



2300 Packard St. Ann Arbor, MI 48104 • 734-994-5549 • www.CenterForFunctionalNutrition.com

**Directions to Center for Functional Nutrition
2300 Packard Road, Ann Arbor, MI 48104**

From US 23: take the Washtenaw Ave exit towards Ann Arbor. Take Washtenaw towards A2 (you'll pass Arborland Mall on your right) for about 1 ¼ miles, at which point it will turn into Stadium Blvd. You will see signs that tell you Washtenaw bears to the right. The road divides, but you go straight. There are 2 stoplights in quick succession where this split happens. As you get on Stadium, you will pass Trader Joe's and Better Health on your left. Go about one mile to the intersection of Packard and Stadium. ? (keeps changing) Gas Station is on left, Bank One/Chase on right. Turn left on Packard. At the next light (1/2 mile), turn right on to Jewett. The driveway to the office is off of Jewett. Take a quick left in two car lengths into driveway. Park in one of two spots in front of garage or in third "turn-around" spot. Walkway to left of garage takes you into office. *Please come right in through sunporch, without ringing bell or knocking. Go through kitchen (right), past front desk, to waiting room and have a seat.*

From I-94: Take State Street exit toward Ann Arbor. Make a right on Eisenhower Pkwy (comes up in about 1/8 mi.) Stay in left lane and in about ½ mile go left on South Industrial—there is a light for left turn. In about ½ mile look for GCO (carpet store) on right. Take a right at that corner on to Jewett. Follow for two blocks. The driveway to the office is off of Jewett which is only two blocks long. It is on right, just before Jewett hits Packard. Look for brick, 2-car garage and park in front of it, or in turn-around. Walkway to left of garage takes you into office. *Please come right in through sunporch, without ringing bell or knocking. Go through kitchen (right) to waiting room and have a seat.*

From downtown Ann Arbor: Take Packard until it crosses Stadium. At the next light (1/2 mile), turn right on to Jewett. The driveway to the office is off of Jewett Take a quick left in two car lengths into driveway. Park in one of two spots in front of garage, or in third "turn-around" spot. Walkway to left of garage takes you into office. *Please come right in through sunporch, without ringing bell or knocking. Go through kitchen (right) to waiting room and have a seat.*

From Yspilanti: Take Packard toward Ann Arbor. After passing the split off for Eisenhower Parkway (you will see La Salle Bank—green and yellow sign—on your left), make a left at the 3rd light on Jewett. This will be in about .6 miles. The driveway to the office is off of Jewett. Take a quick left in two car lengths into driveway. Park in one of two spots in front of garage, or in third "turn-around" spot. Walkway to left of garage takes you into office. *Please come right in through sunporch, without ringing bell or knocking. Go through kitchen (right) to waiting room and have a seat.*



Nutrition Response Testing

By the time a person has a diagnosable disease or condition, the body has been suffering from an imbalance or imbalances for a long time—perhaps decades. During this time, the body may be compensating so there are no symptoms experienced, or there may be symptoms that aren't identifiable as a "named condition".

Wouldn't it be great if there were a way to identify these roadblocks to healthy functioning and to correct them before they become bigger problems? There is. Nutrition Response Testing™ allows the trained practitioner to locate organs and tissues in the body where there are imbalances. This is done through a non-invasive testing method involving muscle testing. This technique is also extremely effective even if a disease or condition has been diagnosed.

In muscle testing, a muscle that is normally strong will weaken in response to stress applied to some other part of the body. In Nutrition Response Testing™ this stress is created by the practitioner applying light pressure to the skin over various organs of the body.

If the area being touched is over (connects to) an organ that is stressed due to an imbalance, the indicator muscle (usually an arm) will become weak. This is because the body withdraws resources from the arm to go the aid of the organ. When the correct nutrition is applied to the body, the arm will "go strong". In this way we can design a precise nutrition program to address what your body needs. We retest regularly over time to assess how well the body is responding and to change the nutrition program as needed.

Nutrition Response Testing is one of many tools we use to assess your health and nutritional needs.

