

Client Medical History Instructions

IMPORTANT!!! Type or hand-write your history on separate sheets of paper and bring with you to your first appointment.

This is a guide to use for writing up your medical history.

We believe that the person that you are today is a result of everything that has happened to you throughout your lifetime, starting from the moment of conception. Therefore, **please be as detailed as possible** when writing up your history. If something seems small or trivial, include it anyway. It is best to type and double-space your answers.

Write up your history **on separate sheets of paper** and then summarize your history chronologically on the **Summary of Health History Form/Dental Chart** that follows. Also, if information is relevant to more than one section, include it in both, but you only need to write out the details under one heading.

Chief Complaint:

What is/are the main reason(s) you are coming to our office? Please also concisely summarize this in the order of onset in section C of the **Summary of Health History/Dental Chart** form.

History of Chief Complaint:

Tell us about each of the above problems.

When did they start?

What have you tried?

How has it gotten better or worse?

Have you had it before? etc.

Previous Medical History:

Start from conception and work your way to the present. Describe any problems or unusual symptoms that occurred during your mother's pregnancy with you and describe any details of your birth that you are aware of, such as a vaginal vs. cesarean delivery, type of anesthesia used, cord wrapped around the neck, if forceps were used, etc. Were you breast-fed? If so, for how long? Did you suffer from colic? Include all the major medical illnesses you have had, the ages at which they occurred and how they were treated. For example: "Mumps at age 5, was very sick and had to go to the hospital because I developed pancreatitis." Other illnesses and conditions might include chronic infections, high blood pressure, candidiasis, emphysema, cancer, migraines, etc.

Review of Systems

In this section, we would like you to talk about the various problems that you have had with different systems and parts of your body.

Skin, Hair, Nails:

For example, have you had dryness, bruises, rash, hair loss, fungal infections in the nails, etc.

Head, Eyes, Ears, Nose, Throat, Mouth:

For example, have you had frequent headaches, dizziness, wear glasses/contacts, ear infections, ringing in ears, sinus infections, postnasal drip, sore throats, canker sores, etc.

Heart and Lungs:

For example, have you had palpitations, irregular rhythms, high blood pressure, cough, history of pneumonia, bronchitis, or asthma, etc.?

Gastrointestinal:

For example, describe your appetite throughout the day, your bowel habits. Do you have constipation, gas, belching, hemorrhoids, ulcers, digestive problems, blood in your stools, etc.?

Urinary Tract:

For example, do you experience pain or a sense of urgency when urinating, incontinence, getting up at night to urinate, bladder infections, prostate problems etc.?

Reproductive:**Women:**

What was the age of your first menses? Do you have regular/irregular periods? What is the length of your menstrual cycles? Do you have cramps, heavy or light flow, PMS? Do you have fibroids, endometriosis? How many pregnancies and/or abortions/miscarriages and/or alive children? Type of birth control used? Have you had any sexually-transmitted diseases? Do you have an inability to achieve orgasms, cystic breasts? Any surgeries?

Men:

Describe any events that happened when you were entering puberty, any problems with prostate, testes, impotence, sexually-transmitted diseases, inability to achieve orgasms.

Extremities and Musculo-Skeletal:

Do you have cold hands/feet? Swelling? Muscle cramps? Joint pain/stiffness? Broken bones? Sprained ligaments? Low back pain? Whiplash? Tendonitis? etc.

Central Nervous System:

Do you have numbness or tingling, difficulty thinking clearly or remembering? Have you ever had a seizure or lost consciousness?

Allergies:

List all allergies (including food, medications, animals or environmental allergies) and describe the type of reaction that occurs with each.

Medications:

List all of your current and past medications. Include prescriptive drugs, over-the-counter medications, vitamins, herbs or any other supplements.

Injury History:

Include all accidents that occurred as a child, teen and adult. Also, list any injuries from physical abuse. Examples are fractures, bad falls, sports injuries, motor vehicle accidents, etc.

Surgical History:

List all surgeries, even if you consider them to be minor, and at what age and date they occurred, as well as type of anesthesia given.

Dental History:

List all fillings, extractions, root canals, infections, braces, etc. Include the age or the date that each occurred. Please also fill in this information on the dental chart, using the key that is provided.

