



Northland Applied Kinesiology

4897 Miller Trunk HWY, Suite 228

Hermantown, MN 55811

(218) 727-3343

Date _____

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Phone number (hm) _____ (wk) _____ (cell) _____

Male or Female _____ Birth date ____ / ____ / ____ Age _____ Height _____ Weight _____

Marital Status _____ Spouse _____ Ages of Children _____ Occupation _____

Employer and Work Address _____

Emergency Contact (Name and Phone Number) _____

Primary Physician (Name, Address and Phone Number) _____

_____ Date of Last Visit _____

Referred by _____

HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING, IF SO EXPLAIN

Cancer _____

Autoimmune disease _____

Stroke/TIA/TBI _____

DO YOU HAVE ANY COMMUNICABLE OR INFECTIONS DISEASES (HIV, HERPES, TB, ETC) If so

What? _____

WHAT ADDITIONAL INFORMATION WOULD YOU LIKE DR. HERBERT TO KNOW? _____

Child Neurotransmitter & Nutrition Questionnaire (CNNQ)

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

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

SECTION: GENERAL

- Does your child have any food sensitivities or allergies? (please list)

- List your child's 4 healthiest foods eaten regularly.
_____, _____, _____, _____
- List your child's 4 unhealthiest foods eaten regularly.
_____, _____, _____, _____
- How many times a week does your child eat candy? _____
- How many times a week does your child drink soda pop? _____
- Please list the top 4 foods your child craves regularly?
_____, _____, _____, _____
- List the medication(s) your child is currently prescribed and over the counter.

- Do you find it difficult as a parent to have your child on a special diet?

SECTION: A (K52)

- Does your child eat pasta, breads, and breaded foods? 0 1 2 3
- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating wheat foods? 0 1 2 3
- Does your child eat dairy products? 0 1 2 3
- Does your child have symptoms (fatigue, hyperactivity, etc.) after eating dairy products? 0 1 2 3

SECTION: B (K53)

- Does your child eat fried fish? 0 1 2 3
- Does your child eat roasted nuts or seeds? 0 1 2 3
- Is your child missing essential fatty acid rich foods in his/her diet? (for example: avocados, flax seeds, olives) (mark "0" if present, "3" if missing) 0 1 2 3
- Does your child eat fried foods? 0 1 2 3

SECTION: C (K34)

- Is your child's mental speed slow? 0 1 2 3
- Does your child have difficulty with learning or memory? 0 1 2 3
- Does your child have difficulty with balance and coordination? 0 1 2 3

SECTION: D (K16)

- Does your child have stress? 0 1 2 3
- Does your child not have enough sleep and rest? (mark "3" if not enough) 0 1 2 3
- Does your child not have regular exercise? (mark "3" if no exercise) 0 1 2 3
- Does your child feel overly worried and scared? 0 1 2 3

SECTION: E (K16, K51)

- Does your child have temper tantrums? 0 1 2 3
- Does your child exhibit wild behavior? 0 1 2 3
- Does your child frequently yell or scream for unnecessary reasons? 0 1 2 3

- Does your child have an inability to nap or sleep when physically exhausted? (mark "3" if unable) 0 1 2 3
- Is your child overly talkative? 0 1 2 3
- Does your child fidget and squirm when seated? 0 1 2 3
- Does your child run and climb excessively when it is inappropriate? 0 1 2 3
- Does your child have difficulty playing quietly or engaging in leisure activities? 0 1 2 3

SECTION: F (K51)

- Does your child get excited easily? 0 1 2 3
- Does your child have anxiousness and panic for minor reasons? 0 1 2 3
- Does your child feel overwhelmed for minor reasons? 0 1 2 3
- Does your child find it difficult to relax when she/he is awake? 0 1 2 3
- Does your child have disorganized attention? 0 1 2 3

SECTION: G (K50)

- Does your child seem depressed? 0 1 2 3
- Does your child have mood changes with overcast weather? 0 1 2 3
- Does your child have symptoms of inner rage? 0 1 2 3
- Does your child seem uninterested in games or hobbies? 0 1 2 3
- Does your child have difficulty falling into deep restful sleep? 0 1 2 3
- Does your child seem uninterested in friendships? 0 1 2 3
- Does your child have symptoms of unprovoked anger? 0 1 2 3
- Does your child seem uninterested in eating? 0 1 2 3

