

Dr. Alex Adult Functional Care Application

INITIAL INTAKE PAPERWORK

First Name: _____ Middle: _____ Last Name: _____

Today's Date: ____ / ____ / ____ Birthdate: ____ / ____ / ____ Age: ____ Birth Order: ____

Purpose of Visit: _____

Male Female

Eye Color: _____

Hair Color: _____

Blood Type: A B AB Rh+ Rh- Unknown

Height: _____ Weight: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Telephone: (____) _____ Cellphone or Alt Number: (____) _____

Referred By: _____

Dr. Alex Adult Functional Care Application

NEUROLOGICAL ASSESSMENT FORM

	LEFT	RIGHT
Are you left or right handed?		
Have you ever had a head injury?	YES	NO
Have you ever lost consciousness?	YES	NO
Do you currently experience or have a past history of dizziness?	YES	NO
Do you have any ringing in the ears?	YES	NO
Do you experience nausea?	YES	NO
Do you find that your balance is getting worse?	YES	NO
Do you have difficulties going down stairs?	YES	NO
Do you have a hard time with math problems or computing numbers?	YES	NO
Do you find yourself searching for words frequently when you speak?	YES	NO
Have you noticed your ability to concentrate is getting worse?	YES	NO
Do you fatigue after reading?	YES	NO
Do you get lost often or have a hard time with directions?	YES	NO
Does loud or scattered noise bother you?	YES	NO
Do quick flashes of light on TV or movies bother you?	YES	NO
Do you feel like you need to wear sunglasses outside?	YES	NO
Has your handwriting changed in recent years?	YES	NO
Do you have a hard time swallowing?	YES	NO
Do you gag easily?	YES	NO
Do you experience blurriness in your vision?	YES	NO
Do you ever have double-vision?	YES	NO
Do you have any difficulty with smell?	YES	NO
Do you smell foul things that are not present?	YES	NO
Do you have any difficulty with taste?	YES	NO
Do you taste things differently than what you are eating?	YES	NO
Have you noticed clumsiness in hand coordination	YES	NO
Do you have difficulty with short-term memory?	YES	NO
Have you been told or noticed any memory loss of past events?	YES	NO
Have you noticed uneven sweating or temperature on one side of our body?	YES	NO
Do you have any tightness, feeling of weakness or instability in your back or neck?	YES	NO
Do you have any tightness, or feelings of weakness in your hands or legs?	YES	NO
Do you ever have any numbness or tingling in your hands, legs or face?	YES	NO
Have you noticed any twitches or cramping in your legs or hands?	YES	NO
Do you have any difficulty with falling or staying asleep?	YES	NO
Do you get motion sickness easily (car sick or sea sick)?	YES	NO
Do you ever experience flashes of light in your visual field?	YES	NO
Do you ever see floating objects in your visual field?	YES	NO
Do you ever experience dry eyes or mouth?	YES	NO
Do you ever experience increase tearing or salivation?	YES	NO
Do you feel pressure in your ear?	YES	NO
Do you suffer from frequent bloating or gas?	YES	NO
Do you feel that you do not digest your food well?	YES	NO
Do you ever have slurred speech?	YES	NO
Do you ever have drooping of your eyelids?	YES	NO
Do you ever notice fatigue of your facial muscles?	YES	NO

Dr. Alex Adult Functional Care Application

Do you ever have jaw tightness or diagnosed with TMJ dysfunction?	YES	NO
Do you ever notice increased heart rate or pulse during the day?	YES	NO
Have you ever experienced or been diagnosed of arrhythmia (fluctuating heart rate)?	YES	NO
Have you ever been diagnosed or experienced tachycardia (fast heart rate)?	YES	NO
Do you experience De Ja vu?	YES	NO
Does driving cause you fatigue, headaches or any other symptoms?	YES	NO
Does working on a computer cause you fatigue, headaches or other symptoms?	YES	NO
Do you ever have increased/decreased urination (normal is 6-8 a day) or wet the bed?	YES	NO
Do you have increased/decreased bowel (normal is 3 a day) movements?	YES	NO
Have you lost your interest in hobbies and functions that you used to enjoy?	YES	NO
Do you have a hard time motivating yourself to engage in activities?	YES	NO
Do you ever have fluttering of the eye or noticed you are blinking frequently?	YES	NO
Do you have difficulty distinguishing right and left?	YES	NO
Did you find this questionnaire difficult?	YES	NO

PLEASE COMMENT OR ELABORATE ON ANY QUESTIONS BELOW

Dr. Alex Adult Functional Care Application

The Melillo Cognitive Style Assessment

This assessment will help you determine your cognitive style – that is, whether your tendency is to be more right brained or more left brained. Choose the response that best describes your natural tendency, not your learned behaviors. Think about yourself as a child, teenager or young adult, and how you would have answered back then.

It is very important that choose one answer to each question, even if you don't think it fits you exactly.

Do not leave any blanks!