Psychological History:

List any history of depression or mental illness and the treatment you received. Have you ever had suicidal thoughts or attempted suicide? Have you ever been hospitalized for psychiatric reasons? Were you ever emotionally, sexually or physically abused as a child or as an adult? Are you generally happy, moody, anxious, etc.?

Social History:

Where were you born and raised? Where have you lived? Have you ever traveled outside of the United States? Did you get sick while you were traveling?

Write down a chronological history of your significant relationships. At what age did you become sexually active? Are there any concerns about your sex life? What is your level of education?

Write down a chronological history of your employment. Years employed? Companies you have worked? Job title? Experience? etc.

How much alcohol do you drink on a weekly/daily basis? Do you have a history of recreational drug use? If so, for how long and how frequently? How much caffeine do you consume daily? How many meals and snacks do you consume during your average day? Describe an average breakfast, lunch and dinner. Are there any foods that you do not eat? What type of exercise do you get and how often?

Please complete the separate Epworth Sleepiness Scale Questionnaires. If partnered, ask him/her for input with this information.

Family History:

How old are your parents? If they are deceased, at what age did they die and how did they die? Describe their general medical history (i.e. diabetes, heart disease?) Do the same thing for your siblings. Where are you in the birth order of your family? How old are your grandparents or what were their ages at death? Is there any history of alcoholism in your family (grandparents, parents, siblings, self)?

You're almost done!! The last steps are to summarize the above information in the appropriate sections of the **Summary of Health History**, fill out the **Dental Chart** on the next two pages, and then complete the Epworth Sleepiness Scale form on pages.

By this point, you should have a very accurate description of your health over your lifetime up to the present!

Congratulations on a job well done!!

SUMMARY OF HEALTH HISTORY FORM

Client's Name: _____ Age _____ Date _____

~ Note: 4 sections to complete ~

1. Please fill in the following categories with the appropriate age that the event happened.

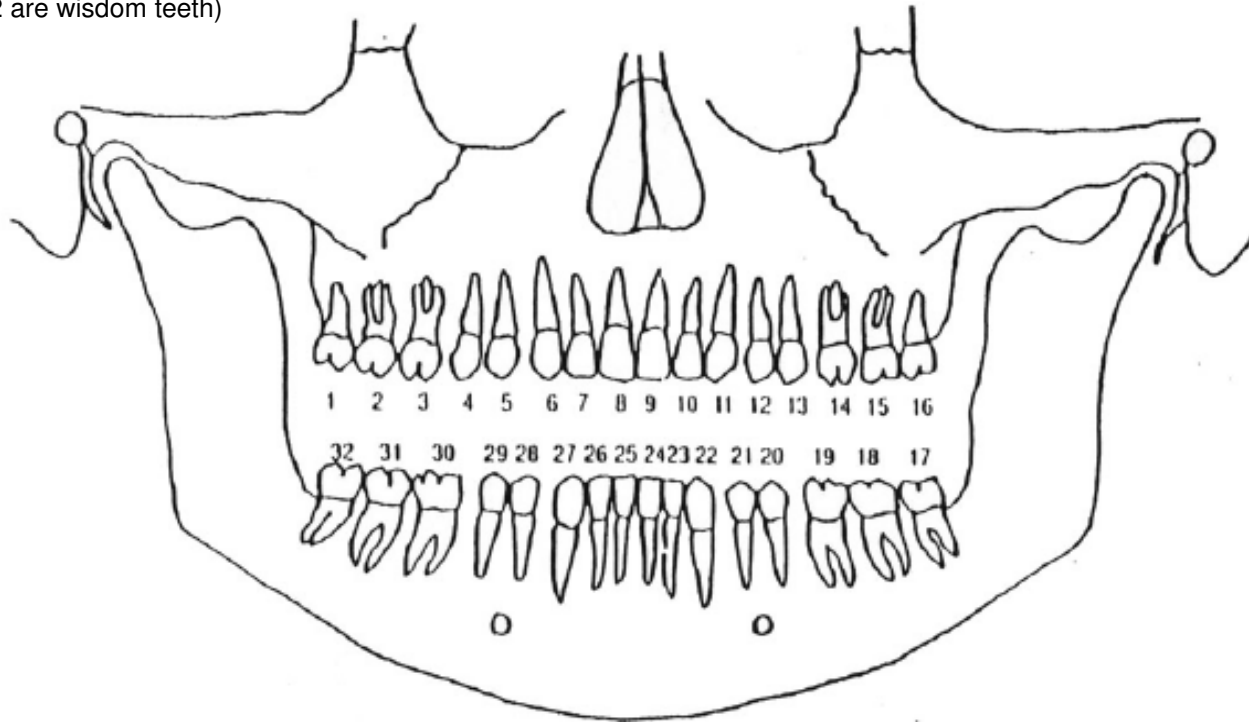
<i>Surgery - include dental</i>	AGE	<u>Serious infections and Diseases</u> (pneumonia, mono, TB, chronic bronchitis, mumps, measles, colitis, chicken pox, cancer, heart disease)	AGE	<u>Dental Intervention</u> (Root canals & extractions – please try to name & number the tooth – refer to dental chart on next page. Also, age of first silver amalgam filling, braces, retainer, etc.)	AGE
		Typical childhood vaccinations? Yes _____ No _____			
<u>Toxic Exposures past or present</u> (artist, graphic designer, dentist, dental asst, gas station worker, painter, computer cleaning, etc.)	AGE	<u>Long Periods on Prescriptions, Street Drugs, Alcohol, or Cigarettes</u>	AGE		
<u>Injuries / Accidents without stitches</u>	AGE	<u>Injuries / Accidents with stitches</u>	AGE		
<u>Major Psychological Trauma</u>	AGE	<u>Long Visits to Foreign Countries</u> like India, Mexico, Africa, etc.	AGE	<u>Pregnancies / Births / Abortions / IUD's, B.C. pills, etc.</u>	AGE
		<u>Treated for parasites, infection?</u> Yes _____ No _____			

