0	1	2	3	Mental foginess	0	1	2	3
Increased pulse even at rest	0	1	2	3	Disinterest in sex	0	1	2	3
Nervous and emotional	0	1	2	3	Mood swings	0	1	2	3
Insomnia	0	1	2	3	Depression	0	1	2	3
Night sweats	0	1	2	3	Painful intercourse	0	1	2	3
Difficulty gaining weight	0	1	2	3	Shrinking breasts	0	1	2	3
Category XVI					Facial hair growth	0	1	2	3
Diminished sex drive	0	1	2	3	Acne	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3	Increased vaginal pain, dryness, or itching	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3					

PART III

How many alcoholic beverages do you consume per week? _____	Rate your stress level on a scale of 1-10 during the average week: _____
How many caffeinated beverages do you consume per day? _____	How many times do you eat fish per week? _____
How many times do you eat out per week? _____	How many times do you work out per week? _____
How many times do you eat raw nuts or seeds per week? _____	
List the three worst foods you eat during the average week: _____	
List the three healthiest foods you eat during the average week: _____	

PART IV

Please list any medications you currently take and for what conditions:

Please list any natural supplements you currently take and for what conditions:

Name:

Date:

Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient's or client's potential need for a purification program.

Section I: Symptoms

Rate each of the following based upon your health profile for the past 90 days.



Circle the corresponding number.	
0	Rarely or Never Experience the Symptom
1	Occasionally Experience the Symptom, Effect is Not Severe
2	Occasionally Experience the Symptom, Effect is Severe
3	Frequently Experience the Symptom, Effect is Not Severe
4	Frequently Experience the Symptom, Effect is Severe

1. DIGESTIVE

- a. Nausea and/or vomiting 0 1 2 3 4
- b. Diarrhea 0 1 2 3 4
- c. Constipation 0 1 2 3 4
- d. Bloating feeling 0 1 2 3 4
- e. Belching and/or passing gas 0 1 2 3 4
- f. Heartburn 0 1 2 3 4

Total: _____

2. EARS

- a. Itchy ears 0 1 2 3 4
- b. Earaches or ear infections 0 1 2 3 4
- c. Drainage from ear 0 1 2 3 4
- d. Ringing in ears or hearing loss 0 1 2 3 4

Total: _____

3. EMOTIONS

- a. Mood swings 0 1 2 3 4
- b. Anxiety, fear, or nervousness 0 1 2 3 4
- c. Anger, irritability 0 1 2 3 4
- d. Depression 0 1 2 3 4
- e. Sense of despair 0 1 2 3 4
- f. Uncaring or disinterested 0 1 2 3 4

Total: _____

4. ENERGY / ACTIVITY

- a. Fatigue or sluggishness 0 1 2 3 4
- b. Hyperactivity 0 1 2 3 4
- c. Restlessness 0 1 2 3 4
- d. Insomnia 0 1 2 3 4
- e. Startled awake at night 0 1 2 3 4

Total: _____

5. EYES

- a. Watery or itchy eyes 0 1 2 3 4
- b. Swollen, reddened, or sticky eyelids 0 1 2 3 4
- c. Dark circles under eyes 0 1 2 3 4
- d. Blurred or tunnel vision 0 1 2 3 4

Total: _____

6. HEAD

- a. Headaches 0 1 2 3 4
- b. Faintness 0 1 2 3 4
- c. Dizziness 0 1 2 3 4
- d. Pressure 0 1 2 3 4

Total: _____

7. LUNGS

- a. Chest congestion 0 1 2 3 4
- b. Asthma or bronchitis 0 1 2 3 4
- c. Shortness of breath 0 1 2 3 4
- d. Difficulty breathing 0 1 2 3 4

Total: _____

8. MIND

- a. Poor memory 0 1 2 3 4
- b. Confusion 0 1 2 3 4
- c. Poor concentration 0 1 2 3 4
- d. Poor coordination 0 1 2 3 4
- e. Difficulty making decisions 0 1 2 3 4
- f. Stuttering, stammering 0 1 2 3 4
- g. Slurred speech 0 1 2 3 4
- h. Learning disabilities 0 1 2 3 4

