



# 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.

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

	YES	NO
26. Have you noticed clumsiness in hand coordination? .....	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have difficulty with short-term memory? .....	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you been told or noticed any memory loss of past events? .....	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you noticed uneven sweating or uneven temperature on one side of your body? .....	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you have any tightness, a feeling of weakness or instability in your back or neck? .....	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you ever have any numbness or tingling in your hands, legs, or face? .....	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you noticed any twitches or cramping in your legs and hands? .....	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you have any difficulty with falling or staying asleep? .....	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you get motion sickness easily (car sick or sea sick)? .....	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you experience flashes of light in your visual field? .....	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you ever see floating objects in your visual field? .....	<input type="checkbox"/>	<input type="checkbox"/>
37. Do you ever experience dry eyes or mouth? .....	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you ever experience increase tearing or salivation? .....	<input type="checkbox"/>	<input type="checkbox"/>
39. Do you feel pressure in your ear? .....	<input type="checkbox"/>	<input type="checkbox"/>
40. Do you suffer from frequent bloating or gas? .....	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you feel that you do not digest your food well? .....	<input type="checkbox"/>	<input type="checkbox"/>
42. Do you ever have slurred speech? .....	<input type="checkbox"/>	<input type="checkbox"/>
43. Do you ever have dropping of your eyelids? .....	<input type="checkbox"/>	<input type="checkbox"/>
44. Do you ever notice fatigue of your facial muscles? .....	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you ever have jaw tightness or diagnosed with TMJ Dysfunction? .....	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you ever notice increased heart rate or pulse during the day? .....	<input type="checkbox"/>	<input type="checkbox"/>
47. Have you ever experienced or been diagnosed of Arrhythmia (fluctuating heart rate)? .....	<input type="checkbox"/>	<input type="checkbox"/>
48. Have you ever been diagnosed or experienced Tachycardia (fast heart rate)? .....	<input type="checkbox"/>	<input type="checkbox"/>
49. Do you experience DÉJÀ VU? .....	<input type="checkbox"/>	<input type="checkbox"/>
50. Does driving cause you fatigue, headaches, or any other symptoms? .....	<input type="checkbox"/>	<input type="checkbox"/>
51. Does working on a computer cause you fatigue, headaches or other symptoms? .....	<input type="checkbox"/>	<input type="checkbox"/>
52. Do you ever have increased/decreased urination (normal is 6-8 a day) or wet the bed? .....	<input type="checkbox"/>	<input type="checkbox"/>
53. Do you have increased/decreased bowel movement (normal is 3 times a day)? .....	<input type="checkbox"/>	<input type="checkbox"/>
54. Have you lost interest in hobbies and functions that you used to enjoy? .....	<input type="checkbox"/>	<input type="checkbox"/>
55. Do you have a hard time motivating yourself to engage in activities? .....	<input type="checkbox"/>	<input type="checkbox"/>
56. Do you ever have fluttering of the eye or noticed you are blinking frequently? .....	<input type="checkbox"/>	<input type="checkbox"/>
57. Do you have difficulty distinguishing RIGHT and LEFT? .....	<input type="checkbox"/>	<input type="checkbox"/>
58. Do you find this questionnaire difficult? .....	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMMENT OR ELABORATE BELOW ON ANY QUESTION/S POSTED (1-58):

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### SCORING:

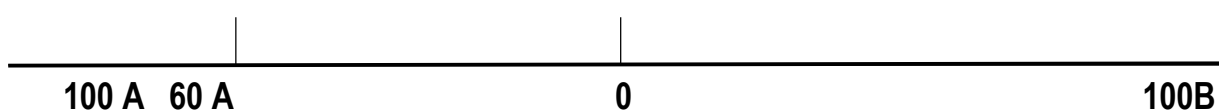
To find out your cognitive style, add up all the A's and B's. Subtract the lower score from the top score. Then plot the resulting number on the A or B side of the scale. A is left brain dominant B is right brain dominant.

Example: 80 A's – 20 B's = 60

A Total A's

Total B's

Total after subtracting the lower score from the top score:



# 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  
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 bigger 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 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 then geometry in school.  
B  I was better at geometry then 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.
22. A  I am not an emotional person and never show emotions.  
B  I am an emotional person 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 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.
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 and 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.
42. A  I like to work by myself.  
B  I like to work together as a team.
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.
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 bet 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.



89. A  I like to take ideas apart and look at them separately.  
B  I like to put ideas together.
91. A  I think it is more exciting to improve something  
B  I think it is more exciting to invent something.
93. A  I prefer total quiet when reading or studying.  
B  I prefer to have music on while reading or studying.
95. A  As a kid, the worst thing would be to: fail a test.  
B  As a kid, the worst thing would be to: be embarrassed in class.
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.
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.
90. A  I like to learn about things we are sure of.  
B  I like to learn about hidden possibilities.
92. A  I am strong: in recalling verbal materials (names, dates).  
B  I am strong: in recalling spatial material (directions and locations)
94. A  I think in words.  
B  I think in pictures.
96. A  I learn best from teachers who explain with words.  
B  I learn best from teachers who explain with pictures, movement and actions.
98. A  I would rather not guess or play hunches.  
B  I like to play hunches and guess.
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. 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



# DR. ROBERT MELILLO

## 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.**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> True     | <input type="checkbox"/> Probably True | <input type="checkbox"/> Definitely True     |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> Probably Not  | <input type="checkbox"/> Definitely Not True |

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

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> True     | <input type="checkbox"/> Probably True | <input type="checkbox"/> Definitely True     |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> Probably Not  | <input type="checkbox"/> Definitely Not True |

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

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> True     | <input type="checkbox"/> Probably True | <input type="checkbox"/> Definitely True     |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> Probably Not  | <input type="checkbox"/> Definitely Not True |

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

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> True     | <input type="checkbox"/> Probably True | <input type="checkbox"/> Definitely True     |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> Probably Not  | <input type="checkbox"/> Definitely Not True |

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

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> True     | <input type="checkbox"/> Probably True | <input type="checkbox"/> Definitely True     |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> Probably Not  | <input type="checkbox"/> Definitely Not True |

**13. I was independent and a go-getter.**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> True     | <input type="checkbox"/> Probably True | <input type="checkbox"/> Definitely True     |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> Probably Not  | <input type="checkbox"/> Definitely Not True |

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

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> True     | <input type="checkbox"/> Probably True | <input type="checkbox"/> Definitely True     |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> Probably Not  | <input type="checkbox"/> 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Misinterprets questions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Confuses similar sounding words; frequently need to have words repeated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inability to follow sequential instructions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Flat and monotonous voice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hesitant speech .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Small vocabulary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Confusion or reversal of letters .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Total** \_\_\_\_\_







	1	2	3	4	5	6	7	8	9	10
4. Likes bland foods .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Avoids children with dirty or smelly clothes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Complains about other's bad breath .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Misbehaves after house is cleaned with solvents										
8. Sensitive to smoke .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Avoids foods and places with strong cooking smells .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sniffs everything .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL</b> _____										

**HYPOSENITIVE SMELL CHECKLIST**

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



## **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**