Dr. Alex Adult Functional Care Application

- ___1. A. I like to do and learn things one step at a time.
B. I like to do and learn many things at the same time.
- ___2. A. I tend to focus on details.
B. I tend to focus on the big picture.
- ___3. A. I don't always get the joke or think something is as funny as others.
B. I always get the joke, even before others.
- ___4. A. I don't like change
B. I need to change things often.
- ___5. A. I like routines.
B. I rarely do anything the same way twice.
- ___6. A. I have very good handwriting.
B. I have poor handwriting.
- ___7. A. I like when things are clearly spelled out and precise.
B. I like to think in generalities.
- ___8. A. I tend to take things literally.
B. I am good at reading between the lines.
- ___9. A. I will read a contract or instructions over and over to make sure I don't miss anything.
B. I don't like reading contracts or instructions.
- ___10. A. I believe or have been told I have a high IQ.
B. I believe or have been told I have an average IQ.
- ___11. A. I did better on the math portion of the SAT.
B. I did better on the verbal portion of the SAT.
- ___12. A. I liked school and I am good at academics.
B. I didn't like school and it affected my grades.
- ___13. A. I am good at learning by rote memorization and repetition.
B. I learn best by just doing something.
- ___14. A. I would prefer to work with computers.
B. I would prefer to work with people.
- ___15. A. I am not good at new ideas.
B. I am very good at coming up with new ideas.
- ___16. A. I am not good at creative problem solving.
B. I am very good at problem solving especially when it takes a creative solution.
- ___17. A. I was better at algebra than geometry in school.
B. I was better at geometry than algebra in school.
- ___18. A. It is easy for me to visualize things.
B. It is hard for me to visualize things.
- ___19. A. I cannot rotate objects in my mind easily.
B. I can rotate objects in my mind easily.
- ___20. A. I have difficulty making friends.
B. I make friends easily.
- ___21. A. I do not get along with the opposite sex well.
B. I get along very well with the opposite sex.

Dr. Alex Adult Functional Care Application

- ___22. A. I am not an emotional person and never show emotions.
B. I am emotional and show emotions easily.
- ___23. A. I prefer individual sports.
B. I prefer team sports.
- ___24. A. I can never tell what someone is thinking.
B. I always think I know what someone is thinking.
- ___25. A. I like to read.
B. I don't read a lot.
- ___26. A. I am very good at spelling and grammar.
B. I am not great at spelling and grammar.
- ___27. A. I like to read technical and nonfiction books.
B. I like to read novels and stories.
- ___28. A. If I don't understand a word I will stop and look it up more often than not.
B. If I don't understand a word I generally just move on and figure it out later.
- ___29. A. I have always been able to do calculations easily in my head.
B. I don't do calculations in my head well; I need to write it down.
- ___30. A. I like numbers; I am good with numbers.
B. I don't like numbers.
- ___31. A. I am more book smart than street smart.
B. I am more street smart than book smart.
- ___32. A. I like planning ahead.
B. I hate to plan; I just want to figure it out as I go.
- ___33. A. I am not good with metaphors; I like facts.
B. I like metaphors or hypothetical examples.
- ___34. A. I will read the instructions closely before I try something.
B. I never read instructions; I prefer to jump in feet first.
- ___35. A. I sometimes struggle with the main idea of a story.
B. I always get the main idea of a story.
- ___36. A. I am better at understanding than doing.
B. I am better at doing than understanding.
- ___37. A. I am logical; I tend to think things through very carefully before doing.
B. I am intuitive; I like to act by "gut instinct."
- ___38. A. I have a great memory for facts and details.
B. I don't have a great memory for facts or details.
- ___39. A. I remember names, not faces.
B. I am very good with faces, but forget names.
- ___40. A. I have a terrible sense of direction.
B. I have a very good sense of direction.
- ___41. A. I have an explosive anger if I am pushed.
B. It takes a lot to get me angry; things don't tend to bother me.

Dr. Alex Adult Functional Care Application

- ___42. A. I like to work by myself.
B. I like to work together as a team.
- ___43. When someone says they have good news and bad news:
A. I like to hear bad news first.
B. I like to hear good news first.
- ___44. A. I am good at saving money.
B. I am not good at saving money.
- ___45. A. I like to hold on to things; it takes a lot for me to throw something out.
B. I like to get rid of old things and replace them with new things.
- ___46. A. I like realistic art.
B. I like abstract art.
- ___47. A. I don't really focus on how I look.
B. I am very aware of how I look.
- ___48. A. I don't notice what others think of me.
B. I notice and care a lot about what others think of me.
- ___49. A. I don't know or follow fashion trends.
B. I love wearing the latest styles.
- ___50. A. I prefer to wear classic clothes that I have worn for years and are comfortable.
B. I prefer to wear newer trendier styles even if they are uncomfortable.
- ___51. A. Some people would consider me a geek.
B. No one would ever consider me to be a geek.
- ___52. A. I generally obey laws and follow the rules.
B. I generally don't follow rules; I make up my own rules; most rules don't make sense.
- ___53. A. I work better with positive reinforcement; I work to achieve a goal.
B. I work better with negative reinforcement; I focus on avoiding failure.
- ___54. A. I am very neat and organized.
B. I would be considered messy and disorganized.
- ___55. A. I like to be alone.
B. I like being around others.
- ___56. A. I never remember the words to a song; I like the music more.
B. I like the words to a song and remember them almost instantly.
- ___57. A. I preferred, yellow or orange (warm colors).
B. I prefer purple, blue or green (cool colors).
- ___58. A. I like things that are manmade and mechanical.
B. I like things that are natural.
- ___59. A. I am a perfectionist.
B. I don't care if things are not perfect.