SECTION: H (K49)

- Does your child have difficulty handling stress? 0 1 2 3
- Does your child have anger and aggression while being challenged? 0 1 2 3
- Does your child feel tired even after long sleeps? 0 1 2 3
- Does your child tend to isolate from others? 0 1 2 3
- Does your child get distracted easily? 0 1 2 3
- Does your child have constant need and desire for candy and sugar? 0 1 2 3
- Does your child have disorganized attention? 0 1 2 3

SECTION: I (K48)

- Does your child have difficulty with visual memory? 0 1 2 3
- Does your child have difficulty remembering locations? 0 1 2 3
- Does your child have fatigue or low endurance for learning activities? 0 1 2 3
- Does your child have difficulty with attention or low attention span or endurance? 0 1 2 3
- Does your child have slow or difficult speech? 0 1 2 3
- Does your child have uncoordinated or slow movement? 0 1 2 3

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



Northland Applied Kinesiology

4897 Miller Trunk HWY, Suite 228

Hermantown, MN 55811

(218) 727-3343

Informed Consent for Chiropractic Treatment and Care

I hereby request and consent to chiropractic adjustments and other procedures including, but not limited to, physiotherapy, diagnostic imaging, laboratory analysis, structure, biochemical, and functional neurological assessments and therapies, etc by Dr. Jonathan Herbert.

I understand that there are risks to chiropractic adjustments including, but not limited to, sprains, strains, fractures, disc injuries, strokes, and dislocations. I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor's judgment during the course of my care and request that he does what he feels at the time is in my best interest, based on the facts then known.

I have read or have had the above consent read to me. By my signature, I agree to the above and request treatment from Dr. Herbert. I intend this consent form to cover any care which I receive in or through Dr. Herbert's office now and in the future.

Patient's Name

Patient's Date of Birth

Patient's or Guardian's Signature

Today's Date

Guardian's Name if Patient is under 18 years old



Northland Applied Kinesiology

4897 Miller Trunk HWY, Suite 228

Hermantown, MN 55811

(218) 727-3343

Fees and Appointments

Our usual and customary fee schedule:

New Patient Initial Visit and Exam	(approx. 1 1/2 hours)	\$155
Regular Office Visit	(up to 1/2 hour)	\$ 65
House Calls and Phone Consultation		Office Visit fee + \$50 per 1/2 hour drive time

Nutritional supplements, laboratory fees, ortho/neuro supplies, imaging studies, books, etc. are charged separately.

1) PAYMENT IS REQUIRED AT THE TIME SERVICES ARE PROVIDED: We accept cash, checks, and credit cards. We take VISA, MasterCard, and Discover. Any other payment arrangements should be cleared with Dr. Herbert prior to your appointment. If you are experiencing financial hardship and require special arrangements, please notify Dr. Herbert prior to receiving care

Initial _____

2) HEALTH INSURANCE: Although we do not accept assignment of insurance benefits, we will electronically submit your visit to your insurance company for reimbursement to you. Reimbursement **should** come directly to you. In the event that it comes to us, we will **either** credit your account or write you a check for the reimbursed amount.

Initial _____

3) I release Northland Applied Kinesiology: A Chiropractic Center and Dr. Herbert from HIPAA compliance and give him permission to share information about me with his staff and others only when he feels it is necessary and appropriate to support my care, to work with others who may be involved with my care, to increase my likelihood of being reimbursed, to protect his interests, for office purposes, or when required to do so by law.

Initial _____

4) I fully understand and agree to the above policies and fees. I request care from Dr Herbert.

_____ Date _____
Patient Signature

If the Patient is a minor (under 18 years of age) or unable to give their own consent, permission for treatment must be granted by their authorized Parent, Custodian, or Legal Guardian.

I _____, the Parent/Legal Guardian of _____,
(Circle One)

age _____, do hereby authorize and request Dr. Jonathan Herbert to provide care for my child/legal trustee and I agree to be financially responsible for such care.

_____ Date _____
Parent/ Legal Guardian Signature