2. Please use the numbered teeth below to indicate on the other side which teeth have had dental interventions. ALSO, please use the **KEY** to mark appropriately on the dental chart, and answer upper/lower, if appropriate.

Use a mirror!

(#1, 16, 17 & 32 are wisdom teeth)

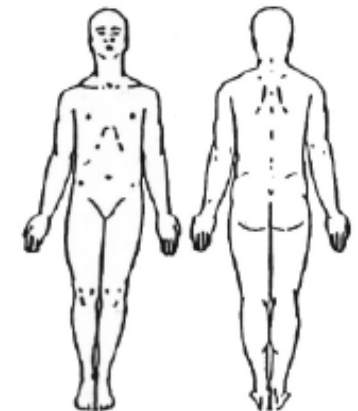
Right side



KEY	
Pulled teeth	X
Cavities filled	●
Crowns	■
Bridge	⌒
Root canals	○
Dentures?	_____
	upper lower
Braces?	_____
	upper lower
Retainer or Night Guard	_____
	upper lower

Left side

4. Finally, mark with an "X" where you have pain or dysfunction.



3. Write your chief complaint(s) below and indicate the approximate age of onset.

HEALTH COMPLAINT	AGE	HEALTH COMPLAINT	AGE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

THE EPWORTH SLEEPINESS SCALE

The Epworth Sleepiness Scale (ESS) was developed and validated by Dr. Murray Johns of Melbourne, Australia. It is a simple, self-administered questionnaire which is widely used by sleep professionals in quantifying the level of daytime sleepiness. (Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. Sleep 1991; 14(6):540-5)

Date _____

Name _____ Age _____ Gender: M F Ht _____ Wt _____

Phone (H) _____ Wk _____ Cell _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

0 = Would **never** doze

1 = **Slight** chance of dozing

2 = **Moderate** chance of dozing

3 = **High** chance of dozing

SITUATION

1. Sitting and reading
2. Watching TV
3. Sitting, inactive in a public place (e.g. a theatre or a meeting)
4. As a passenger in a car for an hour without a break
5. Lying down to rest in the afternoon when circumstances permit
6. Sitting and talking to someone
7. Sitting quietly after lunch without alcohol
8. In a car, while stopped for a few minutes in traffic

CHANCE OF DOZING

TOTAL SCORE

CLIENT QUESTIONNAIRE FOR SLEEP APNEA AND SNORING

Please answer the following questions by indicating frequency according to these guidelines:

- Daily** Every or almost every night or day
- Often** At least once or twice per week
- Infrequently** Less than once per week
- Never**

9. During your usual sleep, have you noticed or have you been told that you do the following (check one answer in each category):