Dr. Alex Adult Functional Care Application

- ___60. A. I would never write, or show someone something I have written before checking for grammatical or spelling errors.
B. I am more interested in the overall content of something I write rather than the details like spelling and grammar.
- ___61. A. I am not good at creative writing.
B. I like to write my own stories.
- ___62. A. I like to listen to classical music.
B. I like popular music (rock or country).
- ___63. A. I am very good at learning languages.
B. I am terrible at languages.
- ___64. A. I am better at reading books than people.
B. I am better at reading people than books.
- ___65. A. I mentally comprehend suffering, but I don't really feel it.
B. I feel very bad or sad for others who are suffering.
- ___66. A. I rarely get depressed.
B. I get depressed easily.
- ___67. A. I generally don't like to be touched, especially by someone I don't know.
B. I need human contact and like to be touched and to touch others.
- ___68. A. I am somewhat uncoordinated, not very athletic.
B. I am generally very coordinated and athletic.
- ___69. A. I'd rather stay indoors.
B. I'd rather be outside.
- ___70. A. I like to vacation at the same place over and over.
B. I like to vacation in new places.
- ___71. A. I don't like parties and social gatherings in general.
B. I love parties and social gatherings.
- ___72. A. I am a realist.
B. I am a dreamer.
- ___73. A. Function is much more important than style or design.
B. Design is at least as important as function.
- ___74. A. I prefer math, research or science.
B. I prefer philosophy and mythology.
- ___75. A. I would prefer to communicate through text or email.
B. I would prefer to communicate on the phone or in person.
- ___76. A. I am not a people person.
B. I am definitely a people person.
- ___77. A. I prefer to be organized and plan things.
B. I prefer to be spontaneous and not worry about the details.

Dr. Alex Adult Functional Care Application

- ___78. A. I think it is most important to improve on things that exist and make them better.
B. I think it is most important to develop new things and new ideas.
- ___79. A. I think reason is more important than feelings.
B. I think feelings are more important than reason.
- ___80. When learning a new chapter in a textbook:
A. I think it is best to outline the chapter.
B. I think it is best to summarize the chapter.
- ___81. A. I am better at crossword puzzles.
B. I am better at jigsaw puzzles.
- ___82. In a theater production, I would rather:
A. be the director.
B. be the lead actor.
- ___83. When learning a new piece of equipment I:
A. carefully read the instruction manual before beginning
B. jump in and wing it (I use the manual as the last resort).
- ___84. A. What is being said (words), is more important than how it is being said (tone, tempo, volume, emotion).
B. How something is being said (tone, tempo, volume, emotion) is more important than what the person is saying.
- ___85. A. I do not use hand gestures when I speak.
B. I use many gestures and hand movements when I speak.
- ___86. If I were hanging a picture on a wall, I would:
A. carefully measure to be sure it is centered and straight.
B. put it where it looks right and move it if necessary.
- ___87. At work:
A. I concentrate on one task at a time until it is complete.
B. I usually juggle several things at once.
- ___88. A. I like to plan my future steps.
B. I enjoy dreaming about my future.
- ___89. A. I like to take ideas apart and look at them separately.
B. I like to put ideas together.
- ___90. A. I like to learn about things we are sure of.
B. I like to learn about hidden possibilities.
- ___91. I think it is more exciting to:
A. improve something.
B. invent something.
- ___92. I am strong:
A. in recalling verbal materials (names, dates).
B. in recalling spatial material (directions and locations).
- ___93. A. I prefer total quiet when reading or studying.
B. I prefer music on while reading or studying.

Dr. Alex Adult Functional Care Application

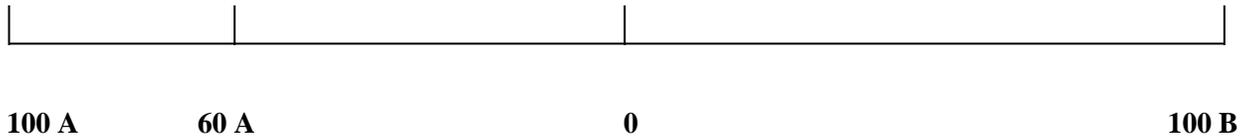
- ___94. A. I think in words.
B. I think in pictures.
- ___95. As a kid, the worst thing would be to:
A. fail a test,
B. be embarrassed in class.
- ___96. A. I learn best from teachers who explain with words.
B. I learn best from teachers who explain with pictures, movement and actions.
- ___97. A. I like to express feelings and ideas in plain language.
B. I like to express feelings and ideas in poetry, song, dance and art.
- ___98. A. I would rather not guess or play hunches.
B. I like to play hunches and guess.
- ___99. A. I am very direct and straightforward with people.
B. I try not to hurt someone's feelings so I am not as direct with people.
- ___100. A. I think the best trait is to be reserved and modest.
B. I think the best trait is to be outgoing and interesting.

