

New Member Intake and Financial Policies  
Dr. Brandon Crawford, DC  
&  
Associates

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

State, zip code : \_\_\_\_\_

Best phone #: \_\_\_\_\_

Can we text you at this #? Yes / No  
yes no

Best email: \_\_\_\_\_

Can we email you? Yes / No  
yes no

From herein the collective term of "Dr. Brandon Crawford, DC & Associates" refers to Dr. Brandon Crawford, DC and any staff member that is employed or contracted to help with patient care.

**Initial:**\_\_\_\_\_ I authorize Dr. Brandon Crawford, DC & Associates to contact me via phone, text, or email. Contact purposes are typically, but not limited to being informative in nature – appointment reminders and/or info about closings and important dates. On occasion I may send notification about current research or goings on in the field of Chiropractic, Functional Neurology, Functional Endocrinology, or health in general. Dr. Crawford will also use these contacts to follow up when that is necessary. Your contact info will never be sold or solicited. I authorize Dr. Crawford & Associates to utilize his email bcrawforddc@gmail.com and / or austinbraindc@gmail.com, and/or his phone (512) 659-7449 to call or text, to contact me when needed.

**Initial:**\_\_\_\_\_ I understand that Dr. Brandon Crawford, DC & Associates will not in any way bill my insurance, *nor will they give billing codes for reimbursement from insurance.* I understand that I am responsible for full payment for any service at the time of service, unless otherwise agreed upon. I agree that if an invoice is emailed or mailed after the service that I will submit payment in full within 7 days of receiving the invoice, unless otherwise agreed upon. If payment is not received within 7 days Dr. Brandon Crawford, DC & Associates may begin collection procedures if deemed necessary and / or begin to add 5% interest to the uncollected balance per month from the date of service.

**Initial:**\_\_\_\_\_ I fully acknowledge that Dr. Brandon Crawford, DC & Associates will enforce a cancellation policy if I fail to cancel my appointment **less** than 14 days in advance. The policy is as detailed below:

- If appointment is canceled between days 8-14 days before the appointment a 50% cancellation fee may be collected.
- If appointment is canceled between days 0-7 days before the appointment a 100% cancellation fee may be collected.
- If you do not show up at your scheduled appointment, your card will be charged for 100% of the scheduled appointment fee.

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**Initial:**\_\_\_\_\_ Based on the details noted above, I authorize Dr. Brandon Crawford, DC & Associates to charge the credit card given below for the amount dictated per the guidelines above.

Credit Card info:

Type of card:

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Address for card: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

**Initial:**\_\_\_\_\_ I have read or been given the chance to read over the HIPPA guidelines (posted on the website).

**Initial:**\_\_\_\_\_ I agree to allow Dr. Brandon Crawford, DC & Associates to obtain and/or send medical information as deemed medically necessary for my care. I also agree to allow Dr. Brandon Crawford, DC & Associates to consult with providers that I am seeing or have seen as needed for my care.

Media Release:

**Initial:**\_\_\_\_\_ I authorize Dr. Brandon Crawford, DC & Associates to use various photos and videos as deemed necessary for educational and academic purposes. Mediums that these photos and videos may be used on include but may not be limited to: lectures and social media (Brandon Crawford's Face Book page & @bcrawforddc Instagram page). Due to the nature of what we do in the office it is important that people see and understand this new form of healthcare. Our goal with any information shared is to further the understanding of functional neurology, laser therapy, chiropractic, and other modalities or methods utilized. All photos and videos will be tactful.

By signing below you agree that you have read and agree to all terms stated within this document. You agree that you have been given time to review and ask questions regarding this information.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Informed Consent  
Dr. Brandon Crawford, DC  
&  
Associates

This document serves to inform you about potential risks that can be associated with care in our office. Please read and ask questions as needed. Dr. Brandon Crawford, DC is licensed as a Chiropractor in the state of Texas and in the United Arab Emirates. Dr. Crawford has pursued post graduate courses in neuroscience from the Carrick Institute of Graduate Studies, the International Association of Functional Neurology and Rehab, and other educational platforms. Dr. Crawford is currently a board eligible Functional Neurologist with a focus in Developmental Functional Neurology. Dr. Crawford currently teaches Developmental Functional Neurology to various groups around the world. Dr. Crawford is considered a leading expert in the field of photobiomodulation (the use of laser and light therapy to improve one's health). With that being said, please read each statement accordingly:

Dr. Brandon Crawford, DC & Associates will not claim to treat or cure any medical conditions, but rather will attempt to restore balance and function to your health and wellness. This process may include: Examinations, Chiropractic adjustments, functional neurology assessments and therapies, music / acoustic therapy, color / light therapy, vestibular rehab, physical therapy exercises, muscle work (muscle stripping, massage, stretching, rehab), supplemental recommendations, diet alteration, blood chemistries, stool samples, saliva samples, various intake forms, and other methods and modalities may be used as well.

If any dietary or supplemental recommendations are made by Dr. Brandon Crawford, DC & Associates we do recommend that you bring these recommendations to your medical providers before beginning. Any recommendations made are not intended to diagnose, treat, cure or manage any medical condition.

Chiropractic and Functional Neurology comprise various methods of establishing balance within one's body. The methods that Dr. Brandon Crawford, DC & Associates utilizes should not replace that of traditional medical approaches, and it is always advised that anyone under our care should follow up with their medical providers to discuss any care recommendations. At times, an adjustment/manipulation/fast stretch may be performed to help improve your function and eliminate the effects of vertebral subluxation. Risks associated with this type of care can include but is not limited to: sprain/strain injury, fracture, headache, or dizziness. There are very rare occurrences when stroke has been linked to an adjustment - many studies have been performed on this topic, some try to demonstrate a very weak association, but most studies show that chiropractic manipulations are not directly linked to this type of injury. The methods that Dr. Crawford utilizes minimize all the above mentioned risks. Historically Chiropractic is a very safe and effective means to achieve a more optimal state of health and wellness. In this practice Dr. Crawford will need to perform an exam prior to commenting on the state of your health and prior to making any recommendations.

Informed Consent  
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&  
Associates

Dr. Brandon Crawford, DC & Associates may use various types of photobiomodulation during your appointments. This will involve the use of a laser / light. Laser therapy has been heavily researched and proven safe and effective for many different conditions over the past several decades. We do not claim to treat, cure, manage, or diagnose any medical condition with photobiomodulation. We are simply improving the overall function of your body via the various proven effects of the laser / light therapy.

Dr. Brandon Crawford, DC & Associates acknowledges the scope of Chiropractic in the state of Texas is very limited and we will stay within this scope of practice. All therapies and procedures performed will be geared toward the following goals: to reduce the effects of the vertebral subluxation complex via various reflexogenic systems, to establish balance within your body, and to improve your overall health and wellness.

If you have any concerns or reservations prior to care with Dr. Brandon Crawford, DC & Associates please do not hesitate to ask. If you ever experience something that causes any concern please discuss the matter with us immediately.

By signing below you acknowledge that you have fully read or have had the chance to read all information contained within this document and have had an opportunity to ask any about any questions or concerns and are in agreement with these terms and information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Dr Brandon Crawford**  
Innovative Functional Neurology & Chiropractic

## **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:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year **BIRTH ORDER:** \_\_\_\_\_

**SEX :** ☐ Male ☐ Female **EYE COLOR:** \_\_\_\_\_ **HAIR COLOR:** \_\_\_\_\_

**BLOOD TYPE:** ☐ A ☐ B ☐ AB ☐ O ☐ Rh+ ☐ Rh-

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **SS# :** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

# 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?	<input type="checkbox"/>	<input type="checkbox"/>	-	-
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? .....				

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? .....

[illegible]

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.

