



**DR. ROBERT
MELILLO**

**ADULT NEW PATIENT
INITIAL INTAKE PAPERWORK**

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
City State Country Zip Code

E-MAIL ADDRESS: _____

HOME TEL. NUMBER: (____) _____ **MOBILE NUMBER:** _____

AGE : _____ **BIRTHDATE:** ____/____/____ **BIRTH ORDER:** _____
Month Date Year

SEX : Male Female **EYE COLOR:** _____ **HAIR COLOR:** _____

BLOOD TYPE: A B AB O Rh+ Rh-

HEIGHT: _____ **WEIGHT:** _____ **SS# :** _____

REFERRED BY: _____



DR. ROBERT MELILLO

NEUROLOGICAL ASSESSMENT FORM

NAME: _____ SEX: _____ DATE: _____

PURPOSE OF APPOINTMENT: _____

Please answer the following questions by CHECKING the box.

	Left Handed	Right Handed	YES	NO
1. Are you LEFT handed or RIGHT handed?			-	-
2. Have you ever had a head injury?				
3. Have you ever lost consciousness?				
4. Do you have a past history of dizziness?				
5. Do you have any ringing in the ears?				
6. Do you experience nausea?				
7. Do you find that your balance is getting worse?				
8. Do you have difficulties going down the stairs?				
9. Do you have a hard time with math problems or computing numbers?				
10. Do you find yourself searching for words frequently when you speak?				
11. Have you noticed your ability to concentrate is getting worse?				
12. Do you feel fatigue after reading?				
13. Do you get lost often or have a hard time with directions?				
14. Does loud or scattered noises bother you?				
15. Do quick flashes of light on TV or movies bother you?				
16. Do you feel like you need to wear sunglasses outside?				
17. Has your handwriting changed in recent years?				
18. Do you have a hard time swallowing?				
19. Do you gag easily?				
20. Do you experience blurriness in your vision?				
21. Do you ever had double-vision?				
22. Do you have any difficulty with smelling?				
23. Do you smell foul things that are not present?				
24. Do you have any difficulty with taste?				
25. Do you taste things differently than what you are eating?				

YES NO

26. Have you noticed clumsiness in hand coordination?
27. Do you have difficulty with short-term memory?
28. Have you been told or noticed any memory loss of past events?
29. Have you noticed uneven sweating or uneven temperature on one side of your body?
30. Do you have any tightness, a feeling of weakness or instability in your back or neck?
31. Do you ever have any numbness or tingling in your hands, legs, or face?
32. Have you noticed any twitches or cramping in your legs and hands?
33. Do you have any difficulty with falling or staying asleep?
34. Do you get motion sickness easily (car sick or sea sick)?
35. Do you experience flashes of light in your visual field?
36. Do you ever see floating objects in your visual field?
37. Do you ever experience dry eyes or mouth?
38. Do you ever experience increase tearing or salivation?
39. Do you feel pressure in your ear?
40. Do you suffer from frequent bloating or gas?
41. Do you feel that you do not digest your food well?
42. Do you ever have slurred speech?
43. Do you ever have dropping of your eyelids?
44. Do you ever notice fatigue of your facial muscles?
45. Do you ever have jaw tightness or diagnosed with TMJ Dysfunction?
46. Do you ever notice increased heart rate or pulse during the day?
47. Have you ever experienced or been diagnosed of Arrhythmia (fluctuating heart rate)?
48. Have you ever been diagnosed or experienced Tachycardia (fast heart rate)?
49. Do you experience DÉJÀ VU?
50. Does driving cause you fatigue, headaches, or any other symptoms?
51. Does working on a computer cause you fatigue, headaches or other symptoms?
52. Do you ever have increased/decreased urination (normal is 6-8 a day) or wet the bed?
53. Do you have increased/decreased bowel movement (normal is 3 times a day)?.....
54. Have you lost interest in hobbies and functions that you used to enjoy?.....
55. Do you have a hard time motivating yourself to engage in activities?.....
56. Do you ever have fluttering of the eye or noticed you are blinking frequently?.....
57. Do you have difficulty distinguishing RIGHT and LEFT?
58. Do you find this questionnaire difficult?.....

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!