Dr. Alex Adult Functional Care Application

Scoring

To find out your cognitive style, add up all the As and Bs. Subtract the lower score from the top score. Then plot the resulting number on the A or B side of the scale. A is left brain dominant B is right brain dominant.

Example: 80 A's - 20 B's = 60 A



MELILLO ADULT HEMISPHERIC CHECKLIST

[Please put a check for each that apply]

Motor Characteristics of a Right Brain Deficit

- 1. You have poor coordination. You are clumsy and an odd posture and gait.
- 2. You have difficulty coordinating both sides of your body, such as in running, walking, or swimming.
- 3. You have poor muscle tone. Your muscles are flabby or floppy instead of taut.
- 4. You are very flexible, or even double jointed.
- 5. You have, and may recently have acquired, facial tics or make repetitive and involuntary vocal sounds, such as clearing the throat.
- 6. You have repetitive motor mannerisms, such as twisting or playing with your hair or pulling on your sleeves.
- 7. You have a tendency to walk on your toes.
- 8. You do not have good balance or notice it has recently gotten worse.
- 9. You have chronic tendinitis, patella tendinitis, carpal tunnel syndrome, or have or have had trouble with your rotator cuff or tennis elbow on the right side of the body.
- 10. You get a tremor or eye twitch on the right side of your body.
- 11. You cannot cross your eyes.
- 12. You have poor depth perception. For example, you have trouble judging distances or driving.

Total (A)

Motor Characteristics of a Left-Brain Deficit

- 1. You have difficulty performing fine motor skills, such as buttoning a shirt and doing small detail work with hands.

Dr. Alex Adult Functional Care Application

- ___ 2. You have poor handwriting or handwriting that is hard to read.
- ___ 3. Have difficulty planning a sequence of coordinated movements, such as dance steps or certain sports activities.
- ___ 4. You have a twitch in your right eye, but not your left.
- ___ 5. You frequently have problems with writer's cramp.
- ___ 6. You stumble over words in your speech when you're tired.
- ___ 7. You are not musically inclined. For example, you have found it difficult to play a musical instrument.
- ___ 8. You have chronic tendinitis, patella tendinitis, carpal tunnel or have had rotator cuff problems or tennis elbow on left side of body.
- ___ 9. You get tremors on the right side of the body.
- ___ 10. You find it difficult to imitate an action without doing it. For example, you can't mimic how to strike a match without using a pack of matches.
- ___ 11. You're ambidextrous. You don't really favor your left hand or right hand.

___ **Total (B)**

Sensory Characteristics of Right Brain Deficit

- ___ 1. You have poor spatial orientation. For example, you frequently bump into things.
- ___ 2. You are hypersensitive to sound. For example, you hate loud noises, such as fireworks, and you are especially bothered by high-pitched sounds, such as children screaming or scratching on a chalkboard.
- ___ 3. You generally feel disconnected from body.
- ___ 4. You compulsively touch things. For example, you'll touch fabric when passing through an aisle in a store even though you're not interested in buying, or you rub your hands over furniture for no reason when you're in someone's home.
- ___ 5. You don't like the feeling of clothing on your arms or legs. For example, you'll pull off clothes at every chance you get.
- ___ 6. You don't like being touched or when people get in your personal space.
- ___ 7. You have a poor sense of smell. For example, you don't feel a hit when you get in an area of a wood fire burning, popcorn popping, or cookies being baked in the oven.
- ___ 8. You have an inability to recognize or differentiate between sounds or musical notes. You may have been told you have a "tin ear" or you sing off key.
- ___ 9. You have experienced hearing voices when no one is there or hear a ringing in your right ear.
- ___ 10. You smell unusual scents others don't smell or when none exists.

Dr. Alex Adult Functional Care Application

- ___ 11. You get a metallic or unpleasant taste in your mouth for no discernable reason, such as a result of taking certain medications.
- ___ 12. You are obsessed with religion or understanding the meaning of life, beyond what many would consider normal. You are always quoting scripture in almost every conversation or Facebook post.
- ___ 13. You have unexplained lapses in time. You don't lose consciousness, but you can't remember certain periods of time.
- ___ 14. Your right eye is chronically irritated, dry or red.
- ___ 15. Hearing in your left ear is more difficult than in your right.
- ___ 16. You seem to lose your perception of time, or you always had a poor sense of timing, meaning you over or under estimate how much time something will take.

___ **Total (A)**

Sensory Characteristics of Left Brain Deficit

- ___ 1. You must think twice when distinguishing left from right.
- ___ 2. You or others feel you do not hear well, even though hearing tests come out normal.
- ___ 3. You easily get motion sickness.
- ___ 4. You are very sensitive to movement. For example, you can't ride in a car and read at same time.
- ___ 5. The smallest things can make you nauseated, such as the sight of blood or certain unpleasant smells.
- ___ 6. You feel you don't hear as well with your right ear as you do with your left.
- ___ 7. Your left eye is chronically irritated, dry, or red.