**A Total A'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!

- |            |   |                          |   |            |   |                          |   |
|------------|---|--------------------------|---|------------|---|--------------------------|---|
| <b>1.</b>  | A | <input type="checkbox"/> | I like to do and learn things one step at a time  | <b>2.</b>  | A | <input type="checkbox"/> | I tend to focus on details  |
|            | B | <input type="checkbox"/> | I like to do and learn many things at the same time                                     |            | B | <input type="checkbox"/> | I tend to focus on the bigger picture   |
| <b>3.</b>  | A | <input type="checkbox"/> | I don't always get the joke or think something is as funny as others.                   | <b>4.</b>  | A | <input type="checkbox"/> | I don't like change.  |
|            | B | <input type="checkbox"/> | I always get the joke, even before others.  |            | B | <input type="checkbox"/> | I need to change things often.  |
| <b>5.</b>  | A | <input type="checkbox"/> | I like routines.  | <b>6.</b>  | A | <input type="checkbox"/> | I have very good handwriting.   |
|            | B | <input type="checkbox"/> | I rarely do anything the same way twice.  |            | B | <input type="checkbox"/> | I have poor handwriting.  |
| <b>7.</b>  | A | <input type="checkbox"/> | I like when things are clearly spelled out and precise.                                 | <b>8.</b>  | A | <input type="checkbox"/> | I tend to take things literally   |
|            | B | <input type="checkbox"/> | I like to think in generalities.  |            | B | <input type="checkbox"/> | I am good at reading between the lines.   |
| <b>9.</b>  | A | <input type="checkbox"/> | I will read a contract or instructions over and over to make sure I don't miss anything | <b>10.</b> | A | <input type="checkbox"/> | I believe or have been told I have a high IQ.                                   |
|            | B | <input type="checkbox"/> | I don't like reading contracts or instructions  |            | B | <input type="checkbox"/> | I believe or have been told I have an average IQ.                               |
| <b>11.</b> | A | <input type="checkbox"/> | I did better on the math portion of the SAT.  | <b>12.</b> | A | <input type="checkbox"/> | I liked school and am good at academics   |
|            | B | <input type="checkbox"/> | I did better on the verbal portion of the SAT.  |            | B | <input type="checkbox"/> | I didn't like school and it affected my grades.                                 |
| <b>13.</b> | A | <input type="checkbox"/> | I am good at learning by rote memorization and repetition.                              | <b>14.</b> | A | <input type="checkbox"/> | I would prefer to work with computers.  |
|            | B | <input type="checkbox"/> | I learn best by just doing something.   |            | B | <input type="checkbox"/> | I would prefer to work with people.   |
| <b>15.</b> | A | <input type="checkbox"/> | I am not good at new ideas.   | <b>16.</b> | A | <input type="checkbox"/> | I am not good at creative problem solving.                                      |
|            | B | <input type="checkbox"/> | I am very good at coming up with new ideas.   |            | B | <input type="checkbox"/> | I am very good at problem solving especially when it takes a creative solution. |
| <b>17.</b> | A | <input type="checkbox"/> | I was better at algebra then geometry in school.  | <b>18.</b> | A | <input type="checkbox"/> | It is easy for me to visualize things.  |
|            | B | <input type="checkbox"/> | I was better at geometry then algebra in school.  |            | B | <input type="checkbox"/> | It is hard for me to visualize things.  |
| <b>19.</b> | A | <input type="checkbox"/> | I cannot rotate objects in my mind easily.  | <b>20.</b> | A | <input type="checkbox"/> | I have difficulty making friends.   |
|            | B | <input type="checkbox"/> | I can rotate objects in my mind easily.   |            | B | <input type="checkbox"/> | I make friends easily.  |
| <b>21.</b> | A | <input type="checkbox"/> | I do not get along with the opposite sex well.  | <b>22.</b> | A | <input type="checkbox"/> | I am not an emotional person and never show emotions.                           |
|            | B | <input type="checkbox"/> | I get along very well with the opposite sex.  |            | B | <input type="checkbox"/> | 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.

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.

# 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 . . . . .

## **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



## **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** \_\_\_\_\_

## PROPRIOCEPTIVE FUNCTION CHECKLIST

- This checklist will help judge how well your child feels his or her body in space. Read each of the following symptoms and place a check in the box that most closely fits 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).

## PROPRIOCEPTION SYMPTOM CHECKLIST

[illegible]

## TACTILE FUNCTION CHECKLIST

- These symptoms indicated either an under or over sensitivity to touch. . Read each of the following symptoms and place a check in the box that most closely 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).

## HYPOTACTILE (OVERSENSITIVITY) SYMPTOMS

[illegible]

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

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**