- | | | | | | | | |
|-----|---|--------------------------|---|-----|---|--------------------------|---|
| 1. | A | ☐ | I like to do and learn things one step at a time | 2. | A | ☐ | I tend to focus on details |
| | B | ☐ | I like to do and learn many things at the same time | | B | ☐ | I tend to focus on the bigger picture |
| 3. | A | ☐ | I don't always get the joke or think something is as funny as others. | 4. | A | ☐ | I don't like change. |
| | B | ☐ | I always get the joke, even before others. | | B | ☐ | I need to change things often. |
| 5. | A | ☐ | I like routines. | 6. | A | ☐ | I have very good handwriting. |
| | B | ☐ | I rarely do anything the same way twice. | | B | ☐ | I have poor handwriting. |
| 7. | A | ☐ | I like when things are clearly spelled out and precise. | 8. | A | ☐ | I tend to take things literally |
| | B | ☐ | I like to think in generalities. | | 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 | 10. | A | ☐ | I believe or have been told I have a high IQ. |
| | B | ☐ | I don't like reading contracts or instructions | | B | ☐ | I believe or have been told I have an average IQ. |
| 11. | A | ☐ | I did better on the math portion of the SAT. | 12. | A | ☐ | I liked school and am good at academics |
| | B | ☐ | I did better on the verbal portion of the SAT. | | B | ☐ | I didn't like school and it affected my grades. |
| 13. | A | ☐ | I am good at learning by rote memorization and repetition. | 14. | A | ☐ | I would prefer to work with computers. |
| | B | ☐ | I learn best by just doing something. | | B | ☐ | I would prefer to work with people. |
| 15. | A | ☐ | I am not good at new ideas. | 16. | A | ☐ | I am not good at creative problem solving. |
| | B | ☐ | I am very good at coming up with new ideas. | | B | ☐ | I am very good at problem solving especially when it takes a creative solution. |
| 17. | A | ☐ | I was better at algebra then geometry in school. | 18. | A | ☐ | It is easy for me to visualize things. |
| | B | ☐ | I was better at geometry then algebra in school. | | B | ☐ | It is hard for me to visualize things. |
| 19. | A | ☐ | I cannot rotate objects in my mind easily. | 20. | A | ☐ | I have difficulty making friends. |
| | B | ☐ | I can rotate objects in my mind easily. | | B | ☐ | I make friends easily. |
| 21. | A | ☐ | I do not get along with the opposite sex well. | 22. | A | ☐ | I am not an emotional person and never show emotions. |
| | B | ☐ | I get along very well with the opposite sex. | | B | ☐ | I am an emotional person and show emotions easily. |

23. A ☐ I prefer individual sports.
B ☐ I prefer team sports.
25. A ☐ I like to read.
B ☐ I don't read a lot.
27. A ☐ I like to read technical and nonfiction books
B ☐ I like to read novels and stories.
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.
31. A ☐ I am more book smart than street smart.
B ☐ I am more street smart than book smart.
33. A ☐ I am not good with metaphors; I like facts
B ☐ I like metaphors or hypothetical examples
35. A ☐ I sometimes struggle with the main idea of a story.
B ☐ I always get the main idea of a story.
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"
39. A ☐ I remember names not faces.
B ☐ I am very good with faces but forget names.
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.
43. A ☐ When someone says they have good news and bad news; I like to hear the bad news first.
B ☐ When someone says they have good news and bad news; I like to hear the good news first.
24. A ☐ I can never tell what someone is thinking.
B ☐ I always think I know what someone is thinking.
26. A ☐ I am very good at spelling and grammar.
B ☐ I am not great at spelling and grammar.
28. A ☐ If I don't understand a word I will stop to 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.
30. A ☐ I like numbers; I am good with numbers.
B ☐ I don't like numbers.
32. A ☐ I like planning ahead.
B ☐ I hate to plan; I just want to figure it out as I go.
34. A ☐ I will read the instructions closely before I try something.
B ☐ I never read instructions; I prefer to jump in feet first.
36. A ☐ I am better at understanding than doing.
B ☐ I am better at doing than understanding.
38. A ☐ I have a great memory for facts and details.
B ☐ I don't have a great memory for facts and details.
40. A ☐ I have a terrible sense of direction.
B ☐ I have a very good sense of direction.
42. A ☐ I like to work by myself.
B ☐ I like to work together as a team.
44. A ☐ I am good at saving money.
B ☐ I am not good at saving money.