___ **Total (B)**

Emotional Symptoms of Right Brain Deficit

- ___ 1. You are, or appear to others to be, overly happy and affectionate. For example, you love to hug and kiss others, such as your kids, friends, and pets.
- ___ 2. Your behavior could be described as manic. You can burst into tears or laughter almost spontaneously.
- ___ 3. You have sudden outbursts of anger and fear.
- ___ 4. You occasionally experience panic and/or anxiety attacks.
- ___ 5. You sometimes have dark or violent thoughts.
- ___ 6. You hold on to past "hurts." You just can't let go.
- ___ 7. Your face normally lacks expression and you don't exhibit much body language when interacting with others.
- ___ 8. You're too uptight. You just cannot seem to loosen up.

Dr. Alex Adult Functional Care Application

- ___ 9. You are not very empathetic or do not appear to be to others.
- ___ 10. You don't show emotion in situations the same as others do.
- ___ 11. You like taking risks and are known as a risk taker.
- ___ 12. Normally, you speak in a monotone and have no expression in your voice.
- ___ 13. You don't like being in social situations. Others would call you anti-social.
- ___ 14. You don't generally ever feel "afraid" or seem to experience fear.

___ **Total (A)**

Emotional Characteristics of Left Brain Deficit

- ___ 1. You get frightened very easily.
- ___ 2. You frequently and easily get depressed or feel down in the dumps.
- ___ 3. You worry a lot and are considered a worry wart by those who know you best.
- ___ 4. You have had or think you have had post-traumatic stress disorder.
- ___ 5. You have a lot of fears and/or phobias.
- ___ 6. You frequently get moody and irritable.
- ___ 7. You contemplate suicide.
- ___ 8. You lack motivation.
- ___ 9. You don't get a lot of pleasure out of life, food or anything in particular.
- ___ 10. Others would say it is hard to make you happy.
- ___ 11. You get insulted easily.
- ___ 12. You frequently feel overwhelmed by the tasks at hand and what's going on in the world around you.
- ___ 13. You can feel another's pain and despair more than the average person.
- ___ 14. You're typically pessimistic. Others would call you extremely negative.
- ___ 15. You are excessively cautious and don't take risks.
- ___ 16. You're uncomfortable in social situations. You want to be sociable but you are not always sure how to act.
- ___ 17. Your feelings are hurt easily and it can make you cry at the drop of a hat.
- ___ 18. You sometimes have feelings of hopelessness, or feel "What's the point?"
- ___ 19. You are very sensitive to what others think about you.
- ___ 20. You are overly self-conscious. Others might call you paranoid.
- ___ 21. You often think that others are making fun of you behind your back.
- ___ 22. You have bad memories that you just can't let go of, especially emotional hurt or humiliation.

___ **Total (B)**

Dr. Alex Adult Functional Care Application

Behavioral Characteristics of Right-Brain Deficit

- ___ 1. You have a hard time following the rules of good communication. You say inappropriate things, talk at the wrong time, and you are not particularly expressive when talking.
- ___ 2. You have, or others tell you, that you have a hard time staying focused on the task at hand or paying attention to what is being said or done around you for more than a few minutes.
- ___ 3. You sometimes think you have or others accuse you of having adult ADHD. Or you have been diagnosed with it.
- ___ 4. You obsess over practically everything. You often think or others have told you that you act like you have obsessive-compulsive disorder or you have been diagnosed with it.
- ___ 5. You have manic-depressive highs and lows to the degree that you or others feel you might have bipolar disorder or you have been diagnosed with the disorder.
- ___ 6. You frequently have feelings of déjà vu. You feel like you have been somewhere or experienced an event before.
- ___ 7. You often miss the point of a story.
- ___ 8. You get stuck in set behavior and can't let it go. For example, you can't transition easily to a new thought, action, or idea.
- ___ 9. You never feel a sense of guilt or remorse.
- ___ 10. You lack social tact and feel socially isolated.
- ___ 11. You manage your time poorly. You are always late for appointments and meetings.
- ___ 12. You are a neat freak and can't stand when something is out of order.
- ___ 13. You can't sit still. You are impulsive, compulsive, and hyperactive.
- ___ 14. You have a hard time getting to sleep because your mind is always racing.
- ___ 15. You hate throwing things out and may even be accused of being a hoarder.
- ___ 16. You're generally uncooperative.
- ___ 17. You have extreme eating habits, possibly to the point of an eating disorder, especially bulimia.
- ___ 18. You often appear to others as bored, aloof, and abrupt.
- ___ 19. You are considered strange by others or you were considered strange as a kid.
- ___ 20. You don't have a lot of friends. New friends you make seem to drift away.
- ___ 21. You don't particularly enjoy the company of others.
- ___ 22. You act silly or giddy at inappropriate times in the presence of others.
- ___ 23. You talk incessantly and are known to others as "a talker."

Dr. Alex Adult Functional Care Application

- ___ 24. You tend to ask or have been told you ask repetitive questions and talk in circles, but never really get to the point.
- ___ 25. You could care less about fashion and social trends.
- ___ 26. You've been wearing the same hair style for years.
- ___ 27. You have been described as a "control freak."