	Daily	Often	Infreq	Never
A. Snore loudly	_____	_____	_____	_____
B. Choke, struggle for breath or stop breathing	_____	_____	_____	_____
C. Awaken repeatedly because of a breathing problem	_____	_____	_____	_____
D. Toss & turn frequently	_____	_____	_____	_____
E. Kick or jerk legs repeatedly	_____	_____	_____	_____

10. When you wake up after your usual sleep, how often do you experience the following:

A. Headache	_____	_____	_____	_____
B. Dry mouth	_____	_____	_____	_____
C. Feel tired or unrested	_____	_____	_____	_____

11. During the time when you are usually awake (daytime and evening), how often do you become irresistibly sleepy or do you fall asleep in the following situations:

A. After a meal	_____	_____	_____	_____
B. Reading or watching TV	_____	_____	_____	_____
C. At church or school	_____	_____	_____	_____
D. At work	_____	_____	_____	_____
E. While a passenger in a vehicle	_____	_____	_____	_____
F. While driving a vehicle	_____	_____	_____	_____

12. Do you have trouble breathing through your nose:

A. Daytime	_____	_____	_____	_____
B. Nighttime, in bed	_____	_____	_____	_____

13. Do you consume an alcoholic beverage or take sedatives:

A. Daytime	_____	_____	_____	_____
B. Nighttime, in bed	_____	_____	_____	_____

14. Have you had or used any of the following:

Nose broken	Y	N	Nose surgery	Y	N	Tonsillectomy	Y	N
Hay fever	Y	N	Sinus problems	Y	N	Antihistamines	Y	N
Cigarettes	Y	N	Nasal sprays	Y	N	Prev. Treatment	Y	N

15. Do you take medication for:

Heart condition	Y	N	Respiratory condition	Y	N
Thyroid condition	Y	N	Metabolism (weight)	Y	N

16. How long have you been aware of your snoring? _____

17. Has it caused problems for relatives/friends? _____

18. What position do you sleep in? Side _____ Stomach _____ Back _____

19. About how many times per night do you wake up? _____

20. Do you have any difficulty falling asleep at night? _____

21. How many hours of sleep per night do you get? _____

22. Do you most often wake up refreshed? _____

23. Do you often wake up with a headache? _____

24. Does a small amount of alcohol give you a headache? _____

25. Do you feel sleepy during the day:
Frequently?
Occasionally?
Seldom or never?

26. What other doctors have you seen about snoring or apnea? _____

27. Have you had a sleep lab study? _____

28. Do you have difficulty breathing through your nose? _____

29. Have you gained weight recently? _____ How much? _____

30. Do you know if you have any heart irregularities? _____

31. Do you have high blood pressure? _____ What is yours? _____

32. Do you have any loss of memory? _____ Depression? _____

33. Do your jaws click? _____ Stick? _____ Hurt? _____

Other information you feel is relevant? _____

Signature _____ Date _____

Non-Protocol Medicine: A Practical Alternative to Managed Care

By Ann B. McCombs, D.O.

Medicine has come a long way in both the diagnostic and treatment arenas in the last 200 years, in particular, since World War II. However, the philosophical premise upon which diagnosis and treatment is based has remained fundamentally unchanged. **The protocol or "cookbook"** approach (which I define as the methods which work the majority of the time for the majority of the people) is still the mainstay of conventional medicine. In a crisis, this is not a bad approach to utilize in either the diagnostic or treatment arenas. But, what about those folks who do not neatly fit into the "majority" category, especially those with on-going chronic illnesses? Usually these clients are relegated to the diagnostic category "supratentorial" otherwise known as "it's all in your head". Their options for treatment are usually limited to: see a psychiatrist, have exploratory surgery or be treated symptomatically (usually with some drug) for the rest of their lives. Statistically speaking, such clients are out on the ends of the bell curve, which usually feels (to them) like they are being relegated to the outskirts of the health care system... because they are! No wonder these "non-majority" clients get upset, become disillusioned with protocol practitioners and turn to complementary and alternative medicine. From their point of view, who wouldn't be looking to explore their alternatives, given that kind of proposed diagnosis and limiting treatment plan?