Health Questionnaire (NTAF)

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

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

SECTION A

- Is your memory noticeably declining? 0 1 2 3
- Are you having a hard time remembering names and phone numbers? 0 1 2 3
- Is your ability to focus noticeably declining? 0 1 2 3
- Has it become harder for you to learn things? 0 1 2 3
- How often do you have a hard time remembering your appointments? 0 1 2 3
- Is your temperament getting worse in general? 0 1 2 3
- Are you losing your attention span endurance? 0 1 2 3
- How often do you find yourself down or sad? 0 1 2 3
- How often do you fatigue when driving compared to the past? 0 1 2 3
- How often do you fatigue when reading compared to the past? 0 1 2 3
- How often do you walk into rooms and forget why? 0 1 2 3
- How often do you pick up your cell phone and forget why? 0 1 2 3

SECTION B

- How high is your stress level? 0 1 2 3
- How often do you feel that you have something that must be done? 0 1 2 3
- Do you feel you never have time for yourself? 0 1 2 3
- How often do you feel you are not getting enough sleep or rest? 0 1 2 3
- Do you find it difficult to get regular exercise? 0 1 2 3
- Do you feel uncared for by the people in your life? 0 1 2 3
- Do you feel you are not accomplishing your life's purpose? 0 1 2 3
- Is sharing your problems with someone difficult for you? 0 1 2 3

SECTION C

SECTION C1

- How often do you get irritable, shaky, or have lightheadedness between meals? 0 1 2 3
- How often do you feel energized after eating? 0 1 2 3
- How often do you have difficulty eating large meals in the morning? 0 1 2 3
- How often does your energy level drop in the afternoon? 0 1 2 3
- How often do you crave sugar and sweets in the afternoon? 0 1 2 3
- How often do you wake up in the middle of the night? 0 1 2 3
- How often do you have difficulty concentrating before eating? 0 1 2 3
- How often do you depend on coffee to keep yourself going? 0 1 2 3
- How often do you feel agitated, easily upset, and nervous between meals? 0 1 2 3

SECTION C2

- Do you get fatigued after meals? 0 1 2 3
- Do you crave sugar and sweets after meals? 0 1 2 3
- Do you feel you need stimulants such as coffee after meals? 0 1 2 3
- Do you have difficulty losing weight? 0 1 2 3
- How much larger is your waist girth compared to your hip girth? 0 1 2 3
- How often do you urinate? 0 1 2 3
- Have your thirst and appetite been increased? 0 1 2 3
- Do you have weight gain when under stress? 0 1 2 3
- Do you have difficulty falling asleep? 0 1 2 3

SECTION 1 - S

- Are you losing your pleasure in hobbies and interests? 0 1 2 3
- How often do you feel overwhelmed with ideas to manage? 0 1 2 3
- How often do you have feelings of inner rage (anger)? 0 1 2 3
- How often do you have feelings of paranoia? 0 1 2 3
- How often do you feel sad or down for no reason? 0 1 2 3
- How often do you feel like you are **not** enjoying life? 0 1 2 3

- How often do you feel you lack artistic appreciation? 0 1 2 3
- How often do you feel depressed in overcast weather? 0 1 2 3
- How much are you losing your enthusiasm for your favorite activities? 0 1 2 3
- How much are you losing enjoyment for your favorite foods? 0 1 2 3
- How much are you losing your enjoyment of friendships and relationships? 0 1 2 3
- How often do you have difficulty falling into deep restful sleep? 0 1 2 3
- How often do you have feelings of dependency on others? 0 1 2 3
- How often do you feel more susceptible to pain? 0 1 2 3
- How often do you have feelings of unprovoked anger? 0 1 2 3
- How much are you losing interest in life? 0 1 2 3

SECTION 2 - D

- How often do you have feelings of hopelessness? 0 1 2 3
- How often do you have self-destructive thoughts? 0 1 2 3
- How often do you have an inability to handle stress? 0 1 2 3
- How often do you have anger and aggression while under stress? 0 1 2 3
- How often do you feel you are not rested even after long hours of sleep? 0 1 2 3
- How often do you prefer to isolate yourself from others? 0 1 2 3
- How often do you have unexplained lack of concern for family and friends? 0 1 2 3
- How easily are you distracted from your tasks? 0 1 2 3
- How often do you have an inability to finish tasks? 0 1 2 3
- How often do you feel the need to consume caffeine to stay alert? 0 1 2 3
- How often do you feel your libido has been decreased? 0 1 2 3
- How often do you lose your temper for minor reasons? 0 1 2 3
- How often do you have feelings of worthlessness? 0 1 2 3

SECTION 3 - G

- How often do you feel anxious or panic for no reason? 0 1 2 3
- How often do you have feelings of dread or impending doom? 0 1 2 3
- How often do you feel knots in your stomach? 0 1 2 3
- How often do you have feelings of being overwhelmed for no reason? 0 1 2 3
- How often do you have feelings of guilt about everyday decisions? 0 1 2 3
- How often does your mind feel restless? 0 1 2 3
- How difficult is it to turn your mind off when you want to relax? 0 1 2 3
- How often do you have disorganized attention? 0 1 2 3
- How often do you worry about things you were not worried about before? 0 1 2 3
- How often do you have feelings of inner tension and inner excitability? 0 1 2 3