45. A ☐ I like to hold onto 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.
47. A ☐ I don't really focus on how I look.
B ☐ I am very aware of how I look.
49. A ☐ I don't know or follow fashion trends.
B ☐ I love wearing the latest styles.
51. A ☐ Some people would consider me a geek
B ☐ No one would ever consider me to be a geek
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.
55. A ☐ I like to be alone.
B ☐ I like being around others.
57. A ☐ I prefer yellow or orange (warm colors).
B ☐ I prefer purple, blue or green (cool colors)
59. A ☐ I am a perfectionist.
B ☐ I don't care if things are not perfect.
61. A ☐ I am not good at creative writing.
B ☐ I like to write my own stories.
63. A ☐ I am very good at learning languages.
B ☐ I am terrible at languages.
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.
46. A ☐ I like realistic art.
B ☐ I like abstract art.
48. A ☐ I don't notice what others think of me.
B ☐ I notice and care a lot about what others think of me.
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.
52. A ☐ I generally obey laws and follow the rules.
B ☐ I generally don't follow rules; most rules don't make sense.
54. A ☐ I am very neat and organized.
B ☐ I would be considered messy and disorganized.
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.
58. A ☐ I like things that are manmade and mechanical.
B ☐ I like things that are natural.
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 or grammar.
62. A ☐ I like to listen to classical music
B ☐ I like popular music (rock or country)
64. A ☐ I am better at reading books than people.
B ☐ I am better at reading people than books.
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 I like to be touched and to touch others.
69. A ☐ I'd rather stay indoors.
B ☐ I'd rather be outside.
71. A ☐ I don't like parties and social gatherings in general
B ☐ I love parties and social gatherings.
73. A ☐ Function is much more important than style and design.
B ☐ Design is at least as important as function.
75. A ☐ I would prefer to communicate through text or email.
B ☐ I would prefer to communicate on the phone or in person.
77. A ☐ I prefer to be organized and plan things.
B ☐ I prefer to be spontaneous and not worry about the details.
79. A ☐ I think reason is more important than feelings.
B ☐ I think feelings are more important than reason.
81. A ☐ I am better at crossword puzzles.
B ☐ I am better at jigsaw puzzles.
83. A ☐ If learning a new piece of equipment: I carefully read the instruction manual before beginning.
B ☐ If learning a new piece of equipment: I jump in and wing it (I use the manual as the last resort)
85. A ☐ I do not use hand gestures when I speak.
B ☐ I use many gestures and hand movements when I speak.
87. A ☐ At work: I concentrate on one task at a time until it is complete.
B ☐ At work: I usually juggle several things at once.
68. A ☐ I am somewhat uncoordinated, not very athletic.
B ☐ I am generally very coordinated and athletic.
70. A ☐ I like to vacation at the same places over and over.
B ☐ I like to vacation in new places.
72. A ☐ I am a realist.
B ☐ I am a dreamer.
74. A ☐ I prefer math, research or science.
B ☐ I prefer philosophy and mythology.
76. A ☐ I am not a people person
B ☐ I am definitely a people person.
78. A ☐ I think it is important to improve on things that exist and make them better.
B ☐ I think it is not important to develop new things and new ideas.
80. A ☐ When learning a new chapter in a textbook; I think it is best to outline the chapter.
B ☐ When learning a new chapter in a textbook; I think it is best to summarize the chapter.
82. A ☐ In a theatre production, I would rather be the director.
B ☐ In a theatre production, I would rather be the lead actor.
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.
86. A ☐ If I were hanging a picture on a wall, I would carefully measure to make sure it is centered and straight.
B ☐ If I were hanging a picture on a wall, I would put it where it looks right and move it if necessary.
88. A ☐ I like to plan my future steps
B ☐ I enjoy dreaming about my future.

- | | |
|--|--|
| <p>89. A ☐ I like to take ideas apart and look at them separately.</p> <p> B ☐ I like to put ideas together.</p> | <p>90. A ☐ I like to learn about things we are sure of.</p> <p> B ☐ I like to learn about hidden possibilities.</p> |
| <p>91. A ☐ I think it is more exciting to improve something</p> <p> B ☐ I think it is more exciting to invent something.</p> | <p>92. A ☐ I am strong: in recalling verbal materials (names, dates).</p> <p> B ☐ I am strong: in recalling spatial material (directions and locations)</p> |
| <p>93. A ☐ I prefer total quiet when reading or studying.</p> <p> B ☐ I prefer to have music on while reading or studying.</p> | <p>94. A ☐ I think in words.</p> <p> B ☐ I think in pictures.</p> |
| <p>95. A ☐ As a kid, the worst thing would be to: fail a test.</p> <p> B ☐ As a kid, the worst thing would be to: be embarrassed in class.</p> | <p>96. A ☐ I learn best from teachers who explain with words.</p> <p> B ☐ I learn best from teachers who explain with pictures, movement and actions.</p> |
| <p>97. A ☐ I like to express feelings and ideas in plain language.</p> <p> B ☐ I like to express feelings and ideas in poetry, song, dance and art.</p> | <p>98. A ☐ I would rather not guess or play hunches.</p> <p> B ☐ I like to play hunches and guess.</p> |
| <p>99. A ☐ I am very direct and straightforward with people.</p> <p> B ☐ I try not to hurt someone's feelings, so I am not as direct with people.</p> | <p>100. A ☐ I think the best trait is to be reserved and modest.</p> <p> B ☐ I think the best trait is to be outgoing and interesting.</p> |