___ **Total (A)**

Behavioral Characteristics of a Left-Brain Deficit

- ___ 1. You tend to be oblivious to rules and regulations. For example, you seem to "attract" parking and speeding tickets.
- ___ 2. You have a tendency to exaggerate and/or lie.
- ___ 3. You can feel terrible shame or crippling guilt even when you have not done anything terribly wrong.
- ___ 4. You frequently have a foreboding feeling or sick feeling in stomach for no discernible reason.
- ___ 5. You tend to procrastinate.
- ___ 6. You are very shy, especially around strangers.
- ___ 7. You have a tendency to stutter or stammer.
- ___ 8. You have poor self-esteem. You feel like a loser and you feel others think of you that way
- ___ 9. You have, or others say you have, an inferiority complex. You don't feel you're as smart as others.
- ___ 10. You hate busywork, such as doing paperwork or paying the bills.
- ___ 11. You are not good at following routines and establishing habits.
- ___ 12. You get perplexed, frustrated, or annoyed when you must follow multiple-step directions.
- ___ 13. You tend to jump to conclusions or have been told you jump to conclusions too quickly.
- ___ 14. You make mistakes because you don't read or follow directions.
- ___ 15. You are extremely messy.
- ___ 16. You follow fads and trends and are beholden to the latest fashions.
- ___ 17. You were bored in school and/or hated school work.
- ___ 18. You just hate being alone.
- ___ 19. You are a daydreamer and are constantly drifting off in thought.
- ___ 20. You have a hard time doing just one thing at a time.
- ___ 21. You constantly stop one activity or thought and start another before anything is finished.
- ___ 22. You have an addictive personality. For example, you have been addicted to drugs, alcohol, cigarettes, gambling, sex etc.

___ **Total (B)**

Dr. Alex Adult Functional Care Application

Cognitive Characteristics of Right-Brain Deficit

- ___ 1. You have difficulty recalling the date, time, or place of important events in your life. For example, you don't just forget birthdays and anniversaries, you sometimes must pause to remember your age or day and year you were married.
- ___ 2. You have trouble staying on topic during a conversation or at a meeting.
- ___ 3. You have trouble repeating a story as told or explaining directions.
- ___ 4. You have a tendency to fly off the handle to common annoyances, such as an overflowing sink or an overheated car engine.
- ___ 5. You have difficulty interpreting abstract language. For example, you may not get a joke or understand a metaphor.
- ___ 6. You cannot mentally rotate objects in space. For example, you have a hard time imagining how furniture would look in a different position of room.
- ___ 7. You can't seem to recognize faces of people you know who you haven't seen in years.
- ___ 8. You do not remember much or almost anything about your childhood.
- ___ 9. You have a poor sense of direction.
- ___ 10. You have difficulty using and understanding innuendo and connotation. For example, you can't take a hint.
- ___ 11. You don't "get it" when someone uses irony and sarcasm.
- ___ 12. You don't get the moral in a story or the point an author is trying to make.
- ___ 13. You get so stuck in the details that you have difficulty making decisions.
- ___ 14. You have a hard time making decisions because you tend to overanalyze everything.
- ___ 15. You have an obsessive interest in unusual topics such as trains, rocks, stamps, comic books and etc.
- ___ 16. You are frequently and are growing increasingly impatient.
- ___ 17. You speak aloud what's on your mind.
- ___ 18. You get very close to people when speaking to them. Others would call you a space invader.
- ___ 19. You are extremely direct to the point of being considered rude.

___ **Total (A)**

Cognitive Characteristics of Left-Brain Deficit

- ___ 1. You have a problem remembering details such as street names or important dates.
- ___ 2. Colors look dull to you lately.
- ___ 3. You have trouble remembering names and phone numbers.

Dr. Alex Adult Functional Care Application

- ___ 4. You cannot learn by reading.
- ___ 5. You have difficulty executing a plan, such as following a recipe or building a model. 6. You have poor analytical skills. For example, you can't think logically in a stressful situation or analyze your odds of winning or losing in a game.
- ___ 7. You have no sense of time. You are always late.
- ___ 8. You have trouble prioritizing. For example, you have difficulty knowing what to do first or what is most important.
- ___ 9. It is unlikely you would take the time to read the instruction manual before trying something new.
- ___ 10. You have a tendency to miss small words when reading or omit them when you write.
- ___ 11. You have difficulty learning new material and your reading is too slow and laborious.
- ___ 12. Names and words get caught on the tip of your tongue.
- ___ 13. You need to hear or see concepts many times to learn them.
- ___ 14. You believe you are or were dyslexic.
- ___ 15. When you were in school, you test scores and grades tended to be worse instead of better.
- ___ 16. You took special education classes in grade school or high school.
- ___ 17. You say you are poor at math
- ___ 18. You're a bad speller.
- ___ 19. You are not particular good at grammatically correct writing.
- ___ 20. You studied a foreign language but can't recall it or can barely recall it.
- ___ 21. You have difficulty or can't describe the nature of your relationships in emotional terms, such as what your relationship was with you mother when you were growing up.
- ___ 22. You can't remember details of your childhood, such as the address where you lived, your phone numbers, or your teachers' names.