It is my opinion that most physicians (MD, DO, DC, ND) are trained to diagnose and treat clients using the conventional (protocol or "cookbook") approach, even if they are trained to do so using "natural" medicines (e.g. vitamins, minerals, herbs, homeopathic remedies, etc.) instead of synthetic medicines. Because managed care tends to only reimburse for protocol or "cookbook" procedures, the individuals who fall on the outskirts of the bell curve are left without adequate insurance coverage and can end up sacrificing their experience of health and well-being for chronic illness and a lifetime of pain and suffering. The reality is that specific healing processes are needed to achieve effective healing at the level of cause versus symptom reduction. These interventions must also be initiated at the right time and in the correct sequence, an approach to treatment which differs for each and every person (**non-protocol medicine**). This cannot be accomplished in the average 6 or 7-minute office visit espoused by managed care. Is this sacrifice really worth the extraction of an individual's "ounce of flesh for a pound of cure?" Perhaps it would be *if* the cost really was only an OUNCE of flesh and the outcome was a POUND of cure. Unfortunately, when the managed care system settles for symptom reduction as an acceptable outcome, it is more like a POUND of flesh for an

OUNCE of cure (at best) or no cure (at worst). No wonder over 50% of the American population is seeking complementary and alternative medical approaches and are willing to pay out of pocket for them!

Non-protocol medicine is, quite simply, individualized medicine at its highest and most cost-effective best. There are several vehicles that can be utilized to accomplish this task. The best of them involves both the science and the art of medicine, i.e. the use of both the left and right brains of physicians/healers. Examples of such approaches range from physician-medical intuitive teams like Norm Shealy and Carolyn Myss (see their book, [The Creation of Health](#)) to the brilliance of such outstanding and gifted individual practitioners as Milton Erickson, upon whom the fundamentals of Neuro-Linguistic Programming (NLP) are based. The rest of us whose talents lie somewhere in between these two extremes must rely on other techniques to assist us in accessing the information needed to most efficiently prioritize which problem to address in what order and to properly sequence an individual's treatment plan accordingly. No two (or ten) individuals' treatment plans will EVER be the same, even if they all have the same diagnosis in the conventional paradigm.

There are several different modalities which practitioners utilize in the non-protocol medicine approach. Most commonly, the use of one that establishes a valid and reliable connection with an individual's autonomic nervous system (ANS) is preferred, as the ANS is the body's major feedback mechanism or early-warning signaling system from which to extract the critical information contained within a given individual re: how to heal that particular condition in that specific body or body area. I personally utilize Neural Kinesiology (NK) in my practice which is a state-of-the-art form of autonomic response testing that combines the best of applied, clinical and educational kinesiology with autonomic nervous system research. Other practitioners prefer EAV (Electro-Acupuncture according to Voll) or VEGA equipment to access the ANS, while still others utilize Computerized Regulation Thermography (CRT) or the like. However, none of these other approaches allows for the level of prioritizing diagnostic possibilities or sequencing treatment options better than NK, in my opinion. It has been my experience that this approach has allowed more "non-majority" clients to have successful treatment outcomes than any other approach I have yet encountered.

In summary, holistic medicine in many physicians' practices today is simply another form of **protocol or "cookbook" medicine**, utilizing natural medicines instead of synthetic ones, while still primarily treating symptoms rather than the underlying cause(s) of illnesses. In my opinion, this approach to holistic medicine is insufficient and misses the inherent meaning of the term altogether. The truth is: to treat the *whole* person, we need to include ALL the diagnostic and treatment modalities of both holistic and conventional medical models, if physicians are to perform their roles as

Hippocratic oath-takers fully, effectively and with integrity. Non-protocol medicine, in my mind, is the only approach that makes sense for dealing effectively with chronic pain and chronic illness. It can also be utilized for acute illnesses and, sometimes, even in certain instances involving medical emergencies. Whole-person, optimal health *is* possible — with non-protocol medicine!

For more information, please ask for the following articles:

- 1) Neural Kinesiology (Autonomic Response Testing): The Diagnostic and Therapeutic Key to Non-Protocol Medicine
- 2) Neural Kinesiology and NAET — A Potent combo
- 3) Allergy Elimination IS Possible
- 4) One Patient's Experience of Non-Protocol Medicine

NEURAL KINESIOLOGY (Autonomic Response Testing):

The Diagnostic and Therapeutic Key to Non-Protocol Medicine

By Ann B. McCombs, D.O.