SECTION 4 - ACH

- Do you feel your visual memory (shapes & images) is decreased? 0 1 2 3
- Do you feel your verbal memory is decreased? 0 1 2 3
- Do you have memory lapses? 0 1 2 3
- Has your creativity been decreased? 0 1 2 3
- Has your comprehension been diminished? 0 1 2 3
- Do you have difficulty calculating numbers? 0 1 2 3
- Do you have difficulty recognizing objects & faces? 0 1 2 3
- Do you feel like your opinion about yourself has changed? 0 1 2 3
- Are you experiencing excessive urination? 0 1 2 3
- Are you experiencing slower mental response? 0 1 2 3

Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.
For nutritional purposes only.

Medication History

Please circle any of the following medication you have been or are currently taking.

Acetylcholine Receptor Antagonist – Antimuscarinic Agents

Atropine, Ipratropium, Scopolamine, Tiotropium

Acetylcholine Receptor Antagonist - Ganglionic Blockers

Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan

Acetylcholinesterase Reactivators

Pralidoxime

Acetylcholine Receptor Antagonist - Neuromuscular Blockers

Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, Uccinylcholine, Tubocurarine, Vecuronium, Hemicholine

Agonist Modulator of GABA Receptor (benzodiazepines)

Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSom, Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion

Agonist Modulator of GABA Receptors (nonbenzodiazepines)

Ambien, Sonata, Lunesta, Imovane

Cholinesterase Inhibitors (irreversible)

Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-containing nerve agents

Cholinesterase Inhibitors (reversible)

Donepezil, Galatamine, Rivastigmine, Tacrine, THC, Erophonium, Neostigmine, Phystigimine, Pyridostigmine, Carbamate Insecticides

Dopamine Reuptake Inhibitors

Wellbutrin (Bupropion)

Dopamine Receptor Agonists

Mirapex, Sifrol, Requip

D2 Dopamine Receptor Blockers (antipsychotics)

Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, Iuanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydis, Seroquel, Geodon, Solian, Invega, Abilify

GABA Antagonist Competitive binder

Flumazenil

Monoamine Oxidase Inhibitor (MAOI)

Marplan, Aurorix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

Noradrenergic and Specific Serotonergic Antidepressants (NaSSa)

Remeron, Zispin, Avanza, Norset, Remergil, Axit

Selective Serotonin Reuptake Inhibitor

Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Serpam, Seropram, Ciprallex, Esteria, Fontex, Seromex, Seronil, Sarafem, Fluctin, Faverin, Seroxat, Aropax, Deroxat, Rexetin, Xentor, Paroxat, Lustral, Serlain, Dapoxetine

Selective Serotonin Reuptake Enhancers

Stablon, Coaxil, Tatinol

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despramine, Duloxetine

Tricyclic Antidepressants (TCAs)

Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiadin, Thanden, Adapin, Sinequan, Trofranil, Janamine, Gamanil, Aventyl, Pamelor, Opipramol, Vivactil, Rhotrimine, Surmontil



New Patient Health History

Please be assured that all information on this form and anything discussed during your consultation will be confidential unless you grant permission otherwise

Name: _____ First Appt date: _____

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

Day phone: _____ Eve phone: _____ Cell: _____

Referred by: _____ Your Email _____

Date of Birth: _____ Age _____ Height _____ Weight _____

Overall Health: circle one Excellent Good Fair Poor

Primary Reason for consultation: _____

Previous treatments for this problem: _____

Other concerns or problems _____

Current medications or supplements: (please list all using extra paper if needed)

How many times in your life (approx) have you taken a course of antibiotics?

____ 1-5 ____ 5-10 ____ more than 10 When was last course of antibiotics (approx.)? _____

Are you currently under care with any physician or other health care provider. Please give names, date of last visit and any problems identified at that time:

List all major illnesses or surgeries, accidents or injuries w/ approximate dates:

Please mark any scars on the body diagram included in the packet

List any dental work (fillings, crowns, root canals, extractions, bridges, gum problems)

Are you currently experiencing any dental issues that you are aware of?

Do you drink alcohol? Y N If yes, how often and typical amount:_____

Have you ever smoked Y N Do you currently smoke? Y N How much/day?

Marital Status (circle one) Single Divorced Partnered Married Widowed

How is health of partner? Excellent Good Fair Poor

Number of children if any_____

Do you have any health concerns for your children? Please describe briefly

Any family history of serious illness or chronic conditions?