___ **Total (B)**

Common Immune Characteristics of Right-Brain Deficit

- ___ 1. You have allergies.
- ___ 2. You have a sensitivity to a food substance, such as casein or gluten.
- ___ 3. You have or have had an autoimmune disorder such as asthma, eczema, asthma, lupus, psoriasis or rheumatoid arthritis.
- ___ 4. You have more than one autoimmune disorder.
- ___ 5. You have little white bumps on your skin, especially on the back of your arms.
- ___ 6. You crave certain foods, especially dairy and wheat products.

Dr. Alex Adult Functional Care Application

- ___ 7. You have been diagnosed with low thyroid function.
- ___ 8. You feel like you're a little drunk or feel off balance after eating certain foods.

___ **Total (A)**

Common Immune Characteristics of Left-Brain Deficit

- ___ 1. You have problem with chronic ear, throat, or respiratory infections.
- ___ 2. You are prone to benign tumors and/or cysts or you have had a cancerous tumor.
- ___ 3. You've taken or frequently take a lot of antibiotics or anti-viral medicines.
- ___ 4. You catch a lot of colds, more than 2 a year.
- ___ 5. It takes you a long time to feel 100 percent after an illness.
- ___ 6. You feel you have to get a flu shot every year or you will get the flu. You sometimes get it, even with a flu shot.
- ___ 7. You have problem with chronic yeast or fungal infections and/or have been diagnosed with candidiasis or thrush.
- ___ 8. You have or have had stomach ulcers.
- ___ 9. You've had pneumonia within the past 7 years.
- ___ 10. You have recurrent viral outbreaks, such as herpes or shingles.
- ___ 11. You have had or still have Lyme disease.
- ___ 12. You've had your tonsils and adenoids removed because of chronic infections.

___ **Total (B)**

Common Metabolic Characteristics of Right Brain Deficit

- ___ 1. You have frequent bowel troubles with constipation and/or diarrhea.
- ___ 2. You have a rapid heart rate or a sudden increase in heart rate (tachycardia, above 90 beats per minute)
- ___ 3. Your blood pressure is 10 points or higher when taken on your right arm than your left arm.
- ___ 4. You perspire more on the right side of your body than your left.

___ **Total (A)**

Common Metabolic Characteristics of Left Brain Deficit

- ___ 1. Your blood pressure is 10 points or higher when taken on your left arm than your right arm.
- ___ 2. You sweat more on the left side of your body.
- ___ 3. You have or have had an irregular heartbeat, such as arrhythmia or a heart murmur.
- ___ 4. Your left hand loses circulation and takes longer to warm up when exposed to the cold.

___ **Total (B)**

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Scoring

Tally the number of checkmarks you made in the right-brain list of deficit symptoms (A) and left-brain deficit symptoms (B). The highest number identifies the side of hemispheric weakness. The side with the greater number is the side of hemispheric weakness. The greater the number and the more they are different, the more severe the imbalance between the two sides.

_____ **Total number of checkmarks for right brain deficit (A)**

_____ **Total number of checkmarks on left brain deficit (B)**

_____ **Hemispheric weakness: Right or Left**

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Medical History

- Arthritis
- Allergies/hay fever
- Asthma
- Alcoholism
- Alzheimer's disease
- Autoimmune disease
- Blood pressure problems
- Bronchitis
- Cancer
- Chronic fatigue syndrome
- Carpal tunnel syndrome
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Dental problems
- Depression
- Diabetes
- Diverticular disease
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Eyes, ears, nose, throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux disease
- Genetic disorder: _____
- Glaucoma
- Gout
- Heart disease
- Infection, chronic
- Inflammatory bowel disease
- Irritable bowel syndrome
- Kidney or bladder disease
- Learning disabilities
- Liver or gallbladder disease (stones)
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological problems
- Parkinson's, paralysis
- Sinus problems
- Stroke
- Thyroid trouble
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease
- Seasonal affective disorder
- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins

- Other: _____

Medical (Men)

- Benign prostatic hyperplasia
- Prostate cancer
- Decreased sex drive
- Infertility
- Sexually transmitted disease
- Other: _____

Medical (Women)

- Menstrual irregularities
- Endometriosis
- Infertility
- Fibrocystic breasts
- Fibroids/ovarian cysts
- Premenstrual syndrome (PMS)
- Breast cancer
- Pelvic inflammatory disease
- Vaginal infections
- Decreased sex drive
- Sexually transmitted disease
- Other: _____

Short Answer:

- Date of last GYN exam: _____
- Date of last Mammogram: _____
- Date of last Thermography: _____
- Date of last PAP: _____
- Form of birth control: _____
- # of children: _____
- # of pregnancies: _____
- C-section (yes/no): _____
- Age of first period: _____
- Date of last menstrual cycle: _____
- Length of menstrual cycle: _____ days
- Interval of time between cycles: _____ days
- Any recent changes in normal menstrual flow (heavier, large, clots, scanty, etc.):