In an earlier issue of this newsletter,¹ I wrote an article about *Non-Protocol Medicine*, in which I discussed the distinctions between traditional and non-traditional approaches to medicine. It's important to note that, although holistic practitioners are generally considered to have a non-traditional approach, *both* allopathic (MD's) and holistic practitioners (some MD's, DO's, ND's, DC's) typically use protocols to determine patient care, although the types of treatments they choose greatly varies. Following pre-set protocols for diagnosis and treatment is sometimes called *cookbook* medicine, and it differs from non-protocol medicine in that the care given is *not individualized* to each person's unique physiological make-up. In my opinion, **TRUE holistic medicine *should* be a non-protocol approach**, in both philosophy and practice. No two individuals are alike and, therefore, their practitioners should not approach their health care with preconceived ideas regarding their treatment plans. *Non-Protocol Medicine*, which is a state-of-the-art diagnostic and treatment approach, is made possible through the technique of **Neural Kinesiology**. In this article, I will elaborate on this technique, without which this *individualized* approach to medicine would not be possible.

Neural Kinesiology (NK) or *Autonomic Response Testing* (ART)² is a testing method developed by Dietrich Klinghardt, MD, PhD and Louisa Williams, MS, DC, ND to enable medical and dental practitioners to assess the autonomic nervous system (ANS) and to steer its treatment. The ANS is the chief regulator of the *automatic* functions of the body, such as stimulating the heart to beat, digesting food, or the "flight or fight" response in fearful situations. In addition, all general sensory (message-carrying) and motor (message-responding) nerves - as well as their associated organs, tissues and cells - are primarily influenced and controlled by the ANS.

This sophisticated testing system is a combination of the best and most effective techniques from all of the kinesiological (muscle response testing) schools of thought and practice (Applied, Clinical and Educational), in conjunction with ANS research. NK/ART actually consists of multiple neurological tests (tests of the body's major messaging system) to assess the most common "illnesses" of the ANS: toxicity in one of its major message control centers (ganglions), under-functioning, over-functioning, and "blocked regulation" (an inability to amp a signal or message up or down, i.e. almost a "frozen" response), as well as multiple, quick screening tests for *generalized dysautonomia* (extensive communication problems within the global ANS). Additional advantages of the NK/ART system of testing are: (1) it is a "device-free" system (i.e. no electro-acupuncture/mechanical devices are used), thus eliminating one more factor that could influence testing results; and (2) the ANS is the body's earliest warning system, because 80% of all of its fibers are located in the surface of the skin.

The cornerstone of NK/ART, as with all of the various kinesiological approaches, is the **muscle test**, in which a client's normally strong muscle (the "indicator" muscle) becomes weak when the examiner touches a hand to the skin region above an ailing area of the body. Such an approach works to assess the ANS, because it has long been demonstrated that organ dysfunction, injury and visceral disease (disease involving the body's internal organs) change the electrical properties of the skin, as measured by altered skin resistance,^{3, 4, 5, 6} (the same principle that lie detector tests are based on, also known as a change in the galvanic skin response). This testing method works, based on the following principles: (1) the skin is the largest ANS "organ"; (2) the skin's normal electrical activity is always measured as a negative charge, with the skin of the palms of the hands and soles of the feet being 10-25 millivolts more negative than the rest of the skin; (3) the skin over a diseased or injured area has a

positive charge; (4) a "capacitor" is formed when simultaneous contact is made between (2) and (3), based on the physics principle of two parallel plates (hand and skin) having the ability to store an electrical charge; and (5) unmyelinated (un-insulated) autonomic and sensory fibers (80% of all ANS fibers) innervating the skin's surface stimulate enough flow between these positive and negative charges to produce this microcurrent between hand and skin.

When a practitioner using NK/ART applies force to a strong indicator muscle (usually a straight arm), an electrical message registering the force is sent from the indicator muscle to the brain, and the brain responds by sending a message back, telling the muscle to remain strong. However, when the practitioner places a hand over the client's body at the same time that the force is applied to the indicator muscle, two results are possible: a previously strong indicator muscle could go weak, indicating that something has interfered with the electrical communication, or it could remain strong, indicating that that particular area of the body does not pose a problem.