DR. ROBERT MELILLO

MELILLO ADULT SENSORY CHECKLIST

VESTIBULAR FUNCTION CHECKLIST

- The vestibular system is all about balance and spatial awareness. These are signs of a problem in this area. Read each of the following symptoms and place a check in the box that most closely fines how it describes yourself now or as a child. A 1 indicates “doesn’t apply at all” and a 10 is “almost always”. Add up the numbers and record the total. (The lowest possible score is a 10 and the highest is 100).*

1 2 3 4 5 6 7 8 9 10

1. Exhibits poor balance
2. Had delayed crawling, standing &/or walking
3. Poor muscle tone (extremely flexible)
4. Experiences motion sickness
5. Dislike of heights, swings, carousels, escalators,
elevators
6. Easily disoriented &/or poor sense of direction
7. Clumsy
8. Difficulty remaining still; may actively
seek movement such as spinning &/or rocking
9. Difficulties with space perception
10. Walks or walked on toes

Total _____

AUDITORY FUNCTION CHECKLIST

- These are the symptom of a problem with the auditory sensory system. Read each of the following symptoms and place a check in the box that most closely fines how it describes yourself now or as a child. A 1 indicates “doesn’t apply at all” and a 10 is “almost always”. Add up the numbers and record the total . (The lowest possible score is a 10 and the highest is 100).*

1 2 3 4 5 6 7 8 9 10

1. Concerned about hearing as an infant
2. Inability to sing in tune



DR. ROBERT MELILLO

ADVERSE CHILDHOOD EXPERIENCE (ACE) QUESTIONNAIRE **FINDING YOUR ACE SCORE**

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ...

Swear at you, insult you, put you down, or humiliate you?

OR

Act in a way that made you afraid that you might be physically hurt?

YES

NO

If **YES**, enter "1" _____

2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you?

OR

***Ever** hit you so hard that you had marks or were injured?*

YES

NO

If **YES**, enter "1" _____

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way?

OR

*Try to or actually have **oral, anal, or vaginal sex** with you?*

YES

NO

If **YES**, enter "1" _____

4. Did you often feel that ...

No one in your family loved you or thought you were important or special?

OR

Your family didn't look out for each other, feel close to each other, or support each other?

YES

NO

If **YES**, enter "1" _____

5. Did you often feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

OR

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

YES

NO

If **YES**, enter "1" _____

6. Were your parents ever separated or divorced?

YES NO

If YES, enter "1" _____

7. Was your *mother or stepmother*:

Often pushed, grabbed, slapped, or had something thrown at her?

OR

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

OR

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

YES NO

If YES, enter "1" _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

YES NO

If YES, enter "1" _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

YES NO

If YES, enter "1" _____

10. Did a household member go to prison?

YES NO

If YES, enter "1" _____

Now add up your "YES" answers: _____ This is your ACE Score



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RESILIENCE QUESTIONNAIRE

PLEASE CHECK THE MOST ACCURATE ANSWER UNDER EACH STATEMENT:

1. I believe that my mother loved me when I was little.

Definitely True	Probably True	Not Sure
Definitely Not True	Probably Not True	

2. I believe that my father loved me when I was little.

Definitely True	Probably True	Not Sure
Definitely Not True	Probably Not True	

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

8. Someone in my family cared about how I was doing in school.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

10. We had rules in our house and were expected to keep them.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

13. I was independent and a go-getter.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

14. I believed that life is what you make it.

True	Probably True	Definitely True
Not Sure	Probably Not	Definitely Not True

How many of these 14 protective factors did I have as a child and youth?

How many of the 14 were circled are “*Definitely True*” or “*Probably True*”?