Cancer Diabetes Heart Mental Illness Depression/ Anxiety Alcoholism or Substance Abuse Other (please note)

Any household pets or animals?

Where have you traveled outside of country and when?

What toxic chemicals do you know you are exposed to? Please consider hair chemicals, household cleaning products, building materials, new furnishings, occupation-related chemicals, lawn, garden and household, etc.

Do you have a regular exercise program? If yes what is it?

What level of stress are you typically under? Low Medium High

What do you do to relieve stress?

What is your occupation and do you enjoy it?

Describe your sleep: ___hard time falling asleep ___broken sleep (wake up but fall back to sleep)
___fall asleep but wake up and can't get back to sleep ___wake up exhausted and dragging in a.m.

Do you live with other people that affect your food habits? What other things affect your food habits?

How willing are you to make dietary changes to address your health concerns?

___a few changes ___moderate ___substantial

In addition to filling out this form, before your appointment please complete the following:

- 1) keep a 3-day food log on the enclosed form.
- 2) if you've had blood work done within the last 6 months, have your doctor's office fax copies to 734-926-0761 before your appointment
- 3) read and sign the enclosed "Contract between Center for Functional Nutrition and Client"

	Date	Date	Date
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Please note time of meals / snack, note approximate amounts, and include beverages



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Contract between Center for Functional Nutrition and

_____ Print client name

The purpose of this contract is to serve as a memorandum of understanding for our work together.

Here is what you can expect from me:

1. I am a consulting functional nutritionist; I am not a doctor. I do not diagnose illness or prescribe medication. I am trained to think about how the body systems function, and to understand health concerns in terms of overall function with a focus on the role of nutrition. Function improves or degrades along a continuum and as it degrades, one moves closer toward a diagnosable disease. However, long before a diagnosable disease or condition happens, we can often identify nutritional deficiencies or other things that are interfering with healthy functioning, and correct them. My role is to help you understand how your body works and to look at your symptoms and health concerns in the context of healthy functioning.
2. I believe in the body's ability to repair itself, if given the right ingredients (quality food, air, water, and supplements from concentrated food, herbs, homeopathic remedies and similar non-toxic agents). I believe that most health concerns and symptoms if caught sooner rather than later can be addressed without the use of pharmaceutical medication, which, while suppressing symptoms, usually interferes with the body's inherent ability to self-repair. I do not judge your choice to use or not use pharmaceuticals, however I will work with you to understand possible alternatives if you ask for that information. I will not advise you to discontinue any medication that has been prescribed to you. I assume that if you are choosing to work with me, you are open to learning how you can support your body in this process of self-healing and I will do my best to share that knowledge with you through dietary and life-style counseling and through helping you understand how your body works.
3. I promise to keep our scheduled appointments and to be prepared, present, and ready to give you the best attention I can.

Here is what I ask from you:

1. My expectation is that you will be open to what may be new ways of looking at your health and healing, and that you are willing to accept as a goal, taking gradual but consistent steps to improve your nutritional habits as needed to improve your health.
2. I reserve your appointment time for you, and no one else. Therefore, I respectfully request that you give me at minimum 24 hours notice if you find it necessary to change

your appointment time so that I may offer that spot to someone else. I do charge the office visit fee for last minute cancellations with limited exceptions for true emergencies.

3. If we have agreed on certain supplements as part of your program, and you have any concerns in between appointments about your supplements, I would like you to call me and let me know your concerns rather than waiting until your next visit to have your concerns addressed.
4. I ask you to agree to a schedule of visits so that we can work together over time to improve your health and nutritional lifestyle.
5. I ask that if you are pleased with the care and the results you get from our work together that you refer friends, family and co-workers to Nutrition Magician. Likewise if you have concerns with your care, I hope you will discuss those with me so that we can find a positive resolution.



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Cost of Services

Initial Health Evaluation	\$160.00
includes Nutrition Response and Heart Rate Variability (HRV) Testing	
Visits 1-3 45-60 minutes	\$90
Follow-up Visit 20-25 minutes.	\$50
Extended Visit per ¼ hour	\$20.
Email Consultations per ¼ hour	\$20.
Dietary Consultation 30 / 60 min.	\$50. / \$95.
HRV Testing and report	\$20.
Phone Consultations (visits 4 and beyond)	\$60

Center for Functional Nutrition Accepts Visa, Mastercard, Checks and Cash

Referral Recognition

Our business grows when our clients share their good results with friends, family, co-workers, and others they care about. We hope you will support the growth of Nutrition Magician as we support you in your health. In acknowledgement of the compliment you pay us when you refer, we gratefully offer you coupons good for products or services when someone you refer becomes a client. Thank you!