Total: _____

9. MOUTH/THROAT

- a. Chronic coughing 0 1 2 3 4
- b. Gagging or frequent need to clear throat 0 1 2 3 4
- c. Swollen or discolored tongue, gums, lips 0 1 2 3 4
- d. Canker sores 0 1 2 3 4

Total: _____

10. NOSE

- a. Stuffy nose 0 1 2 3 4
- b. Sinus problems 0 1 2 3 4
- c. Hay fever 0 1 2 3 4
- d. Sneezing attacks 0 1 2 3 4
- e. Excessive mucous 0 1 2 3 4

Total: _____

11. SKIN

- a. Acne 0 1 2 3 4
- b. Hives, rashes, or dry skin 0 1 2 3 4
- c. Hair loss 0 1 2 3 4
- d. Flushing 0 1 2 3 4
- e. Excessive sweating 0 1 2 3 4

Total: _____

12. HEART

- a. Skipped heartbeats 0 1 2 3 4
- b. Rapid heartbeats 0 1 2 3 4
- c. Chest pain 0 1 2 3 4

Total: _____

13. JOINTS / MUSCLES

- a. Pain or aches in joints 0 1 2 3 4
- b. Rheumatoid arthritis 0 1 2 3 4
- c. Osteoarthritis 0 1 2 3 4
- d. Stiffness or limited movement 0 1 2 3 4

- e. Pain or aches in muscles 0 1 2 3 4

- f. Recurrent back aches 0 1 2 3 4

- g. Feeling of weakness or tiredness 0 1 2 3 4

Total: _____

14. WEIGHT

- a. Binge eating or drinking 0 1 2 3 4
- b. Craving certain foods 0 1 2 3 4
- c. Excessive weight 0 1 2 3 4
- d. Compulsive eating 0 1 2 3 4
- e. Water retention 0 1 2 3 4
- f. Underweight 0 1 2 3 4

Total: _____

15. OTHER:

- a. Frequent illness 0 1 2 3 4
- b. Frequent or urgent urination 0 1 2 3 4
- c. Leaky bladder 0 1 2 3 4
- d. Genital itch, discharge 0 1 2 3 4

Total: _____

Section I Total: _____

Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

16. Circle the corresponding number for questions 16a-16f below.

0	Never	1	Rarely	2	Monthly	3	Weekly	4	Daily
---	-------	---	--------	---	---------	---	--------	---	-------

- a. How often are strong chemicals used in your home?
(disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) 0 1 2 3 4
- b. How often are pesticides used in your home? 0 1 2 3 4
- c. How often do you have your home treated for insects? 0 1 2 3 4
- d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office? 0 1 2 3 4
- e. How often are you exposed to nail polish, perfume, hairspray, or other cosmetics? 0 1 2 3 4
- f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? 0 1 2 3 4

Total: _____

17. Circle the corresponding number for questions 17a-17b below.

0	No	1	Mild Change	2	Moderate Change	3	Drastic Change
---	----	---	-------------	---	-----------------	---	----------------

- a. Have you noticed any negative change in your health since you moved into your home or apartment? 0 1 2 3
- b. Have you noticed any change in your health since you started your new job? 0 1 2 3

Total: _____

18. Answer yes or no and circle the corresponding number for questions 18a-18d below.

	No	Yes
a. Do you have a water purification system in your home?	2	0
b. Do you have any indoor pets?	0	2
c. Do you have an air purification system in your home?	2	0
d. Are you a dentist, painter, farm worker, or construction worker?	0	2

Total: _____

Section II Total: _____

Grand Total (Section I & Section II) _____

Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total.
If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a purification program.

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick.

Nutrition Response TestingSM

New Patient Orientation

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 diagnosis (identifying and/or naming the “disease” or syndrome) and the treatment (drugs, surgery, etc.).

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

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

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!

Nutrition Response TestingSM

New Patient Orientation

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?

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 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.

We are prepared to do the exact same thing for you now. Isn't that exciting? 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 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.

Nutrition Response TestingSM

New Patient Orientation

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

Nutrition Response TestingSM

New Patient Orientation

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 every 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 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 / 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.

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