Definitely True _____ Probably True _____

Of these circled, how many are still true for me? _____

1 2 3 4 5 6 7 8 9 10

3. Hypersensitive to sounds
4. Misinterprets questions
5. Confuses similar sounding words; frequently
need to have words repeated
6. Inability to follow sequential instructions
7. Flat and monotonous voice
8. Hesitant speech
9. Small vocabulary
10. Confusion or reversal of letters

Total _____

VISUAL DYSFUNCTION CHECKLIST

- *This checklist focuses on symptoms that make reading difficult. Read each of the following symptoms and place a check in the box that most closely fines how it describes yourself now or as a child. A 1 indicates “**doesn’t apply at all**” and a 10 is “**almost always**”. Add up the numbers and record the total. (The lowest possible score is a 10 and the highest is 100).*

1 2 3 4 5 6 7 8 9 10

1. Misreads words
2. Misses or repeats words or lines
3. Reads slowly
4. Needs to use finger or marker as a pointer
5. Inability to remember what was read
6. Poor concentration
7. Poor focus while reading I.E. Letters move or jump
around on the page
8. Crooked or sloped handwriting
9. Letters poorly balance with one eye covered or
while trying to read sideways
10. Sensitivity to light

Total _____

- ### HYPOTACTILE (OVERSENSITIVITY) SYMPTOMS

1 2 3 4 5 6 7 8 9 10

7. Provokes roughhousing or fighting
8. Not ticklish
9. Compulsively touches
10. Acts like a bull in china shop

TOTAL _____

HYPERTACTILE (UNDERSENSITIVITY) SYMPTOMS

1 2 3 4 5 6 7 8 9 10

1. Seems hypersensitivity all the time
2. Dislikes playing sports
3. Dislikes being touched
4. Hates tags on clothes
5. Allergic skin reactions
6. Hates makeup and/or jewelry
7. Poor body temperature control
8. Does not like clothing on arms or legs
9. Low external pain threshold
10. Doesn't like touching

TOTAL _____

OLFACTORY FUNCTION CHECKLIST

- *These two checklist will help you ascertain if your child has deficiency in the senses of smell and taste. One list checks for oversensitivity and the other undersensitivity. Read each of the symptoms in both lists and place a check in the box that most closely defines how it describes yourself now or as a child. A 1 indicates "doesn't apply at all" and a 10 is "almost always". Add up the numbers and record the total. (The lowest possible score is a 10 and the highest is 100). Total each list.*

HYPERSENSITIVE SMELL AND TASTE CHECKLIST

1 2 3 4 5 6 7 8 9 10

1. Exhibits increased sensitivity
to taste and smell
2. Gags at the smell of certain foods
3. Avoids going to bathroom at the risk of wetting
pants the smell is repugnant

1 2 3 4 5 6 7 8 9 10

4. Likes bland foods
5. Avoids children with dirty or smelly clothes
6. Complains about other's bad breath
7. Misbehaves after house is cleaned with solvents
8. Sensitive to smoke
9. Avoids foods and places with strong
cooking smells
10. Sniffs everything

TOTAL ____

HYPOSENSITIVE SMELL CHECKLIST

1 2 3 4 5 6 7 8 9 10

1. Never comments on strong smells
2. Never notices baking smells, such as cookies
3. Overfills mouth
4. Avoids foods because of the way it looks
5. Never sniffs
6. Hates to eat, even sweets
7. Chews on things like pens
8. Does not notice strong smells like something
burning
9. Eats indiscriminately; will reach for anything,
even some at risk, like poison
10. Extremely picky eater

TOTAL ____



COMMON IMMUNE CHARACTERISTICS OF THE BRAIN

A. COMMON IMMUNE CHARACTERISTICS OF RIGHT BRAIN DEFICIT

1. You have or have had an autoimmune disorder such as asthma, eczema, asthma, lupus, psoriasis or rheumatoid arthritis.
2. You have more than one auto-immune disorder.
3. You have little white bumps on your skin, especially on the back of your arms.
4. You crave certain foods, especially dairy and wheat products.
5. You have been diagnosed with low thyroid function.
6. You feel like you're a little drunk or feel off balance after eating certain foods.

_____ **Total (A)**

B. 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 BRAIN DELAY

A. COMMON METABOLIC CHARACTERISTICS OF RIGHT BRAIN DELAY

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 more 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)**

B. COMMON METABOLIC CHARACTERISTICS OF LEFT BRAIN DEFICIT

1. Your blood pressure is 10 points or more 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 heartbeats, 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)**

HOW TO SCORE

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**