- Surgical menopause (yes/no): _____
- Menopause (yes/no): _____

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Family Health History (Parents and Siblings)

- Arthritis
- Asthma
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorder
- Genetic disorder
- Glaucoma
- Heart disease
- Infertility
- Learning disabilities
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological disorders
(Parkinson's, paralysis)
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other: _____

Health Habits

- Tobacco (yes/no): _____
 - Cigarettes (#/day): _____
 - Cigars (#/day): _____
- Alcohol (yes/no): _____
 - Wine (#glasses/day or wk): _____
 - Liquor (#ounces/day or wk): _____
 - Beer (#glasses/day or wk): _____
- Caffeine (yes/no): _____
 - Coffee (#6oz cups/day): _____
 - Tea (#6oz cups/day): _____
 - Soda w/caffeine (#cans/day): _____
 - Other sources: _____
- Water (#glasses/day): _____

Exercise

- 5-7 days per week
- 3-4 days per week
- 1-2 days per week
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- 30 minutes or less duration per workout

- Walk (#days/wk): _____
- Run, jog, other aerobic (#days/wk): _____
- Weight lift (#days/wk): _____
- Stretch (#days/wk): _____
- Other: _____

Nutrition & Diet

- Mixed food diet (animal and vegetable sources)
- Vegetarian
- Vegan
- Salt restriction
- Fat restriction
- Starch/carbohydrate restriction
- Fad diets: _____
- Specific food restrictions:
 - dairy
 - wheat
 - eggs
 - soy
 - corn
 - gluten
 - Other: _____

Food Frequency

(Number of servings per day)

- Fruits (citrus, melons, etc.): _____
- Dark green or deep yellow/orange vegetables: _____
- Grains (unprocessed): _____
- Beans, peas, legumes: _____
- Dairy, eggs: _____
- Meat, poultry, fish: _____
- Are these food sources organic? _____
- Are they GMO free? _____

Eating Habits

- Skipped meals - which ones: _____
- One meal/day
- Two meals/day
- Three meals/day
- Graze (small frequent meals)
- Generally eat on the run
- Eat constantly whether hungry or not

Dr. Alex Adult Functional Care Application

Informed Consent to Care

I hereby request and authorize the services of clinical procedures including chiropractic adjustments, various modes of physical therapy, neurological rehabilitation, diagnostic x-rays and other laboratory tests, on me or on patient named below, for whom I am legally responsible.

Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, reduce muscular soreness, and improve neurological function and overall well-being. It is important to understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. The association with stroke is exceedingly rare and estimated to be related in one in one million to one in two million cervical adjustments.

Potential side-effects of nutritional supplements administered for health improvement may include but are not limited to: upset stomach, bloating, gas, diarrhea, or mild headache, these are all transient and do not last. It is important to understand that there are options available for your condition other than chiropractic, rehabilitation, or nutritional means. These may include, but are not limited to: self-administered care, OTC pain relievers, rest, and medical care with prescription drugs, physical therapy, bracing, injections, and surgery.

Ownership of X-ray films: It is understood and agreed that the payments to the Doctor for X-rays is for examination of X-rays only. The X-ray negative or data as kept on computer will remain the property of the office. They are kept on file where they may be accessed any time while you are a patient at this office. Lastly, the doctor will not be held responsible for any pre-existing medically diagnosed conditions nor for any medical diagnosis, and you have the right to a second opinion about your circumstances and health care as you see fit. I also understand that if I suspend or terminate my care, any fees for professional services rendered me will become immediately due and payable. I hereby authorize assignment of my insurance rights and benefits (if applicable) directly to the provider for services rendered. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I understand that the Doctor's Office will prepare any necessary reports and forms to assist me in collecting form the insurance company and that any amount authorized to be paid directly to the Doctor's Office will be credited to my account on receipt.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek care from this office.

Patient Name: _____	Signature: _____	Date: _____
Parent/Guardian: _____	Signature: _____	Date: _____
Witness Name: _____	Signature: _____	Date: _____

Dr. Alex Adult Functional Care Application

Notice of Privacy Policy

Protecting the privacy of your personal health information is important to us. Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, and law enforcement activities. Any other disclosures for the purposes of treatment, payment or practice operations will be made only after obtaining your consent.

- You may request restrictions on your disclosures
- You may inspect and receive copies of your records within 30 days with a request
- You may request to view changes to your records.
- In the future, we may contact you or the patient for appointment reminders, announcements and to inform you about our practice and its staff.

We may offer spinal adjustments in an open room style, with other patients in the same room. Occasionally comments about your symptoms, improvement or lack thereof may be discussed as your office visit.

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up with multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician's certifications.

I have read and understand my Notice of Privacy Practices. A more complete description can be requested. I also understand that I can request, in writing, that you restrict how my personal information is used and disclosed.

Patient Name: _____ Signature: _____ Date: _____
Parent/Guardian: _____ Signature: _____ Date: _____
Witness Name: _____ Signature: _____ Date: _____

Insurance

If you provide us with your Insurance Company, ID #, and Group #, we can verify your insurance beforehand to have your payment details ready for your visit.

Insurance Company: _____
ID #: _____
Group #: _____