The explanation of a previously strong indicator muscle going weak is as follows: the brain tells the indicator muscle to stay strong; when the practitioner places a hand over a diseased or injured area of the body, the positive electrical charge from this area interacts with the negative electrical charge from the practitioner's hand and an actual electrical current (microcurrent) is generated; this microcurrent then travels through the nerves of the skin to the spinal cord and up to the brain, which sends a message back to the muscle fibers of the straight arm, telling it to go weak. *This elaborate and elegant electrical communication takes place within milliseconds.*

If a previously strong indicator muscle becomes weak, an ANS disturbance is said to be present, also known as an "interference field" or area of "therapy localization." The appropriateness, priority and proper sequencing of the treatment phase of Non-Protocol Medicine is then determined, using the NK/ART principle of "two-pointing," which is the ANS's way of saying "there is a relationship between these two things." To illustrate: if the indicator muscle starts off being strong, then goes weak over a diseased or injured area (disturbed ANS area or "interference field"), that is called "two-pointing"; it will "three-point," i.e. change polarities again or go from weak back to strong, when the substance which would correct the ANS disturbance is introduced into the client's electromagnetic field. It is this principle primarily that allows the ANS to "communicate" clearly enough to be able to function so precisely as the body's "early warning system" of upcoming health or illness. It is also the principle which allows for such an incredible degree of *individualized* diagnosis and treatment.

Muscle testing can be done in a variety of ways.⁷ Techniques using a straight arm or leg, a short reflex (relaxed) arm or two fingers (O-ring technique) all work equally well, and each one has its own unique applications. No matter which technique is utilized, however, the principles delineated above still apply, and strict adherence to the following guidelines will insure valid and effective diagnosis and treatment outcomes: (1) sufficient force must be used during muscle testing; (2) sufficiently strong pressure must be exerted on each area of the body when therapy localizing the specific area of injury and/or disease; (3) testing must be done as precisely and objectively as possible, with no personal attachment to the outcome of the muscle testing; (4) the practitioner must trust the findings of his/her "left brain" (intellectual side) equally with the findings of his/her "right brain" (intuitive side), and strive for as much resonance (harmony) as possible between the two.

It is my experience as a practitioner of Non-Protocol Medicine (no, I did not invent the concept, but I did coin the term!) that diagnosing and treating using the principles of NK/ART to determine priority and sequence in both of these arenas yields the *most profound results* with clients, in the *shortest* amount of time, and with the *least* number of *side effects*, that I have ever experienced as a physician. If one's goal as a practitioner is *individualized healing* vs. the "quick fix" of symptom

treatment, determining the priority and sequence of diagnosis and treatment takes time, which means longer office visits than the average 6-10 minutes in the managed care paradigm.

Someday, the *StarTrek* body scanner and the *Stargate* body box will be part of every physician's "little black bag," and such long office visits will only be a memory, recalled with amazement and (hopefully) humor! Until then, doctors and clients will forge ahead *together*, fellow travelers en route to the future of medicine in the 21st Century.

- ¹ McCombs, A.B. Non-Protocol Diagnosis and Treatment: The Future of Medicine Is Arriving. *COH Times*, March 1996 and *Holistic Medicine*, Summer 1996.
- ² Klinghardt, D.K. and Williams, L. *Neural Kinesiology I* and *Autonomic Response Testing* manuals. American Academy of Neural Therapy, 1994-1996.
- ³ Tarchanoff, J. Uber die galvanischen Erscheinungen an der Haut des Menschen bei Reizung der Sinnesorgane und die Verschiedenen Formen der psychischen Ttigkeit. *Pflug. Arch. Ges. Physiol.*, 46:46-55, 1890.
- ⁴ Becker, R.O., G. Selden. *The Body Electric*. Quill Publishers, N.Y., 1985, p. 62-65.
- ⁵ Low, P.A. *Clinical Autonomic Disorders*. Little, Brown, & Co., Boston, 1993, p. 232-239.
- ⁶ Korr, I.M. *The Collected Paper of Irvin M. Korr*. American Academy of Osteopathy, Newark, OH, 1979, p. 17-89.
- ⁷ Klinghardt, D.K. and Williams, L. The Targeted Use of Homeopathic/Isopathic Medications with the Aid of "Neural Kinesiology". *Explore!* Vol. 7, No. 3, p. 122-125, 1996.